



# **Freedom to speak up in Primary Care**

**Guidance to primary care  
providers on supporting  
whistleblowing in the NHS**

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# Freedom to speak up in Primary Care

## Guidance to primary care providers on supporting whistleblowing in the NHS

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

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## 1. Introduction and context

This guidance is for all providers of NHS primary care services (GP practices, dentists, opticians and community pharmacists). It details the principles and actions to apply in primary care to support the raising of concerns by staff about the delivery of primary care services to patients and the management of the matter raised.

Raising a concern is sometimes also referred to as 'speaking up' or 'whistleblowing.' We use those terms interchangeably throughout this guidance to describe when staff speak up or provide information about wrongdoing, risk or malpractice which *they believe* could be putting others at risk and which could involve patients, colleagues or the organisation they work in.

Staff is also used widely in this guidance to describe anyone working in primary care, including those who may not have a direct or traditional employment relationship with a provider of the NHS primary care service (such as temporary staff including locum and agency staff, practice partners, attached community provider staff).

This guidance follows the report on the review by Sir Robert Francis into whistleblowing in the NHS: [Freedom to Speak Up](#) which identified shocking experiences by NHS staff who had spoken up and made a number of recommendations on the need for culture change and improved handling of concerns, including in primary care. A large number of responses to Robert Francis' review came from staff in primary care.

NHS England recognises the vast majority of primary care providers are committed to ensuring the highest possible standards of service for their patients and there is a strong culture of safety and improvement already in place. Much of this reflects on the work to implement [Being Open](#) which provided a framework to strengthen the culture of openness and honesty to tackle and prevent patient safety incidents. Freedom to Speak Up is a natural extension to this framework, providing examples of best practice which NHS England supports to ensure the effective management and handling of staff concerns.

Many primary care providers already have well established whistleblowing policies and procedures in place. The best providers seek to ensure there are opportunities for their staff to raise any concern they may have routinely and early. Managing concerns early means there is little opportunity for them to escalate to bigger problems which risk directly impacting patients and the public. Problems raised in primary care can include:

- Poor clinical practice or other malpractice which may harm patients;
- Failure to safeguard patients;
- Maladministration of medications;
- Untrained or poorly trained staff;
- Lack of policies creating a risk of harm.

Freedom to Speak Up recognised many such concerns are raised and managed appropriately everyday but there are too many that are not and action is needed to improve matters.

To help inform how primary care could best respond to Freedom to Speak Up, NHS England has engaged widely with representatives of primary care and whistleblowers in developing this guidance. Following the publication of a draft of this guidance, a consultation was run during April and May of 2016 on the NHS England website. We received 54 responses to the consultation from a wide range of individuals including current and former NHS staff members and organisations including, trade unions, CCGs, local HealthWatch bodies, whistleblowing organisations and primary care providers. As a part of the consultation NHS England requested specific feedback on a number of issues, including the role of 'Freedom to Speak Up' Guardian and the use of contractual measures to implement this guidance in order to shape the final policy. A summary of the consultation can be found [here](#).

## 2. Key points

Freedom to Speak Up in primary care means:

- All NHS staff working in primary care should be encouraged to raise any concern, at the earliest opportunity;
- NHS primary care providers should be proactive in preventing any inappropriate behaviour, such as bullying or harassment, towards staff who raise a concern;
- Each NHS primary care provider should review and update their local policies and procedures by September 2017, so that they align with this guidance;
- Each NHS primary care provider should name an individual who is independent of the line management chain and is not the direct employer as the Freedom to Speak Up Guardian, who can ensure that policies are in place and that staff know who to contact if they have a concern.
- NHS primary care organisations should build on the work of Being Open by adopting the good practice published in Freedom to Speak Up. NHS England will provide easy access to learning resources and will support a network of Freedom to Speak Up Guardians in primary care.

## 3. Freedom to Speak Up

### 3.1. Findings for Primary Care

Freedom to Speak Up highlighted some unique challenges that exist in primary care and how some individuals can feel particularly isolated because:

- Many work in small independent units and it is harder for them to raise concerns confidentially or anonymously
- There is a sense of greater risk to their employment if they are raising concerns about someone who may be their direct employer
- Working in ancillary and non-clinical roles, there are likely to be fewer options for raising concerns externally because they may not have access to a professional body or union.

