

NHS FRIMLEY
FREEDOM TO SPEAK UP POLICY
Part of the NHS People Promise

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Equality Statement

NHS Frimley aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

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 have shared a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it;

We have completed an Equality Impact Assessment for this policy which is attached (see Appendix C)

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1. Introduction

NHS Frimley was established in July 2022 as a central statutory leadership body. The ICB is placed within a larger Integrated Care System (ICS), which aims to encourage collaborative working across health and social care sectors within the NHS Frimley geography.

NHS Frimley is committed to leading the way in promoting a culture where staff are encouraged and supported to 'speak up' when they have concerns. We want to create an environment where people feel psychologically safe to raise concerns, knowing they will be listened to, and appropriate action will be taken.

By speaking up at work you will be playing a vital role in helping us to keep improving our services for all our patients, communities as well as create a fair and inclusive working environment for our staff.

We welcome speaking up and we will listen.



Fiona Edwards
Chief Executive
NHS Frimley



Safina Nadeem
Freedom To Speak Up Guardian
NHS Frimley

2. Purpose

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 staff. Its aim is to ensure all matters raised are captured and considered appropriately.

3. Scope

This policy is for all our staff. 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 all our staff’s concerns.

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 staff with disabilities, or from minority ethnic backgrounds or the LGBTQ+ community do not always feel able to speak up.

4. Definitions

Term	Definition
Speaking Up	Raising concerns about anything that gets in the way of patient care or affects your working life.

5. Roles and responsibilities

- 5.1 **Accountable Officer** – has ultimate accountability for the strategic and operational management of the organisation, including ensuring all policies are adhered to.
- 5.2 **Frimley ICB Board** – is responsible for ensuring that all policies in use in the organisation are ratified by the ICB Board.

6. The subject matter of the policy

6.1 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, therefore, captures a range of issues, some of which may be appropriate for other existing processes (for example, HR or patient safety/quality) or policies ([which can be found here](#)). As an organisation, we will listen and work with you to identify the most appropriate way of responding to the issue you raise.

6.2 Who can speak up?

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

6.3 We want you to feel safe to speak up

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

We want to create a culture where speaking up is encouraged and people feel safe to do so, knowing they will be listened to.

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

6.4 Who can I speak up to?

6.4.1 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):
 - Sarah Bellars – sarah.bellars@nhs.net
- Our HR team:
 - Maddie McPeak - madeleine.mcpeak@nhs.net
 - Deb Drury - deb.drury1@nhs.net
 - Team page on the Hub can be [accessed here](#).
- Our Freedom to Speak Up Guardian:
 - Safina Nadeem - frimleyicb.speakupguardian@nhs.net
 - Team page on the Hub can be [accessed here](#).

Our Guardian 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](#).

- Local counter fraud team (where concerns relate to fraud):
 - Melanie Alflatt – alflatt@tiaa.co.uk
 - Sarah Pratley – Pratley@tiaa.co.uk
 - Team page on the Hub can be [accessed here](#).

6.4.2 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 to 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 CQC nor NHS England can get involved in individual employment matters, such as a concern from an individual about being 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 member of staff, you can do this by contacting the relevant professional body such as the General Medical Council, Nursing and Midwifery Council, Health and Care Professions Council, General Dental Council, General Optical Council or General Pharmaceutical Council. Appendix B contains information about making a 'protected disclosure'.

6.5 How should I speak up?

You can speak up to any of the people or organisations listed above in person, by phone or in writing (including email).

6.5.1 Confidentiality

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

You have a choice about how to 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. In this situation, all reasonable steps will be taken to keep your identity confidential, unless required to disclose it by law (for example, in response to a police warrant or court order). In these situations, we would discuss this with you.
- **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 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 and circumstances that prompted you to speak up.

6.6 Advice and support

You can find out about the local support available to you.

