



Policy

HR 015: Speaking Up – Freedom To Speak Up: Raising Concerns (Whistleblowing) Policy

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| Feedback on implementation to | Freedom to Speak Up Guardian |

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Policy Version and advice on document history, availability and storage

Version 5.1 replaces Version 5 – names and job titles been amended.

This policy will be available to all staff via the Sheffield Health & Social Care NHS Foundation Trust Intranet and on the Trust's website. The previous version will be removed from the

Intranet and Trust website and archived. Any copies of the previous policy held separately should be destroyed and replaced with this version.

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Steps to follow when raising a concern

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.

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 the Freedom to Speak Up Guardian:

Wendy Fowler

Mobile Number: 07976213844

Email: w.fowler1@nhs.net

This person has been given special responsibility and training in dealing with whistleblowing concerns. They will:

- Treat your concern confidentially unless otherwise agreed.
- Ensure you receive timely support to progress your concern.
- 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.
- Ask for feedback once the concern is closed, (Appendix K).

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

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 any of the above, or you are dissatisfied with the Trust response or lack of it then please contact:

- Jan Ditheridge – Chief Executive
email - Jan.Ditheridge@shsc.nhs.uk
- David Walsh – Director of Corporate Governance
email – David.Walsh@shsc.nhs.uk
- Beverley Murphy - Executive Director of Nursing, Professions and Operations
email – Beverley.Murphy@shsc.nhs.uk

- Mike Hunter – Executive Medical Director
email - Mike.Hunter@shsc.nhs.uk
- Philip Easthope – Executive Director of Finance
email - Phillip.Easthope@shsc.nhs.uk
- Robert Purseglove – Local Counter Fraud Specialist
email - Robert.Purseglove@nhs.net
- The out of hours duty manager who can be contacted through the main switchboard. Tel: 0114 271 6310- (This route should only be used if your concern is urgent and needs addressing before any of the above people are available).

Contact can be made by telephone, letter, email or in person.
The SHSC main switchboard number is 0114 271 6310.

Step four

Alternatively, you can seek advice or raise concerns formally with external bodies as detailed below:

Speak Up helpline

This is a free, independent and confidential helpline for people working in NHS and Social Care organisations in England, operated by Social Enterprise Direct Limited on behalf of the Department of Health.

Telephone: 08000 724 725

Website: www.speakup.direct

Public Concern at Work

Public Concern at Work is a whistleblowing charity that employs lawyers to provide confidential, independent advice. They can be contacted on;

Telephone: 020 7404 6609

Website: www.pcaw.org.uk

Email: whistle@pcaw.org.uk

1. Introduction

Speak up – WE WILL LISTEN

Speaking up about any concern you have at work is really important. In fact, it's vital because it will help us to keep improving our services for all patients and the working environment for our staff.

You may feel worried about raising a concern, and we understand this. But please don't be put off. In accordance with our duty of candour, our senior leaders and entire Board are committed to an open and honest culture. We will look into what you say and you will always have access to the support you need.

The Trust's commitment to you:

The Trust is committed to employee engagement and providing employees with opportunities to voice their views and concerns, and implementing the vision for speaking up (Appendix G).

The Board, Chief Executive and staff unions are committed to this policy. If you raise a genuine concern under this policy, you will not be at risk of losing your job or suffering any detriment (such as a reprisal or victimisation). Provided you reasonably believe that raising the concern is in the public interest, it does not matter if you are mistaken or if there is an innocent explanation for your concerns. So please do not think we will ask you to prove it. Of course, we do not extend this assurance to someone who maliciously raises a matter they know is untrue.

2. Scope

This policy is based on the NHS Improvement and NHS England Freedom to speak up: raising concerns (Whistleblowing) policy for the NHS [April 2016].

It applies to anyone who works (or has worked) in the NHS, or for an independent organisation that provides NHS services. This includes agency workers, temporary workers, students, volunteers and governors.

3. Definitions

Definitions/Explanation of Terms Used

- National Guardian's Office (NGO)
- Freedom to Speak Up Guardians (FTSUGs)
- Duty of Candour (DoC) – introduced by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, this relates to the statutory duty of candour placed on all health service bodies, and, from 1 April 2015, all other care providers registered with the CQC. This duty requires providers to be open and honest with patients, or their representatives, when unintended or unexpected harm has occurred during their treatment.

- Detriment – harm or damage suffered, for example bullying or the loss of employment, as a result of having raised a concern.
- Fit and Proper Person Test (FPPT) – introduced by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, this imposes a new requirement on NHS Trusts, FT's and Special Health Authorities to ensure that their board-level directors (or equivalents) are fit and proper persons for their role, for example that they are of good character, appropriately qualified and competent to perform their duties. Additionally, a fit and proper person must not have been involved with or complicit in any serious misconduct, mismanagement or failure of care elsewhere in a regulated health or care service.
- Well-led – the element of the CQC's inspection process that aims to assess the leadership, culture and values of an organisation.
- Raising a concern – reporting a concern, usually relating to patient safety or the integrity of the system, including concerns about bullying or dysfunctional working relationships.
- Whistleblower – a person who raises concerns in the public interest. For the purpose of concerns relating to the NHS, and in particular patient safety concerns, the term 'whistleblower' is used in this policy to apply to those who speak up when they see something wrong usually relating to patient safety but also to the integrity of the system.

4. Purpose

This policy aims to:

- provide a process for employees to raise concerns and receive feedback on any action taken;
- allow the employee to take the matter further if they are dissatisfied with the Trust's response;
- reassure the employee that steps will be taken to protect them from victimisation for whistleblowing made in good faith.

This policy and procedure should not be viewed as replacing mechanisms staff have in place for expressing and raising concerns in their teams and with their managers; its key purpose is to ensure that 'Freedom to Speak Up' principles outlined in the Francis Enquiry (Appendix J) are adhered to and that all staff are aware of the support that is available to them.

5. Duties

- The Board has a responsibility to ensure that action is taken to promote this policy and create a culture built on openness and accountability, where staff are empowered to speak out where they have concerns.
- A Non-Executive Director is designated by the Board to deal with whistleblowing issues where it is believed that the issue to be considered involves Executive Directors.

The Deputy Chief Executive (in conjunction with the Freedom To Speak Up Guardian, Medical Director and Chief Nurse) will be jointly responsible for ensuring the effective operation of this policy.

- All employees and others covered by the policy have a duty to understand this policy and report any serious concerns.

- All employees and others covered by the policy have a duty to have a responsible attitude to supporting staff who raise concerns and not to victimise anyone who raises a concern in good faith.
- Where an issue is raised with the FTSU Guardian, it may still be determined that the matter should be considered:
 - under another procedure
 - under the normal Freedom to Speak Up (Whistleblowing) procedure
 - by another more appropriate senior manager (e.g. Chief Nurse or Medical Director) / the designated Non-Executive Director.

6. Process (to the end of page 8 the pages here are duplicated at start of document and amendments are on those pages).

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.

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 the Freedom to Speak Up Guardian:

Wendy Fowler

Mobile Number: 07976213844

Email: w.fowler1@nhs.net

This person has been given special responsibility and training in dealing with whistleblowing concerns. They will:

- Treat your concern confidentially unless otherwise agreed.
- Ensure you receive timely support to progress your concern.
- 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.
- Ask for your feedback once the concern is closed, please see (Appendix K).

