**Freedom to Speak Up Policy**

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# Introduction

## Policy statement

All staff should feel comfortable to raise concerns and be confident these will be acted on appropriately. Therefore, it is important to Richmond Hill Practice that any fraud, misconduct or wrongdoing conducted by employees, partners or others who work in the organisation are reported and properly dealt with. This organisation encourages all individuals to raise any concerns that they may have about the conduct of others within the organisation or the way in which the organisation is run.

Freedom to speak up, or whistleblowing, can only be disclosed should it be in the public’s interest, that is, that any claim must affect others and not have been made only in the claimant’s own self-interest. Whistleblowing itself is a protected category and, as such, any claimant will be protected under the [Public Interest Disclosure Act 1998](https://www.gov.uk/government/publications/the-public-interest-disclosure-act/the-public-interest-disclosure-act) that protects the whistleblower from unfair treatment following any disclosure.

Freedom to speak up is about encouraging a positive culture where people feel they can speak up, their voices will be heard, and their concerns and suggestions acted on with no retribution. This policy sets out the way in which individuals may raise any concerns that they have and how those concerns will be dealt with in conjunction with the [Freedom to Speak Up Policy for the NHS](https://www.england.nhs.uk/publication/the-national-speak-up-policy/).

Further reading can be found in the CQC’s [GP Mythbuster No 87: Freedom to speak up](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-87-freedom-to-speak-up) and their [Guidance for Providers](https://www.cqc.org.uk/sites/default/files/documents/20131107_100495_v5_00_whistleblowing_guidance_for_providers_registered_with_cqc.pdf).

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

## Status

The organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents). Consideration has been given to the impact this policy might have regarding the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment. Furthermore, this document applies to all

employees of the organisation and other individuals performing functions in relation to the practice such as agency workers, locums and contractors.

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# Considerations

## Requirements

All workers are to be reminded that if they are aware of something that they feel is not right, they should not wait for further evidence or proof, as it is appropriate that they raise the matter while it is still a concern. It does not matter if they turn out to be mistaken, especially if they are genuinely troubled. Any matter raised under this procedure will be investigated thoroughly, promptly and confidentially and, in most circumstances, the outcome of the investigation will be reported back to the person who raised the issue.

Any member of the organisation who makes a protected disclosure or ‘blows the whistle’ has protected rights, meaning that they have the right not to be dismissed, subjected to any other detriment or victimised because they have made a disclosure. This means that continued employment and opportunities for future promotion or training will not be prejudiced because a legitimate concern has been raised. The victimisation of any member of the organisation for raising a qualified disclosure will be a disciplinary offence.

If misconduct is discovered as a result of any investigation conducted under this procedure, the disciplinary procedure will be used in addition to any appropriate external measures and as detailed within the [Disciplinary Policy and Procedure](https://practiceindex.co.uk/gp/forum/resources/disciplinary-policy-and-procedure.746/).

Maliciously making a false allegation is a disciplinary offence. An instruction to cover up wrongdoing is itself a disciplinary offence. If told not to raise or pursue any concern, even by a person in authority such as a manager, workers should not agree to remain silent.

# Speaking up

## About

The [Freedom to Speak Up Review](https://www.england.nhs.uk/publication/freedom-to-speak-up-in-primary-care-consultation-response-november-2016/) conducted by Sir Robert Francis highlighted the importance of speaking up in the NHS and ensuring support is in place for individuals to speak up safely and raise concerns in their place of work without fear of reprisals.

The review recognised that several workers lost valuable skills or even left their employment after raising a concern. This not only caused a significant adverse impact on individuals but also a loss of expertise and resource to the NHS. Freedom to speak up is about encouraging a positive culture where people feel they can speak up, their voices will be heard, and their concerns and suggestions acted on with no retribution.

This organisation recognises there are times when speaking up issues are overly complex and do not always bring the resolution desired. From experience, it is recognised that these issues can impact on workers and organisations.

All organisations that provide NHS services are encouraged to ensure:

* The Partners, Practice Manager and Freedom to Speak Up Guardian (FSUG) are all aware of the national Speaking Up Support Scheme offer
* Their policies and processes reflect the principles in the [guide for leaders in the NHS and organisations delivering NHS services](https://www.england.nhs.uk/publication/the-guide-for-the-nhs-on-freedom-to-speak-up/)
* Workers have easy access to information on how to speak up and the Speaking Up Support Scheme as detailed at [Chapter 5](#_Support_for_those) and actively refer individuals to the scheme
* They are mindful of those workers who may have cultural barriers to speaking up or who are in lower paid roles and less confident to do so, and those who work unsociable hours and may not always be aware of or have access to the policy or processes supporting speaking up
* They communicate with all their workers by identifying the best channels to do so
* They reflect on any learning to build healthy cultures in which everyone feels safe to speak up

Further reading on ‘what will happen when I speak up’ can be found at Appendix A of the [Freedom to Speak Up Policy for the NHS](https://www.england.nhs.uk/publication/the-national-speak-up-policy/).