Your local staff networks can be a valuable source of support:

- Black, Asian and Minority Ethnicity Staff ([B.A.M.E. Network](#))
 - Contact: [Avril Brohier](#) or [Rose Elhamamy](#)
- Staff who are Carers (Carers Network – page coming soon)
 - Contact: [Sue Lowe](#)
- Disability and Wellbeing Network ([D.A.W.N.](#))
 - Contact: [Avril Brohier](#) or [Lisa Frazer](#)
- Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, and all other sexual orientations and gender identities (L.G.B.T.Q+ Network – page coming soon)
 - Contact: [Cheyenne Sparks](#)

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

- [Support available for our NHS People](#)
- [Looking after you: confidential coaching and support for the primary care workforce.](#)

NHS England has a [Speak 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 advice on the speaking up process.
- The [Trades Union Congress](#) provides information on how to join a trade union.
- The [Advisory, Conciliation and Arbitration Service](#) gives advice and assistance, including on early conciliation regarding employment disputes.

6.7 What will we do?

The matter you are speaking up about may be best considered under a specific existing policy or 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 doesn't fall into an HR or patient safety incident process, this policy ensures that the matter is addressed.

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

6.7.1 Resolution and investigation

We support our managers and 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 or your capability or conduct identified during the investigation will be considered separately.

6.7.2 Communicating with you

We will treat you with respect at all times 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).

6.7.3 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.

6.7.4 Review

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

6.7.5 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.

7. Statutory requirements

7.1 Equality and Health Inequalities Analysis (EHIA)

The EHIA for this policy can be found in Appendix C.

7.2 Other requirements

“Bribery Act 2010 – the ICB has a responsibility to ensure that all staff are made aware of their duties and responsibilities arising from The Bribery Act 2010. The Bribery Act 2010 makes it a criminal offence to bribe or be bribed by another person by offering or requesting a financial or other advantage as a reward or incentive to perform a relevant function or activity improperly performed. The penalties for any breaches of the Act are potentially severe. There is no upper limit on the level of fines that can be imposed and an individual convicted of an offence can face a prison sentence of up to 10 years.

For further information see <http://www.justice.gov.uk/guidance/docs/bribery-act2010-quick-start-guide.pdf>.

Due consideration has been given to the Bribery Act 2010 in the review of this policy and no specific risks were identified”.

7.3 Data protection legislation (as defined in the Data Protection Act 2018)

The information that you provide in the course of speaking up will be handled in accordance with section 6.5.1 of the policy, as outlined above. In line with all organisations that hold “personal data” or “special categories of data” the ICB is duty bound to comply with Data Protection Legislation (the Data Protection Act 2018, General Data Protection Regulations, the Common Law Duty of Confidentiality and the Records Management Code of Practice for Health and Social Care 2016).

8. NHS Constitution

“8.1 The ICB is committed to:

Designing and implementing services, policies and measures that meet the diverse needs of its population and workforce, ensuring that no individual or group is disadvantaged.

8.2 This Policy supports the NHS Constitution as follows:

“The NHS aspires to the highest standards of excellence and professionalism in the provision of high-quality care that is safe, effective and focused on patient experience; in the planning and delivery of the clinical and other services it provides; in the people it employs and the education, training and development they receive; in the leadership and management of its organisations; and

through its commitment to innovation and to the promotion and conduct of research to improve the current and future health and care of the population”.

9. Dissemination//Publication

The document will be made available on the intranet and our website and will be disseminated amongst NHS Frimley staff, including our staff networks . The Speak Up policy is promoted at corporate induction for new starters. We also have training for staff as part of mandatory training .

10. Monitoring

Criteria	Measurable	Frequency	Reporting to	Action Plan/Monitoring
Number of Speak up cases received	Yes	Returns to National Guardian Office (NGO)	NGO Senior Leadership Team (SLT) 6 monthly)	
Improved culture	Yes	As above	As above	

11. Review and revision

“This policy will be reviewed every three years by the Document Author to ensure continued validity and relevance, with a schedule of proposed amendments presented to the NHS Frimley SLT for approval.