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

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 any of the above, or you are dissatisfied with the Trust response or lack of it then please contact:

- Jan Ditheridge – Chief Executive
email - Jan.Ditheridge@shsc.nhs.uk
- David Walsh – Director of Corporate Governance
email - David.Walsh@shsc.nhs.uk
- Beverley Murphy – Executive Director of Nursing, Professions and Nursing
email – Beverley.Murphy@shsc.nhs.uk
- Mike Hunter – Executive Medical Director
email - Mike.Hunter@shsc.nhs.uk
- Philip Easthope – Executive Director of Finance
email - Phillip.Easthope@shsc.nhs.uk
- Robert Purseglove – Local Counter Fraud Specialist
email - Robert.Purseglove@nhs.net
- The out of hours duty manager who can be contacted through the main switchboard. Tel: 0114 271 6310- (This route should only be used if your concern is urgent and needs addressing before anyone of the above people are available)

Contact can be made by telephone, letter, email or in person.

SHSC main switchboard number is 0114 271 6310.

Step four

Alternatively, you can seek advice or raise concerns formally with external bodies detailed below:

Speak Up helpline

This is a free, independent and confidential helpline for people working in NHS and Social Care organisations in England, operated by Social Enterprise Direct Limited on behalf of the Department of Health.

Telephone: 08000 724 725

Website: www.speakup.direct

Public Concern at Work

Public Concern at work is a whistleblowing charity that employs lawyers to provide confidential, independent advice. They can be contacted on;

Telephone: 020 7404 6609

Website: www.pcaw.org.uk

Email: whistle@pcaw.org.uk

NSPCC

Speaking Up – Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy
(HR 015 V5.1 Oct 2018)

This is a free, confidential helpline linked to tackling child sexual exploitation. The service aim is to provide support to employees wishing to raise concerns over how child protection issues are being handled in their own organisations.

Telephone: 0800 028 0285

The regulatory bodies relevant to the NHS include:

- The Care Quality Commission www.cqc.org.uk
- NHS Improvement <https://improvement.nhs.uk>
- NHS England <https://www.england.nhs.uk/>
- Health Education England <https://hee.nhs.uk/>
- Monitor www.monitor-nhsft.gov.uk
- NHS Counter Fraud Authority <https://cfa.nhs.uk/>
- The Audit Commission www.audit-commission.gov.uk
- HM Revenue & Customs www.hmrc.gov.uk
- Health & Safety Executive www.hse.gov.uk
- The Charity Commission www.charity-commission.gov.uk
- The Pensions Regulator www.thepensionsregulator.gov.uk

a. What concerns can I raise?

You can raise a concern about any **risk, malpractice or wrongdoing** that you think is harming the service we deliver. A non-exhaustive list of examples of concerns may include:

- Unsafe patient care
- Unsafe working conditions
- Inadequate inductions or training for staff
- Lack of, or poor, response to a reported patient safety incident
- Suspicions of fraud – which can also be reported to our local counter-fraud team – Contact:
 - Robert Purseglove – Local Counter Fraud Specialist – email: Robert.purseglove@nhs.net
- A bullying culture (across a team or organisation rather than individual instances of bullying).

For further examples, please see the [Health Education England video](#).

If you are not able to view the video via the link above please contact:

Wendy Fowler

Mobile Number: 07976213844

Email: w.fowler1@nhs.net

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 while 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 the Trust's Grievance Policy.

b. Feel safe to raise your concern

If you raise a genuine concern under this policy, you will not be at risk of losing your job or suffering any form of reprisal as a result. We will not tolerate the harassment or victimisation of anyone raising a concern. Nor will we tolerate any attempt to bully you into not raising any such concern. Any such behaviour is a breach of our values as an organisation and, if upheld following investigation, could result in disciplinary action. Provided you are acting honestly, it does not matter if you are mistaken or if there is an innocent explanation for your concerns.

c. Confidentiality

We hope you will feel comfortable raising your concern openly, but we also appreciate that you may want to raise it confidentially. This means that while you are willing for your identity to be known to the person you report your concern to, you do not want anyone else to know your identity. Therefore, we will keep your identity confidential, if that is what you want, unless required to disclose it by law (for example, by the Police).

You can choose to raise your concern anonymously, without giving anyone your name, but that may make it more difficult for us to investigate thoroughly and give you feedback on the outcome.

d. Who can raise concerns?

Anyone who works (or has worked) in the NHS, or for an independent organisation that provides NHS services can raise concerns. This includes agency workers, temporary workers, students, volunteers and governors.

e. Who should I raise my concern with?

In many circumstances the easiest way to get your concern resolved will be to raise it formally or informally with your line manager (or lead clinician or tutor). But where you don't think it is appropriate to do this, you can use any of the options set out below in the first instance.

If raising it with your line manager (or lead clinician or tutor) does not resolve matters, or you do not feel able to raise it with them, you can contact one of the following people:

- The Trust's Freedom to Speak Up Guardian is Wendy Fowler Tel: 07976213844 or w.fowler1@nhs.net – this is an important role, identified in the Freedom to Speak Up review, which involves acting as an independent and impartial source of advice to staff at any stage of raising a concern, with access to anyone in the organisation, including the chief executive, or if necessary, outside the organisation.
- The Trust's Risk Management Team: Tel: 0114 271 6739, email: Risk.dept@shsc.nhs.uk or Vin Lewin 0114 27 16379 or 0114 22 63942.

If you still remain concerned after this, you can contact:

- Jan Ditheridge – Chief Executive
email - Jan.Ditheridge@shsc.nhs.uk
- David Walsh – Director of Corporate Governance
email - David.Walsh@shsc.nhs.uk

Beverley Murphy - Executive Director of Nursing, Professions and Operations
email- Beverley.Murphey@shsc.nhs.uk

- Mike Hunter – Executive Medical Director

- email - Mike.Hunter@shsc.nhs.uk
- Philip Easthope – Executive Director of Finance
email - Phillip.Easthope@shsc.nhs.uk
- Robert Purseglove – Local Counter Fraud Specialist
email - Robert.Purseglove@nhs.net

The above have been trained in receiving concerns and will give you information about where you can go for more support.

If for any reason you do not feel comfortable raising your concern internally, you can raise concerns with external bodies, listed on previous pages.

f. Advice and support

Details on the local support available to you can be found on the [health and wellbeing widget](#) on the home page of the intranet (please ensure that Internet Explorer is open before clicking on the link). You can also contact either the [Whistleblowing Helpline](#) for the NHS and social care or your professional body or trade union representative.

g. How should I raise my concern?

You can raise your concerns with any of the people listed below in person, by telephone or in writing / email:

- Wendy Fowler – Freedom To Speak Up Guardian
Tel: 07976213844, email – Wendy.Fowler@shsc.nhs.uk
- Jan Ditheridge – Chief Executive
email - Jan.Ditheridge@shsc.nhs.uk
- David Walsh – Director of Corporate Governance
email - David.Walsh@shsc.nhs.uk
- Beverley Murphy - Executive Director of Nursing, Professions and Operations
email- Beverley.Murphy@shsc.nhs.uk
- Mike Hunter – Executive Medical Director
email - Mike.Hunter@shsc.nhs.uk
- Philip Easthope – Executive Director of Finance
email - Phillip.Easthope@shsc.nhs.uk
- The Risk Management team: Tel: 0114 271 6739 Email: risk.dept@shsc.nhs.uk or
Vin Lewin – Investigation Lead
Tel: 0114 27 16379, email vin.lewin@shsc.nhs.uk
- The out of hours duty manager who can be contacted through the main switchboard. Tel: 0114 271 6310- (This route should only be used if your concern is urgent and needs addressing before any of the above people are available).

Whichever route you choose, please be ready to explain as fully as you can the information and circumstances that gave rise to your concern.

h. What will we do?