## Freedom to Speak Up Guardian

While the [CQCs GP Mythbuster 87](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-87-freedom-to-speak-up) states that it is not compulsory in primary care, there is an expectation that a FSUG will be nominated.

The CQC advises that this can be achieved by working with other local practices or with other stakeholders, PCNs or ICBs. The FSUG is to be independent of both line management chain and/or the partnership.

At this organisation, the FSUG is Dr Lisa Brooke, and they will:

* Understand and promote the organisation’s speaking-up culture to enable speaking-up processes and strategies to work well
* Work in partnership with senior leadership but maintain their ability to challenge poor practice and act when quality of services and worker experience do not meet the expected standards
* Respond to members of staff who want to speak up and manage each case
* Examine and address any barriers to speaking up
* Ensure there is appropriate training on how to speak up
* Produce regular reports for the senior team or board, when needed

The FSUG will need to undertake the [National Guardian’s Office](https://nationalguardian.org.uk/speaking-up/)’s (NGO) programme of training on appointment and throughout their tenure. The NGO leads, trains and supports a network of FSUGs in England and conducts speaking up reviews to identify learning and to support the improvement of the speaking up culture of the healthcare sector.

The NGO provides learning and resources on its website, including the provision of a [job description](https://nationalguardian.org.uk/for-guardians/job-description/) for this role. Training will include the five elements to managing the freedom to speak up process, which include:

* Recognising something is wrong
* Speaking up
* Thanking the person who raises the concern
* Undertaking the necessary actions to remedy
* Providing support to the member of staff throughout the process

It should be noted that while the CQC advises that there are no specific regulations governing any practice's freedom to speak up arrangements, should a practice not be able to provide evidence when asked, the practice may risk breaching the following overarching regulations:

* [Regulation 12 (Safe care and treatment)](https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-12-safe-care-treatment)
* [Regulation 13 (Safeguarding service users from abuse and improper treatment](https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-13-safeguarding-service-users-abuse-improper) and improper treatment)
* [Regulation 16 (Receiving and acting on complaints)](https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-16-receiving-acting-complaints)
* [Regulation 17 (Good Governance)](https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-17-good-governance)
* [Regulation 20 (Duty of Candour)](https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-20-duty-candour)

Further details in relation to regulatory requirements can be sought within the [GP Mythbuster 87: Freedom to speak up](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-87-freedom-to-speak-up).

## What is a qualifying disclosure?

Qualifying disclosures (also known as protected disclosures) are legitimate concerns that any member of the organisation raises about specific matters, and which are reasonably believed to be in the public interest (this means it affects others, for example the general public and is not a personal grievance).

These are covered under the [Public Interest Disclosure Act 1998](https://www.gov.uk/government/publications/the-public-interest-disclosure-act/the-public-interest-disclosure-act).

A qualifying disclosure is one made in the public interest by any member of the organisation who has a reasonable belief that any of the following is being, has been, or is likely to be, committed:

* A criminal offence
* A miscarriage of justice
* An act creating risk to health and safety
* An act causing damage to the environment
* A breach of any other legal obligation
* Concealment of any of the above

Further reading on making a protected disclosure can be found at Appendix B of the [Freedom to Speak Up Policy for the NHS](https://www.england.nhs.uk/publication/the-national-speak-up-policy/).

## Who can speak up

Any worker in NHS healthcare may become a [whistleblower](https://dictionary.cambridge.org/dictionary/english/whistle-blower) and they can speak up to report certain types of wrongdoing, usually something they have seen at work. This can be in person, by phone or in writing (including email).

Workers should speak up about anything that affects patient care or their working life. This may be something which does not feel right, e.g., a way of working or a process that is not being followed, when the worker feels they are being discriminated against or if they feel the behaviour of others is affecting their wellbeing or that of their colleagues or patients.

This may include:

* Unsafe patient care
* Unsafe working conditions
* Inadequate induction or training for staff
* Lack of, or poor response to, a reported patient safety incident
* Suspicions of fraud, financial irregularity, dishonesty
* A bullying culture (across a team or the organisation rather than individual instances of bullying)
* Malpractice, corruption, bribery
* Unethical conduct
* Medical or prescribing errors

Speaking up captures a range of issues, some of which may be appropriate for other existing processes (HR, patient safety or quality). The organisation will listen and work with the employee to identify the most appropriate way of responding to the issue raised. The most important aspect of speaking up is the information provided, not the identity of the person providing it.