12. Training considerations

We ask all our staff 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 the training [here](#).

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

“Attendance at any training session carried out as a consequence of the policy implementation must be formally recorded and documented. “

14. Stakeholder /Consultation information

The policy is an NHS England policy which ICB’s must implement and adopt. NHS England have carried out stakeholder engagement /consultation to develop this policy.

15. References and links relating to this policy

[NHSE guidance](#)

[Frimley ICB Counter Fraud contact](#)

[Counter Fraud, Standards of Business Conduct Policies](#)

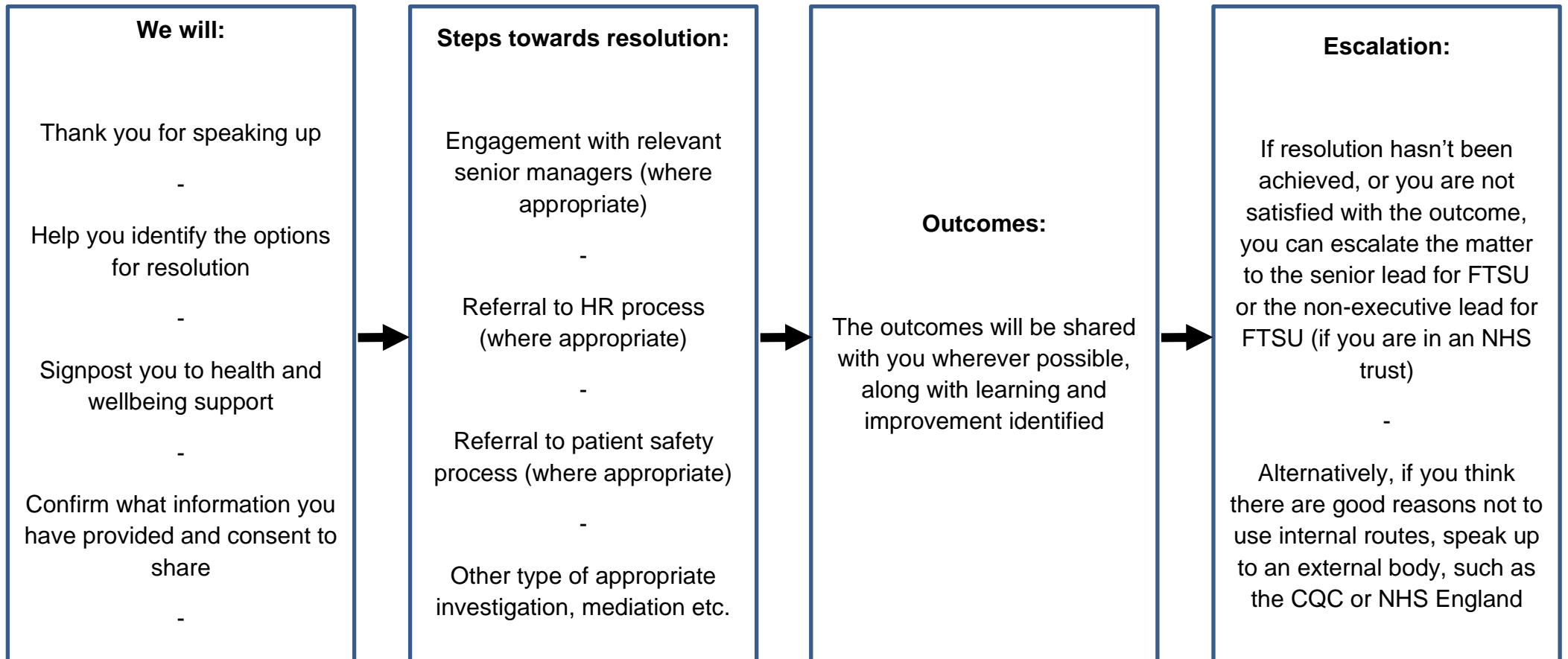
[Equality & Diversity Policy](#)

[Harassment and Bullying Policy](#)

<https://www.frimley.icb.nhs.uk/policies-and-documents/information-governance-policies>

[Grievance Policy](#)

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.