We are committed to the principles of the Freedom to Speak Up review and its vision for raising concerns, and will respond in line with them (Appendix J). We are committed to listening to our staff, learning lessons and improving patient care. On receipt the concern will be recorded and you will receive an acknowledgement within two working days. The central record will record the date the concern was received, whether you have requested confidentiality, a summary of the concerns and dates when we have given you updates or feedback.

Investigation

Where you have been unable to resolve the matter quickly (usually within a few days) with your line manager, we will carry out a proportionate investigation – using someone suitably independent (usually from a different part of the organisation) and properly trained – and we will reach a conclusion within a reasonable timescale (which we will notify you of).

Wherever possible we will carry out a single investigation (so, for example, where a concern is raised about a patient safety incident, we will usually undertake a single investigation that looks at your concern and the wider circumstances of the incident). The investigation will be objective and evidence-based, and will produce a report that focuses on identifying and rectifying any issues, and learning lessons to prevent problems recurring.

We may decide that your concern would be better looked at under another process: For example, one of our other processes applied in conjunction with our Fraud policy, Bullying and Harassment Policy or Grievance policy. If so, we will discuss that with you. If your concern highlights any suspicions of fraud, bribery or corruption, a referral will be made to the Trust's Local Counter Fraud Specialist. Any employment issues (that affect only you and not others) identified during the investigation will be considered separately.

Investigations can vary in timescale according to the issues raised and circumstances.

After you have had confirmation that your concern has been received, the investigator will provide an update on the plan of action within ten working days. This may be sooner if the concern is urgent.

Where investigations are complex and time-consuming we may need to allow more time to fully investigate the concern. Where this happens we will let you know.

If you are dissatisfied with the investigation or how your concern has been handled

If after the concern is investigated and you remain dissatisfied, the matter may be referred to the Chair of the Trust's Board of Directors who will identify the most appropriate person to review the procedure. This review will include what action has been taken so far, a review of the time frame and any necessary action needed to ensure the concern has been investigated fully and an adequate response has been given. You are also able to request the National Guardians office to do a case review to look at the process of how your concern has been handled (Pages 14-17). A case review will not intervene in individual cases, or look into the merits of the original concern itself. The responsibility for undertaking these tasks rests with other bodies, including the SHSC FT. Instead, a case review will examine how the concern was responded to, for example, whether the worker who raised the matter received appropriate support and whether the concern was properly investigated.

Communicating with you

We will treat you with respect at all times and will thank you for raising your concerns. We will discuss your concerns with you to ensure we understand exactly what you are worried about. We will tell you how long we expect the investigation to take and 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).

How will we learn from your concern?

The focus of the investigation will be on improving the service we provide for patients. Where it identifies improvements that can be made, we will track them to ensure necessary changes are made, and are working effectively. Lessons will be shared with teams across the organisation, or more widely, as appropriate.

Recording and Liaison with the wider Trust

The Freedom to Speak up Guardian also has a duty to record certain information on a database (Appendix I). This does not compromise anyone's confidentiality. They also have a duty to link in with key areas of the Trust and report on concerns raised. This is done in a variety of forums and will be reviewed regularly to ensure that it is effective. Please see the chart below:

| Area for Monitoring | How | Who by | Reported to | Frequency |
|---|---|---------------|---|-----------|
| Number of concerns raised via the Guardian and ensuring an appropriate Trust response | Completion of FTSU database by FTSU Guardian | FTSU Guardian | Deputy Chief Executive | Monthly |
| Number of concerns, themes, feedback, actions and learning gained and characteristics of who is speaking up (Details will not be disclosed if it compromises confidentiality) | Submission of data to the Guardians Office | FTSU Guardian | National FTSU Guardian's office | Quarterly |
| | Report Complied and presented by the FTSU Guardian | FTSU Guardian | Trust Management Group | Quarterly |
| | | FTSU Guardian | Trust Board | Annually |
| Characteristics of persons speaking up- and only if this will not compromise confidentiality | Anyone raising a concern will be asked to fill out a questionnaire in person or by e-mail | FTSU Guardian | Information shared where appropriate to help strengthen speaking up in The Trust. | As Needed |

Board oversight

The Board will be given high level information about all concerns raised by our staff through this policy and what we are doing to address any problems. We will include similar high level information in our annual report. The Board supports staff raising concerns and actively encourages staff to speak up.

Review

We will review the effectiveness of this policy and local processes at least annually, with the outcome published and changes made as appropriate.

i. Raising your concern with an outside body

Alternatively, you can raise your concerns outside the organisation with:

- [NHS Improvement](#) (NHSI) 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 concerns about:
 - quality and safety
- [NHS England](#) for concerns about:
 - primary medical services (general practice)
 - primary dental services
 - primary ophthalmic services
 - local pharmaceutical services
- [Health Education England](#) for concerns about:
 - education and training in the NHS
- [NHS Counter Fraud Authority](#) for concerns about:
 - fraud and corruption.

j. Making a ‘protected disclosure’

There are very specific criteria that need to be met for an individual to be covered by whistleblowing law when they raise a concern (to be able to claim the protection that accompanies it). There is also a defined list of ‘[prescribed persons](#)’, similar to the list of outside bodies on previous pages, who you can make a protected disclosure to. To help you consider whether you might meet these criteria, please seek independent advice from the [Whistleblowing Helpline](#) for the NHS and social care, [Public Concern at Work](#) or a legal representative.

k. National Guardian Freedom to Speak Up

The role of National Guardian was established following the Francis Freedom to Speak Up Review in 2015, which looked into how NHS workers should be better supported to raise concerns.

The National Guardian is independent and responsible for leading a change in the culture of NHS trusts, so that speaking up becomes business as usual.

The National Guardian’s role includes providing guidance and training to Freedom to Speak Up Guardians appointed to each NHS trust and reviewing the handling of concerns raised in trusts where there is evidence that this did not meet with good practice.

Initially, the case review process will begin in June 2017 for a twelve month trial period, after which a review will take place to see what changes and improvements may be necessary.

They can be contacted by e-mailing enquiries@nationalguardianoffice.org.uk or by phoning Tel: 0300 067 9000.

National Guardians Office Case Review Process

The purpose of a case review is to identify any areas where the handling of NHS workers' concerns does not meet the standards of accepted good practice regarding speaking up in NHS trusts. Examples of good practice, which a review will use to assess how a trust has handled a concern, will include those set up as a result of the Freedom to Speak Up Review. The emphasis of a case review will be on learning, not blaming.

Where a review finds that good practice was not followed, the National Guardian will make recommendations about how this can be improved. Case reviews will also identify where NHS trusts have demonstrated good practice in supporting their workers to raise concerns, to help develop a positive culture of speaking up.

Where the National Guardian makes recommendations to support speaking up they will ask the trust in question to provide an action plan for their implementation. The National Guardian will then monitor how the action plan is put into effect. This will include liaising with the local Freedom to Speak Guardian, as well as trust staff, to verify the plan has been implemented.

A case review will not intervene in individual cases, or look into the merits of the original concern itself. The responsibility of this rests with other bodies, including the NHS trust in question. Instead, a case review will examine how the concern was responded to, for example, whether the worker who raised the matter received appropriate support and whether the concern was properly investigated.

Making a referral to the National Guardian

The National Guardian will consider referrals from a variety of persons and bodies, including those currently working for the NHS, former workers who worked in the NHS up to two years prior to the referral and bodies responsible for regulating the work of trusts.

'NHS workers' includes bank, agency and locum staff, as well as students. The National Guardian can also exercise discretion, and can accept a referral from any other source they deem appropriate.