Individuals have a choice about how they speak up:

* **Openly**

They are happy that the person they will speak up to will know their identity and that they can share this with anyone else involved in responding

* **Confidentially**

They are happy to reveal their identity to the person they choose to speak up to on the condition that they will not share this without their consent

* **Anonymously**

They do not want to reveal their identity to anyone. This can make it difficult for others to ask for further information about the matter and may make it more complicated to act to resolve the issue. It also means that the worker might not be able to access any extra support they may need or receive any feedback on the outcome

In all circumstances, workers should be ready to explain as fully as they can the information and circumstances that prompted them to speak up.

# Reporting a concern

## Initial concerns

If any member of the organisation is unsure whether to raise a concern, in the first instance they should discuss the issue with their line manager, the Organisation Manager, the FSUG or one of the organisations listed in [Section 4.5](#_Reporting_outside_the).

The procedure below should be followed when reporting a whistleblowing concern:

## Stage 1: Notification

Unless the reporter reasonably believes the Organisation Manager to be involved in the wrongdoing, any concerns should be raised with the Organisation Manager. If they believe the Organisation Manager to be involved, or for any reason they do not wish to approach them, then they should proceed directly to Stage 3.

The matter for review may be best considered under a specific existing policy/process, e.g., the organisational process for dealing with bullying and harassment. If so, this will be discussed with the reporter. If the issue does not fall into a HR or patient safety incident process, then the matter will be addressed under this policy.

When the organisation is made aware of a concern, it will be recorded, and the reporter will receive an acknowledgement within two working days. It is important that the organisation takes action to resolve the issue whenever possible. In most cases, it is important that the opportunity is fully explored which may be facilitated by conversations and/or mediation.

## Stage 2: Resolution and investigation

When an investigation is needed, this will be objective and conducted by someone who is suitably independent (this may be someone outside the organisation or from a different part of the organisation) and trained in investigations.

The Organisation Manager will undertake appropriate arrangements to investigate the matter or immediately pass the issue to someone in a more senior position.

The investigation will be documented and may entail the reporter, and any other individuals involved providing a written statement. The statement will be considered, and the reporter will be asked to comment on any additional evidence obtained.

The organisation will inform the reporter:

* How long they expect the investigation will take
* How they will be kept up to date with progress

## Stage 3: Conclusion and communicating the outcome

A conclusion will be reached within a reasonable timescale (which the reporter will be notified of), and a report will be produced that identifies any issues to prevent problems recurring. Any employment issues that have implications for the reporter or their capability or conduct identified during the investigation must be considered separately.

The Organisation Manager will also report to the senior partner who will take any necessary action including reporting the matter to any appropriate government department or regulatory agency.

When possible, the organisation will share the full investigation report with the reporter (while respecting the confidentiality of others and recognising that some matters may be strictly confidential). When the outcome identifies improvements that can be made, the organisation will ensure necessary changes are made and are working effectively. Lessons will be shared with teams across the organisation or more widely as appropriate.

If disciplinary action is required, the Organisation Manager (or the person who conducted the investigation) will report the matter to the Senior Partner who will instigate the disciplinary procedure.

If the worker is concerned that the organisation has failed to make a proper investigation or has failed to report the outcome of the investigation to the Senior Partner, they should contact the FSUG who will arrange to review the investigation that was undertaken, make any necessary enquiries and make his/her own report to the Senior Partner as in Stage 2 above.

## Reporting outside the organisation

If, on conclusion of Stages 1, 2 and 3, the worker does not reasonably believe that the appropriate action has been taken, or they wish to speak to someone outside the organisation, they can follow:

* [NGO guidance](https://nationalguardian.org.uk/speaking-up/how-to-speak-up/)
* [Whistleblowing: list of prescribed people and bodies](https://www.gov.uk/government/publications/blowing-the-whistle-list-of-prescribed-people-and-bodies--2/whistleblowing-list-of-prescribed-people-and-bodies#healthcare)

# Support for those who speak up

## The Speaking Up Support Scheme

The [Speaking Up Support Scheme](https://www.england.nhs.uk/ourwork/freedom-to-speak-up/speaking-up-support-scheme/) provides a range of support for past and present NHS workers who have experienced a significant adverse impact on both their professional and personal lives to move forward following a formal speaking up process.

Workers must meet the eligibility criteria for the support scheme and any support will be delivered online via online platforms.

# Reflection and planning

## Reflection and planning tool

In tandem with the National Guardian, NHS England advocates the completion of [a reflection and planning tool](https://www.england.nhs.uk/wp-content/uploads/2022/04/B1245_iii_Freedom-to-speak-up-a-reflection-and-planning-tool.docx) at least every two years which is designed to help to identify strengths and any gaps that need to be addressed.

The self-reflection tool is set out in three stages:

|  |  |
| --- | --- |
| 1 | Reflection statements under the eight recognised principles |
| 2 | Summary of the high level actions the organisation will take over the next 6 to 24 months to develop freedom to speak up arrangements |
| 3 | Summary of the high-level actions the organisation needs to take to share and promote its strengths |