The 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 those criteria, please seek independent advice from [Protect](#) or a legal representative.

Appendix C: Equality and Health Inequality Assessment (EHIA)

Title of policy or service:	Freedom To Speak Up (F2SU) Policy
Name and role of officer/s completing the analysis:	Cheyenne Sparks – EDI co-ordinator
Date of analysis:	21/05/2023
Type of EHIA completed:	Initial EHIA

1. Outline	
<p>Give a brief summary of your policy or service</p> <ul style="list-style-type: none"> including partners, national or regional 	<p>The F2SU Policy allows all paid, voluntary, fixed term, bank or contractor staff within Frimley Integrated Care Board (ICB) a safe route to speak up about issues, raise concerns or report poor practice.</p> <p>The policy ensures the ICB addresses and learns from reported poor practice and replaces the previous CCG policy , working under the NHS England ‘Freedom To Speak Up’ (“FTSU”) framework.</p>
<p>What outcomes do you want to achieve?</p>	<p>We want Frimley ICB to be a fair, equitable and safe environment for all its staff.</p> <p>We will:</p> <p>Facilitate a robust structure for concerns to be escalated.</p> <p>Ensure a balanced, fair outcome to decisions relating to the FTSU concern raised.</p>

	Embed learning from the FTSU concern across the ICB and, where appropriate, NHS Frimley's wider Integrated Care System (ICS).
Give details of evidence, data or research used to inform the analysis of impact	<p>The ICB FTSU policy -</p> <p>Resources from NHS England - https://www.england.nhs.uk/ourwork/freedom-to-speak-up/</p> <p>Parliamentary & Health Services Ombudsman (2021) - https://www.ombudsman.org.uk/news-and-blog/blog/freedom-speak-changing-culture-nhs-and-beyond</p> <p>National Guardian's Office - https://nationalguardian.org.uk/wp-content/uploads/2021/04/Guidance-on-Champions-and-Ambassador-Networks-2021.pdf</p> <p>The role of FTSU Guardians & the National Guardian's Office 2019 - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6798024/</p> <p>Sir Robert Francis FTSU review report 2015 - http://freedomtospeakup.org.uk/the-report/</p>
Give details of all consultation and engagement activities used to inform the analysis of impact	<p>Policy Sub group</p> <p>Staff Networks</p>

Identifying impact:

- **Positive Impact:** will actively promote the standards and values of the ICB
- **Neutral Impact:** where there are no notable consequences for any group;
- **Negative Impact:** if such an impact is identified, the EHIA should ensure, that as far as possible, it is eliminated, minimised or counter balanced by other measures. This should usually result in a 'full' EHIA process unless there are clear and justifiable reasons given as to why this has not been conducted.

2. Gathering of Information

This is the core of the analysis; what information do you have that might *impact on protected groups, with consideration of the Public Sector Equality Duty and Health and Social Care Act.*

(Please complete each area)	What key impacts have you identified?			For the impacts identified (either positive or negative) give details below:	
	Positive Impact	Neutral impact	Negative impact	How does this impact and what action, if any, do you need to take to address these issues?	What difference will this make?
Human rights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HR- Positive as it allows people to speak up Age - Neutral Impact Disability – National staff survey data and WDES tells us that disabled people have poorer experiences at work. Therefore this policy has a positive impact as it will give another route for staff to speak up. This policy exists on the ICB’s intranet “The Hub”. Accessibility should be considered, in that: - Staff may want to access the	
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sex	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Race	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>policy away from colleagues so would need appropriate off-site access to do this.</p> <p>- The policy is hyperlinked in a body of text, which may not be obvious or easily accessible to someone with dyslexia or other neurodiverse diagnoses.</p> <p>Sex – positive . There is currently no evidence that shows any differential impact on sex but the policy is another route for people to speak up if there are issues around harassment and conduct.</p> <p>Race – The Policy has a positive impact on Race. Staff survey and WRES data shows that BME staff have poorer experiences at work therefore this policy allows another route to speak up. There is also evidence from the National Guardians Office that BME staff are less likely to speak up due to fear of detriment.</p> <p>Religion and Belief – Positive</p> <p>There is currently no evidence that shows any differential impact on religion and belief but the policy is another route for people to</p>
Religion or belief	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sexual orientation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gender reassignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pregnancy and maternity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Marriage and civil partnership (only eliminating discrimination)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