Case Referral Process to the National Guardian

Case review referrals can be sent to the National Guardian's Office by email:

casereviews@nationalguardianoffice.org.uk

When sending a case review referral by email, the National Guardian's Office recommends that the referral form is used. This form is also available to be downloaded from the National FTSU Guardian's Office webpage or you can contact them on Tel: 0300 067 9000.

<http://www.cqc.org.uk/national-guardians-office/content/case-reviews>

All referrals are treated in the strictest confidence. The National Guardian's Office will only share the information it receives in exceptional circumstances, for example where it is necessary to protect the welfare of individuals, such as when the information relates to a child or adult safeguarding matter.

While the National Guardian's Office works with other agencies to ensure that the case review procedure is effective, it will only share personal and sensitive information relating to individuals involved in case reviews for the exceptional reasons stated above.

Types of cases that cannot be reviewed by the National Guardians Office

The National Guardian will only consider reviewing those cases where it is practicable to do so. Cases which may not be practicable to review could include those where it is difficult to obtain evidence about the original concern due to the length of time which has elapsed since it took place.

The National Guardian is not able to investigate the merits of the original concern to determine whether there was evidence to support that concern or not. Such an investigation is the responsibility of other bodies, including the relevant NHS trust.

The National Guardian cannot review cases that are the subject of a criminal investigation or an investigation by [NHS Counter Fraud Authority](#).

I. Complaints or dissatisfaction about your Freedom to speak up Guardian

Complaints regarding Trust FTSU Guardians

The National Guardian's Office (NGO) will deal with issues raised about Freedom to Speak Up Guardians (FTSUGs). It (what?) includes details of the process that will be used and the principles that will be upheld.

FTSUGs are appointed and employed by their Trust, although their remit requires them to act in an independent capacity. FTSUGs are trained, supported and advised by the NGO. All FTSUGs are expected to support their Trust to become a place where speaking up becomes business as usual. The FTSUG role and supporting processes, policy and culture are there to meet the needs of workers in this respect, whilst also meeting the expectations of the NGO.

Two step process for complaints -

Step 1 -

The NGO will endeavour to seek as much relevant information related to the concern as possible from the person who is speaking up.

The NGO will ascertain whether the person speaking up wishes for their identity to remain confidential, and will discuss the level of confidentiality that can practically be preserved. It is likely that it will be easier for a trust to conduct a more thorough investigation into issues that are raised if the person speaking up is willing to have their identity revealed, but confidentiality will be preserved where requested, unless this would result in an immediate risk to patient or staff safety, or there would be a legal obligation for the individual's identity to be disclosed.

Matters raised anonymously will proceed directly to Step 2.

Step 2 –

The NGO will raise the issue with the trust Chief Executive. The NGO will provide as much relevant information as possible to enable the trust to respond fully to the issue being raised, whilst preserving the confidentiality of the person speaking up (subject to the constraints set out above). The NGO will ask for assurance that the FTSUG role is being implemented in a way that meets the needs of the workers in the organisation and the expectations of the role set out by the NGO. The NGO will also ask the trust to respond to any particular areas of concern that the issue raised highlights. The trust will be given a two week time-frame in which to respond.

Where possible, the NGO will notify the FTSUG that an issue has been raised at the same time as the Chief Executive is notified. However, this will not be done if it appears that, by doing so, the confidentiality of someone raising an issue, or any likely investigation or other action that a trust may wish to take, may be compromised.

Should you want to complain about your Freedom To Speak up Guardian then please contact the National Guardian Office on:

Email: enquiries@nationalguardianoffice.org.uk

Phone: 0300 067 9000

7. Dissemination, storage and archiving (Control)

The policy is available for all staff on the Trust Intranet and website. It is also available from Human Resources.

Old versions of the policy are replaced periodically as the policy is reviewed. The author of the policy is responsible for keeping up to date with legislation and for reviewing the policy at any stage during the period between reviews. Human Resources keep archived versions.

8. Training and other resource implications

There are no mandatory training needs in relation to this policy. However, investigators should be given the necessary time and have received training in order to conduct high quality investigations.

It is also important that the investigator understands the Freedom to Speak Up process and that they are able to deliver feedback in-line with the vision for raising concerns in the NHS (Appendix K).

There is also Guardian's Training provided by the National Guardians Office and e-learning available for staff who wish to understand more about the Freedom To Speak Up process.

9. Audit, monitoring and review

| Monitoring Compliance Template | | | | | | |
|---------------------------------------|---|--|-------------------------|---|--|--|
| Minimum Requirement | Process for Monitoring | Responsible Individual/ group/committee | Frequency of Monitoring | Review of Results process (e.g. who does this?) | Responsible Individual/group/ committee for action plan development | Responsible Individual/group/ committee for action plan monitoring and implementation |
| Legislation. Contact details. | Annual reviews are required, by the author. | Wendy Fowler | Annual | Deputy Director of Human Resources Director of Operations (author's line manager) | Workforce and OD Committee | Workforce and OD Committee |

Policy review date: May 2022.

10. Implementation plan

| Action / Task | Responsible Person | Deadline | Progress update |
|--|--|--------------|-----------------|
| Upload new policy (Version 5) onto intranet and internet and remove old version. | Head of Communications | 31/12/17 | TBC |
| Make staff aware of the policy through the weekly newsletter. | Head of Communications following instruction from Wendy Fowler | October 2018 | |

11. Links to other policies, standards and legislation (associated documents)

Grievance policy
Counter Fraud, Bribery and Corruption Policy
Complaints Procedure
Bullying and Harassment Policy

12. Contact details

| Job Title | Name | Phone | Email |
|------------------------------|--------------|---------------|--|
| Freedom To Speak Up Guardian | Wendy Fowler | 0797 621 3844 | wendy.fowler1@nhs.net |
| Deputy Director of People | Sarah Bawden | 0114 27 16292 | sarah.bawden@shsc.nhs.uk |

13 References

Department of Health (July 2015), *Learning not Blaming: The Government response to the Freedom to Speak Up consultation, the Public Administration Select Committee report 'Investigating Clinical Incidents in the NHS', and the Morecambe Bay Investigation*, London.

National Freedom To Speak Up Guardians Office Publication: *National Guardian for the NHS: Case Review Feedback*. Available at:
http://www.cqc.org.uk/sites/default/files/20170213_ngo-case_review_feedback.pdf

National Freedom To Speak Up Guardians Office Publication: *Recording Concerns*. Available at:
http://www.cqc.org.uk/sites/default/files/20170406_Guidance-on-recording-for-FTSUGs_January2017.pdf

National Freedom To Speak Up Guardians Office Publication: *How the National Guardians Office will deal with concern raised about FTSU Guardians*. Available via the NGO.

National Freedom To Speak Up Guardians Office Publication: *National Guardian Annual Report 2017*. Available at:
http://www.cqc.org.uk/sites/default/files/20171115_ngo_annualreport201617.pdf

Freedom to Speak Up – A review of whistleblowing in the NHS (2015). Available at:
http://freedomtospeakup.org.uk/wp-content/uploads/2014/07/F2SU_web.pdf

Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (2013). The Stationary Office; London.

Appendix A – Version Control and Amendment Log

| Version No. | Type of Change | Date | Description of change(s) |
|-------------|--------------------------------|---------------------------------------|--|
| 1-3 | New policy | August 2013 and pre August 2013 | New policy |
| 4 | Review of policy | Issued 15 th November 2016 | Contact details. Speaking Up Guardian details added Other references to external bodies added. |
| 5 | Review of policy | Issued October 2018 | Thorough review of policy. Consultation with Director of Operations. Staff Side consultation. Extracts from NHSI legislation have been added. |
| 5.1 | Feedback Form has been amended | Feb 2021 | |

Appendix B – Dissemination Record

| Version | Date on website (intranet and internet) | Date of “all SHSC staff” email (Connect) | Any other promotion/ dissemination (include dates) |
|---------|---|--|--|
| 1-3 | August 2013 and pre August 2013 | August 2013 | N/A |
| 4 | November 2016 | November 2016 | N/A |
| 5 | October 2018 | October 2018 | |

Appendix C – Stage One Equality Impact Assessment Form

Equality Impact Assessment Process for Policies Developed Under the Policy on Policies

Stage 1 – Complete draft policy

Stage 2 – Relevance - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public?

If **NO** – No further action required – please sign and date the following statement. If **YES** – proceed to stage 3.

This policy does not impact on staff, patients or the public (insert name and date)

Stage 3 – Policy Screening - Public authorities are legally required to have ‘due regard’ to eliminating discrimination , advancing equal opportunity and fostering good relations , in relation to people who share certain ‘protected characteristics’ and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don’t know and note reasons). Please see the SHSC Guidance on equality impact assessment for examples and detailed advice. This is available by logging-on to the Intranet first and then following this link https://www.xct.nhs.uk/widget.php?wdq=wdq_general_info&page=464

| | Does any aspect of this policy actually or potentially discriminate against this group? | Can equality of opportunity for this group be improved through this policy or changes to this policy? | Can this policy be amended so that it works to enhance relations between people in this group and people not in this group? |
|--------------------------------|---|---|---|
| AGE | No | N/A | N/A |
| DISABILITY | No | N/A | N/A |
| GENDER REASSIGNMENT | No | N/A | N/A |
| PREGNANCY AND MATERNITY | No | N/A | N/A |
| RACE | No | N/A | N/A |
| RELIGION OR BELIEF | No | N/A | N/A |
| SEX | No | N/A | N/A |
| SEXUAL ORIENTATION | No | N/A | N/A |

Stage 4 – Policy Revision - Make amendments to the policy or identify any remedial action required (action should be noted in the policy implementation plan section). Please delete as appropriate: Policy Amended / Action Identified / no changes made. Impact Assessment Completed by (insert name and date) **Wendy Fowler 15-12-17**

Delete page

Appendix D - Human Rights Act Assessment Form and Flowchart

You need to be confident that no aspect of this policy breaches a person's Human Rights. You can assume that if a policy is directly based on a law or national policy it will not therefore breach Human Rights.

If the policy or any procedures in the policy, are based on a local decision which impact on individuals, then you will need to make sure their human rights are not breached. To do this, you will need to refer to the more detailed guidance that is available on the SHSC web site <http://www.justice.gov.uk/downloads/human-rights/act-studyguide.pdf> (relevant sections numbers are referenced in grey boxes on diagram) and work through the flow chart on the next page.

1. Is your policy based on and in line with the current law (including case law) or policy?

- Yes. No further action needed.**
- No. Work through the flow diagram over the page and then answer questions 2 and 3 below.**

2. On completion of flow diagram – is further action needed?

- No. No further action needed.**
- Yes. Go to question 3**

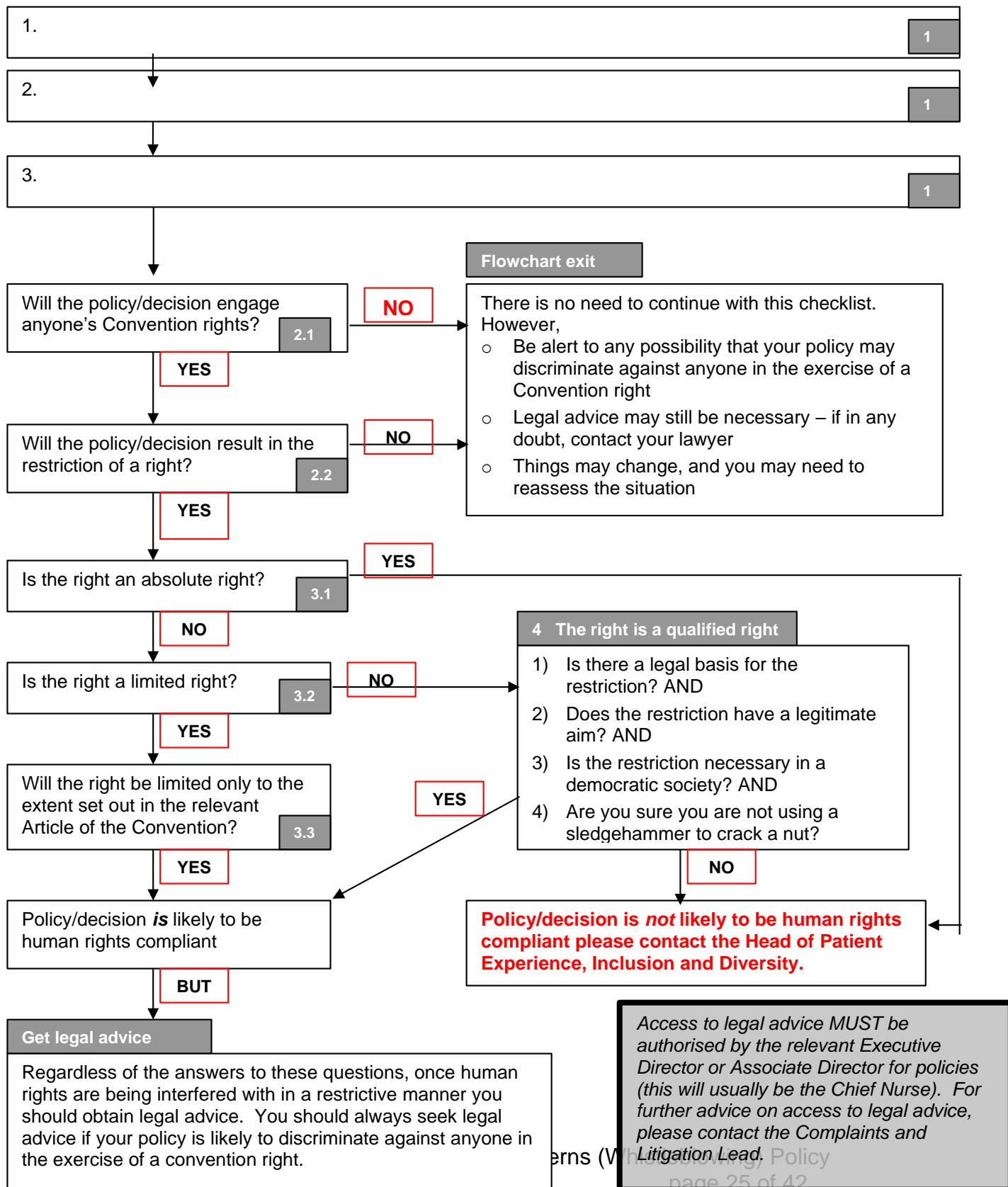
3. Complete the table below to provide details of the actions required

| Action required | By what date | Responsible Person |
|-----------------|--------------|--------------------|
| | | |
| | | |
| | | |
| | | |

Human Rights Assessment Flow Chart

Complete text answers in boxes 1.1 – 1.3 and highlight your path through the flowchart by filling the YES/NO boxes red (do this by clicking on the YES/NO text boxes and then from the Format menu on the toolbar, choose 'Format Text Box' and choose red from the Fill colour option).