			<p>speaking up if there are issues around behaviours and conduct.</p> <p>Sexual Orientation – Positive. Evidence shows that people from LGB+ backgrounds feel less empowered to speak up, the policy will allow a route for staff to speak up safely .</p> <p>Gender Reassignment – Positive. Evidence shows that Trans people feel less empowered to speak up, the policy will allow a route for staff to speak up safely .</p> <p>Pregnancy and Maternity – Positive. The policy allows for pregnant people and people on maternity leave to speak up around discrimination or unfavourable treatment.</p> <p>Marriage and Civil Partnership - neutral</p>	
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<p>Other relevant groups:</p> <ul style="list-style-type: none"> • Looked after Children and Young People • Carers • Homeless people • Communities disproportionately affected by COVID • Those involved in the criminal justice system • People on low incomes. • People who have poor literacy. • People living in deprived areas • People who do not have access to digital tools • Armed Services (e.g. Nepali) • People in other 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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groups who face health inequalities.					
<p>HR and related Policies only (i.e. recruitment, CPD, talent management, etc.):</p> <ul style="list-style-type: none"> • Could the policy / proposal have a potential impact on staff? • If so are the actions identified covered under current HR or other policies? 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>This policy aims to positively impact all staff and patients across the equality, diversity and inclusion criteria, including those in protected characteristic groups as well as those who are otherwise vulnerable, such as living in socio-economic deprivation.</p>	<p>This policy facilitates a culture of speaking up. This improves working environments, staff wellbeing, and overall patient outcomes.</p> <p>By holding senior executives to account, this policy ensures that cultural changes take place where necessary.</p> <p>The introduction of FTSU champions/advocates may further normalise speaking up within the ICB's culture. They may improve staff wellbeing, in</p>

<ul style="list-style-type: none"> If not, are there plans to review and update the policies (e.g. agile working arrangements) to incorporate actions identified. 					<p>turn improving patient services & outcomes.</p>
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IMPORTANT NOTE: *If any of the above results in 'negative' impact, a 'full' EHIA which covers a more in-depth analysis on areas/groups impacted must be considered and may need to be conducted. If you decide not to conduct a full EHIA, please state the reasons why.*

Having detailed the actions, please transfer them to an action plan. (An example action plan is given below.)

3. Action plan				
Issues/impact identified	Actions required	How will you measure impact/progress	Timescale	Officer responsible
Access to the FTSU policy	Create a clear button / link to the policy that isn't embedded in a bulk of text	Staff feedback	By October 2023	Chey Sparkes
FTSU champions / advocates	Consider implementing a champions/advocates programme	- Wellbeing answers on Pulse and National Staff Surveys - Reduced number of FTSU expressions to the Guardian	By March 2024	Safina Nadeem
Promote the policy to raise awareness	Promote through Staff induction Equality staff networks Line managers forum Wellbeing lead	More concerns raised A positive culture Staff survey improvements	Ongoing	Safina Nadeem Comms Team Wellbeing lead

	All staff calls			
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4. Monitoring, Review and Publication

When will the policy/proposal/service be reviewed and by whom?	SRO name:	Safina Nadeem	Date of next review:	June 2024
If the SRO decides a full EHIA is not required, this form must be sent to the Equality Lead for sign off.	SRO signature:		Date	