Once the flowchart is completed, return to the previous page to complete the Human Rights Act Assessment Form.



Appendix E – Development, Consultation and Verification

Author of the policy, Wendy Fowler.

NHSI guidance followed.

Staff Side consultation.

Deputy Director of Human Resources consultation.

Director of Operations consultation.

Verified with Staff Side 27th September 2017 and noted in the minutes of the Joint Consultative Forum 20th September 2017 and 24th January 2018.

Considered by PGG May 2018.

Ratified by EDG 17th May 2018.

Appendix F – Policies Checklist

1. Cover sheet

All policies must have a cover sheet which includes:

- The Trust name and logo yes
- The title of the policy (in large font size as detailed in the template) yes
- Executive or Associate Director lead for the policy yes
- The policy author and lead yes
- The implementation lead (to receive feedback on the implementation) yes
- Date of initial draft policy yes
- Date of consultation yes
- Date of verification yes
- Date of ratification yes
- Date of issue yes
- Ratifying body yes
- Date for review yes
- Target audience yes
- Document type yes
- Document status yes
- Keywords yes
- Policy version and advice on availability and storage yes

2. Contents page yes

3. Flowchart yes

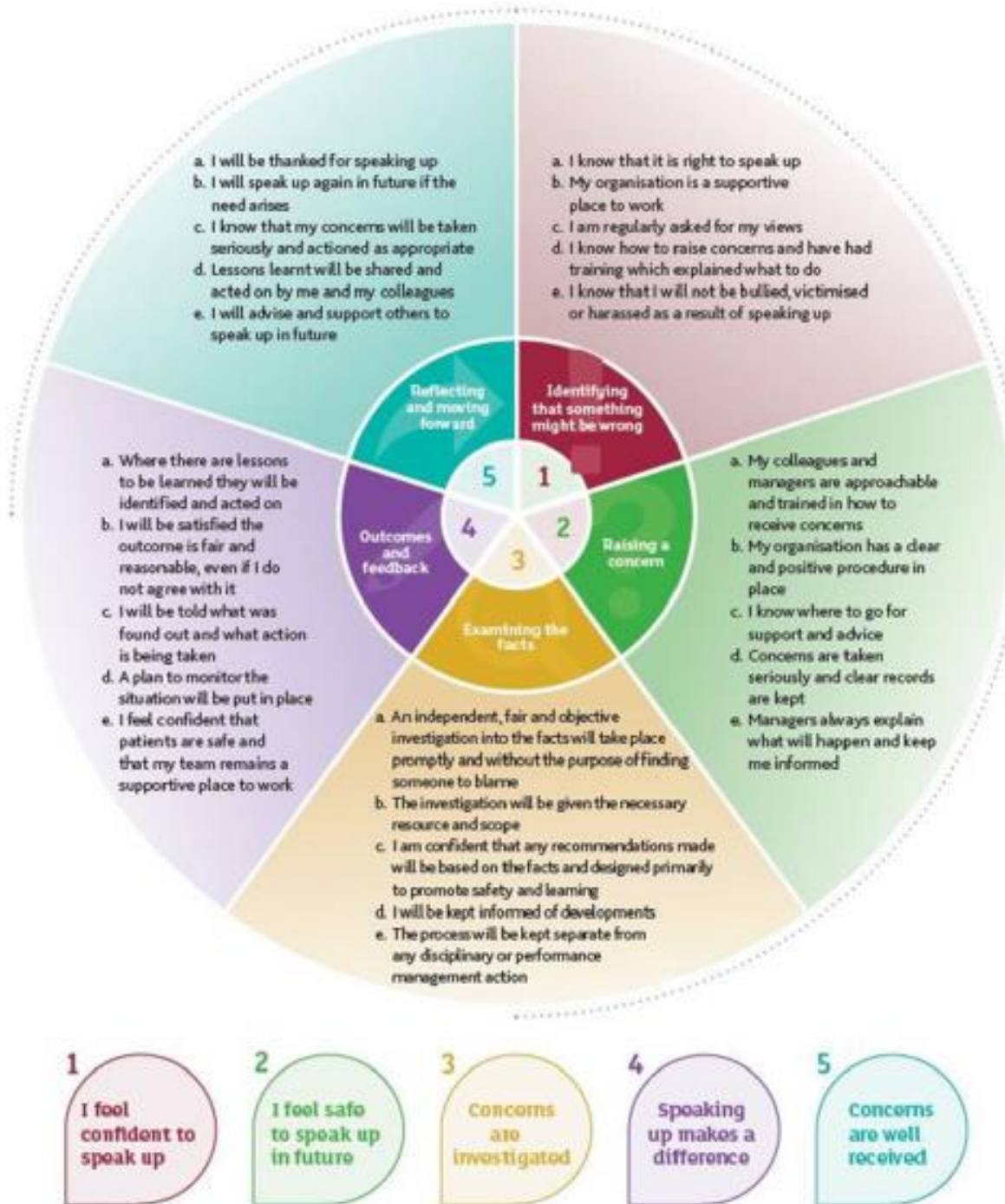
4. Introduction yes

5. Scope yes

6. Definitions yes

| | |
|--|-----|
| 7. Purpose | yes |
| 8. Duties | yes |
| 9. Process | yes |
| 10. Dissemination, storage and archiving (control) | yes |
| 11. Training and other resource implications | yes |
| 12. Audit, monitoring and review This section should describe how the implementation and impact of the policy will be monitored and audited and when it will be reviewed. It should include timescales and frequency of audits. It must include the monitoring template as shown in the policy template. | |
| 13. Implementation plan | yes |
| 14. Links to other policies (associated documents) | yes |
| 15. Contact details | yes |
| 16. References | yes |
| 17. Version control and amendment log (Appendix A) | yes |
| 18. Dissemination Record (Appendix B) | yes |
| 19. Equality Impact Assessment Form (Appendix C) | yes |
| 20. Human Rights Act Assessment Checklist (Appendix D) | yes |
| 21. Policy development and consultation process (Appendix E) | yes |

Appendix G: A vision for raising concerns in the NHS



Source: Sir Robert Francis QC (2015) *Freedom to Speak Up: an independent report into creating an open and honest reporting culture in the NHS*.

Appendix H– Information Recorded by FTSU Guardian

Information is kept regarding all concerns raised via SHSC FT FTSU guardian. Information is kept on a confidential database only accessible by the FTSU Guardian.

Records are held in line with ‘minimum standard’ recording guidance provided from the National Freedom to Speak Up Guardians Office which ensures consistency across Trusts. The information recorded supports the production of reports regarding concerns and is also available for audit or case review processes if required. Please note that confidentiality will not be breached by this.

| Item | Required by NGO | Notes |
|--|---|--|
| Number of Issues raised | Yes | Trust Guardians will want to record the number of issues raised to them. If a number of people raise the same issue, each person raising the issue should be counted as a separate ‘item’. This is because, once a matter is closed, FTSUGs will want feedback from each individual about how the matter was dealt with. At this stage, we do not expect FTSUGs to record issues raised elsewhere in their organisation. However, depending on local need, they may wish to quantify this information when reporting to their Board. |
| Numbers of issues raised anonymously | Yes | The number of issues raised anonymously (as opposed to confidentially or openly) may indicate the degree of trust that people speaking up have in their organisation. |
| Other factors related to people raising concerns | No [Though the NGO may wish to, periodically, carry out a ‘deep dive’] | It may be helpful for FTSUGs to record a number of items of information about people who raise concerns so that they can spot patterns or trends in their organisation. The NGO would expect that the following items would be helpful: Department, Profession, Position, Length of time in the Trust, Length of time in post Trust Guardians will also want to ascertain other information about people who raise concerns (age, ethnicity, working pattern etc.) however, the NGO would advise that this is not recorded as part of the initial speaking up process and is collected at some other point (e.g. as part of a feedback survey of people raising concerns). |

| | | |
|--|---|---|
| Nature of the issue | No [Though the NGO may wish to, periodically, carry out a 'deep dive'] | Each issue will be unique and FTSUGs are likely to want to record a brief summary as part of their recording system. Open questions such as 'how long has this been happening?', 'why are you raising this now?', 'who else knows about this?' will help you understand the context and potential urgency of the issue. In addition, it would be helpful to categorise each issue systematically, accepting that several categories may need to be applied to each individual 'case'. Typical categories may be: <ul style="list-style-type: none"> · Patient Safety / Quality · Behavioural / Relationship · System / Process · Cultural · Senior management issue <ul style="list-style-type: none"> - Staff Safety - Bullying / Harassment - Infrastructure / Environmental - Leadership - Middle management issue |
| Has the issue been taken up previously | No | This may be an indicator of issues with existing systems not satisfying people who are speaking up and / or of effective action not being taken when issues have been raise |
| Outcome the person speaking up wants to hear | No | This may provide useful guidance on next steps or potential solutions to the issue. Irrespective of the outcome desired by the person speaking up, FTSUGs will want to ensure that all aspects of the issue are looked into, as appropriate. |
| Action | No | Trust Guardians will want to record the action that is taken when an issue is raised. This will include details of who any issue is referred to, when it is referred etc. FTSUGs may want to categorise actions in some way, for instance by developing a standard list of which parts of the organisation issues are raised with. |
| Outside referral | Yes | The number of cases that are referred outside the organisation for investigation is a useful indicator of both the seriousness of issues being raised, and how open an organisation is to external scrutiny and transparency. |
| Update | No | It will be helpful to agree and record when an update on progress can be expected, or needs to be obtained. |

| | | |
|---------------|---|--|
| Open / Closed | Yes | The number of cases that are open or closed at any one time may be used as an indicator of how quickly cases are resolved and, potentially, the complexity of the cases being handled. A case should not be closed until it has reached a point where the FTSUG feels that all possible routes have been reasonably pursued, including all avenues of dispute. In some circumstances, someone speaking up may decide to 'drop out' of the process – however, the FTSUG will want to ensure that any action taken in response to an issue reaches an appropriate conclusion before the issue is closed. |
| Feedback | Yes | <p>Feedback should be obtained at the point at which a case is closed, even if the person speaking up may be unhappy with the outcome. All FTSUGs should ask everyone raising an issue the following question: "Given your experience, would you speak up again?" Options for response: "Yes / No / Maybe / Don't know" This should be supplemented with the follow-up question: "Please explain your response" FTSUGs will find it helpful to categorise the information provided in the supplementary question so that they can look for themes.</p> <p>Seeking feedback will also be a useful opportunity to record the demographics and other characteristics of people who are speaking up. The NHS Staff Survey provides a useful template for obtaining information on demographics and we expect that, as a minimum, FTSUGs would seek information on gender, age, ethnic background, sexual orientation, religion and disability.</p> |
| Learning | No [Though the NGO may wish to, periodically, carry out a 'deep dive'] | It will be helpful to record the learning points that arise out of each case. Where possible, it may be useful to theme the learning points so that common themes can be fed back to, and targeted action taken by, the Board |

Appendix I: 20 Francis Principles – Actions by Organisations

** Action below are by organisation and link with the Freedom To Speak Up – A review of Whistleblowing in the NHS Paper – published in 2015 (See reference list)

| | Summary | Dept of Health | NHS England | Systems Regulators | Prof Regulators | HEE | | All Organisations |
|-----|---|----------------|-------------|--------------------|-----------------|-----|--|-------------------|
| 1.1 | Boards should ensure that progress in creating and maintaining a safe learning culture is measured, monitored and published on a regular basis. | | | | | | | ✓ |
| 1.2 | System regulators should regard departure from good practice, as identified in this report, as relevant to whether an organisation is safe and well-led | | | | ✓ | | | |
| 2.1 | Every NHS organisation should have an integrated policy and a common procedure for employees to formally report incidents or raise concerns. In formulating that policy and procedure organisations should have regard to the descriptions of good practice in this report. | | | | | | | ✓ |
| 2.2 | NHS England, NHS TDA and Monitor should produce a standard integrated policy and procedure for reporting incidents and raising concerns to support Action 2.1 | | ✓ | | ✓ | | | |
| 3.1 | Bullying of staff should consistently be considered, and be shown to be, unacceptable. All NHS organisations should be proactive in detecting and changing behaviours which amount, collectively or individually, to bullying or any form of deterrence | | | | | | | ✓ |

| | | | | | | | |
|-----|---|--|--|--|---|--|---|
| | against reporting incidents and raising concerns; and should have regard to the descriptions of good practice in this report. | | | | | | |
| 3.2 | Regulators should consider evidence on the prevalence of bullying in an organisation as a factor in determining whether it is well led. | | | | ✓ | | |
| 3.3 | Any evidence that bullying has been condoned or covered up should be taken into consideration when assessing whether someone is a fit and proper person to hold a post at director level in an NHS organisation. | | | | ✓ | | ✓ |
| 4.1 | Employers should ensure and be able to demonstrate that staff have open access to senior leaders in order to raise concerns, informally and formally. | | | | | | ✓ |
| 5.1 | Boards should consider and implement ways in which the raising of concerns can be publicly celebrated. | | | | | | ✓ |
| 6.1 | All NHS organisations should provide the resources, support and facilities to enable staff to engage in reflective practice with their colleagues and their teams. | | | | | | ✓ |
| 7.1 | Staff should be encouraged to raise concerns informally and work together with colleagues to find solutions. | | | | | | ✓ |
| 7.2 | All NHS organisations should have a clear process for recording all formal reports of incidents and concerns, and for sharing that record with the person who reported the matter, in line with the good practice in this report. | | | | | | ✓ |
| 8.1 | All NHS organisations should devise and implement systems which enable such investigations to be undertaken, where appropriate by external investigators, and have regard to the good practice suggested in this report | | | | | | ✓ |

| | | | | | | |
|------|--|---|--|--|---|---|
| 9.1 | <p>All NHS organisations should have access to resources to deploy alternative dispute resolution techniques, including mediation and reconciliation to:</p> <ul style="list-style-type: none"> • address unresolved disputes between staff or between staff and management as a result of or associated with a report raising a concern • repair trust and build constructive relationships. | | | | | ✓ |
| 10.1 | <p>Every NHS organisation should provide training which complies with national standards, based on a curriculum devised jointly by HEE and NHS England in consultation with stakeholders. This should be in accordance with the good practice set out in this report</p> | ✓ | | | ✓ | ✓ |
| 11.1 | <p>The Boards of all NHS organisations should ensure that their procedures for raising concerns offer a variety of personnel, internal and external, to support staff who raise concerns including:</p> <ul style="list-style-type: none"> a) a person (a 'Freedom to Speak Up Guardian') appointed by the organisation's chief executive to act in a genuinely independent capacity b) a nominated non-executive director to receive reports of concerns directly from employees (or from the Freedom to Speak Up Guardian) and to make regular reports on concerns raised by staff and the organisation's culture to the Board c) at least one nominated executive director to receive and handle concerns d) at least one nominated manager in each department to receive reports of concerns e) a nominated independent external organisation (such as the Whistleblowing Helpline) whom staff can approach for advice and support. | | | | | ✓ |

| | | | | | | | |
|------|---|--|---|---|--|--|---|
| 11.2 | All NHS organisations should have access to resources to deploy counselling and other means of addressing stress and reducing the risk of resulting illness after staff have raised a concern. | | | | | | ✓ |
| 11.3 | NHS England, NHS TDA and Monitor should issue joint guidance setting out the support required for staff who have raised a concern and others involved. | | ✓ | ✓ | | | |
| 12.1 | NHS England, NHS TDA and Monitor should jointly devise and establish a support scheme for NHS workers and former NHS workers whose performance is sound who can demonstrate that they are having difficulty finding employment in the NHS as result of having made protected disclosures. | | ✓ | ✓ | | | |
| 12.2 | All NHS organisations should actively support a scheme to help current and former NHS workers whose performance is sound to find alternative employment in the NHS. | | | | | | ✓ |
| 13.1 | All NHS organisations that are obliged to publish Quality Accounts or equivalent should include in them quantitative and qualitative data describing the number of formally reported concerns in addition to incident reports, the action taken in respect of them and feedback on the outcome. | | | | | | ✓ |
| 13.2 | All NHS organisations should be required to report to the National Learning and Reporting System (NLRS), or to the Independent National Officer described in Principle 15, their relevant regulators and their commissioners any formally reported concerns/public interest disclosures or incidences of disputed outcomes to investigations. NLRS or the Independent National Officer should publish regular reports on the performance of organisations with regard to the raising of and | | ✓ | ✓ | | | ✓ |

| | | | | | | |
|------|---|--|--|---|--|---|
| | acting on public interest concerns; draw out themes that emerge from the reports; and identify good practice. | | | | | |
| 13.3 | <p>a) CEOs should personally review all settlement agreements made in an employment context that contain confidentiality clauses to satisfy themselves that such clauses are genuinely in the public interest.</p> <p>b) All such settlement agreements should be available for inspection by the CQC as part of their assessment of whether an organisation is well-led</p> <p>c) If confidentiality clauses are to be included in such settlement agreements for which Treasury approval is required, the trust should be required to demonstrate as part of the approval process that such clauses are in the public interest in that particular case.</p> <p>d) NHS TDA and Monitor should consider whether their role of reviewing such agreements should be delegated to the Independent National Officer recommended under Principle 15.</p> | | | ✓ | | ✓ |
| 14.1 | Employers should ensure that staff who are responsible for, participate in, or permit such conduct are liable to appropriate and proportionate disciplinary processes. | | | | | ✓ |
| 14.2 | Trust Boards, CQC, Monitor and the NHS TDA should have regard to any evidence of responsibility for, participation in or permitting such conduct in any assessment of whether a person is a fit and proper person to hold an appointment as a director or equivalent in accordance with the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014 regulation 5. | | | ✓ | | ✓ |

| | | | | | | | |
|------|---|---|---|---|---|---|---|
| 14.3 | All organisations associated with the provision, oversight or regulation of healthcare services should have regard to any evidence of poor conduct in relation to staff who have raised concerns when deciding whether it is appropriate to employ any person to a senior management or leadership position and whether the organisation is well-led. | | | ✓ | | | ✓ |
| 15.1 | CQC, Monitor, NHS TDA, and NHS England should consider and consult on how such a post of an Independent National Officer (INO) might jointly be created and resourced and submit proposals to the Secretary of State as to how it might carry out these functions in respect of existing and future concerns. | | ✓ | ✓ | | | |
| 16.1 | CQC, Monitor, NHS TDA in consultation with the Department of Health should work together to agree procedures and define the roles to be played by each in protecting workers who raise concerns in relation to regulated activity. Where necessary they should seek amendment of the regulations to enable this to happen. | ✓ | | ✓ | | | |
| 16.2 | Healthcare professional regulators should review their procedures and processes to ensure compliance with the good practice set out in this report and with this Principle | | | | ✓ | | |
| 17.1 | CQC should consider the good practice set out in this report when assessing how organisations handle staff concerns. Good practice should be viewed as a positive factor contributing to a good or outstanding rating as part of their well-led domain. | | | ✓ | | | |
| 18.1 | Professional regulators and Royal Colleges, in conjunction with Health Education England should ensure that all students and trainees working towards a career in healthcare have access to policies, procedure and support compatible with the Principles and good practice in this report. | | | | ✓ | ✓ | |

| | | | | | | | |
|------|---|---|---|---|--|---|---|
| 18.2 | All training for students and trainees working towards a career in healthcare should include training on raising and handling concerns. | | | | | ✓ | |
| 19.1 | NHS England should include in its contractual terms for general/primary medical services standards for empowering and protecting staff to enable them to raise concerns freely, consistent with these Principles. | | ✓ | | | | |
| 19.2 | NHS England and all commissioned primary care services should ensure that each has a policy and procedures consistent with these Principles which identify appropriate external points of referral which are easily accessible for all primary care staff for support and to register a concern, in accordance with this report. | | ✓ | | | | ✓ |
| 19.3 | In regulating registered primary care services CQC should have regard to these Principles and the extent to which services comply with them. | | | ✓ | | | |
| 20.1 | The Government should, having regard to the material contained in this report, again review the protection afforded to those who make protected disclosures, with a view to including discrimination in recruitment by employers (other than those to whom the disclosure relates) on grounds of having made that disclosure as a breach of either the Employment Rights Act 1996 or the Equality Act 2010. | ✓ | | | | | |
| 20.2 | The list of persons prescribed under the Employment Rights Act should be extended to include all relevant national oversight, commissioning, scrutiny and training bodies including NHS Counter Fraud Authority , NHS England, NHS Clinical Commissioning Groups, Public Health England, Healthwatch England, local Healthwatch, Health Education England, Local | ✓ | | | | | |

| | | | | | | | |
|------|--|---|--|--|--|--|--|
| | Education and Training Boards and the Parliamentary and Health Services Ombudsman. | | | | | | |
| 20.3 | The Government should ensure that its proposal to widen the scope of the protection under the Employment Rights Act 1996 includes all students working towards a career in healthcare. | ✓ | | | | | |

**National Guardian
Freedom to Speak Up**

FEEDBACK QUESTIONNAIRE

1. Based on your experience of raising a concern, would you feel safe to raise a concern again through the Freedom To Speak Up Guardian?

- Yes
- No
- Not Sure
- Any comments

2. Did you feel your concerns were taken seriously by the organisation as a whole?

- Yes
- No
- Not sure
- Any comments

3. Has your concern been addressed?

- Yes
- In part
- Not sure
- No
- Any comments

4. Were you thanked by the organisation as a whole for raising your concerns?

- Yes
- No
- Not sure
- Any comments

5. How easy was it to make initial contact?

- Very easy
- Reasonably easy
- Not easy
- Difficult
- If you have any other suggestions please let me know
-

6. Did you feel you were treated confidentially?

- Yes
- Not Sure
- No- Please say why?

7. How did you find the response from the Guardian?

- Very Good
- Good

- Adequate
- Poor
- Very Poor
- Any comments

8.How did you find out about the Freedom the Speak Up Guardian role?

- Word of mouth
- Staff Intranet
- Staff Newsletters
- Posters/Leaflets
- Whistle-blowing Policy
- Other (please state)

9.Is there anything else you would have liked the Guardian to have done for you or do you have any feedback about improving this questionnaire?

- Any comments

10.Have you suffered any detriment as a result of raising your concern?

- No
- Yes - Please say why and consider contacting me again