This potential sense of isolation means it is important everyone working in primary care has access to someone outside of their line management chain to raise a concern with, or to seek advice and support from, particularly if their concern is about someone senior or their direct employer.

Within the primary care workforce there are certain groups, including temporary staff, locums and students are particularly vulnerable as they are often in practices for short periods of time. This can make raising concerns particularly difficult, and highlights the importance of ensuring that temporary staff have the option of raising concerns outside of the practice in which they are based.

The review also pointed out that although every NHS primary care provider has to have a formal process for handling patient complaints there is no requirement, with the exception of community pharmacy, to have an equivalent process for staff concerns. It was also not clear where primary care staff should now go for advice or to raise a concern externally in the new commissioning structures. This guidance seeks to clarify how a concern should be raised within a primary care organisation and, if necessary, with an external body like NHS England. It also provides guidance on how the Freedom to Speak Up principles can be applied and supported in practice.

## 4. Adapting the principles for raising and managing concerns in primary care

The following principles underpin best practice for how commissioned primary care services should encourage staff to raise a concern and manage the process when they do. All NHS primary care providers should work to ensure:

- It is safe to speak up
- Staff have the confidence to speak up
- Concerns are investigated
- Speaking up makes a difference

- Concerns are well received.

These reflect the vision for the NHS outlined in Freedom to Speak Up and so ensure expectations for the wider NHS are applied equally in primary care.

#### **4.1 It is safe to speak up in primary care**

Freedom to speak up in primary care means staff will feel safe to speak up because:

- supervisors and others identified to manage concerns are approachable and trained in how to receive concerns
- there is a clear positive procedure in place
- there is support and advice can be easily accessed to help them
- concerns are taken seriously and clear records are kept
- they will know what will happen having raised a concern and will be kept informed

Although there is a requirement for primary care contractors to have a formal process for handling patient complaints, there is no equivalent requirement, with the exception of community pharmacy contractual framework, to have an equivalent process for responding to staff concerns in primary care.

The introduction of a 'standard integrated policy' for the NHS was also recommended to help normalise and ensure a consistent approach to the raising and management of concerns.

NHS primary care providers can work to ensure there is a safe environment for raising and managing concerns through implementation of the standard integrated policy. A new version of this standard integrated NHS whistleblowing policy for primary care is provided at Annex A. This has been adapted for primary care from the standard integrated policy for hospitals produced by Monitor, the Trust Development Authority and NHS England.

All NHS primary care providers should review and update their local policies and procedures by September 2017 to align with this new policy. NHS England will monitor implementation progress using established assurance mechanisms such as the annual GP Practice electronic declaration and the Community Pharmacy Assurance Framework to support this. NHS England will keep the recommendation for introducing contractual requirements to have a whistleblowing policy in place under review in light of reported progress.

We have also considered how the equivalent of the Freedom to Speak Up Guardian role could be established in primary care. We recognise no one model can be universally applied, given the sheer diversity of organisational models, both across and within, the four primary care contractor groups.

Implementation of the integrated policy will therefore require each provider to consider how best they can ensure there is a named individual as Freedom to Speak Up Guardian who is independent of the line management chain and not the direct employer, who can ensure that policies are in place and that staff know where to go



to raise a concern. Some primary care organisations will wish to go further and involve Freedom to Speak Up Guardians in offering advice and supporting staff that have concerns. There are a range of options available to primary care providers:

- Arrangement with another local provider;
- Assigned staff role within a larger provider federation/network ;
- Arrangement with the local hospital trust Freedom to Speak Up Guardian;
- Nominated member of the local Clinical Commissioning Group (CCG);
- Nominated member of the Local Professional Network (LPN);
- Nominated member of the Local Representative Committee (LRC);
- Nominated member of the Local Optical Committee (LOC);
- Nominated member of the Local Dental Committee (LDC)
- Regional manager in larger provider organisations;
- Superintendent Pharmacist;
- NHS England Responsible Officers.

NHS England will work with CCGs, LPNs and LRCs to support local nominations and during 2016/17 we will establish a network of Freedom to Speak Up Guardians in Primary Care so that we can offer support, resources and further guidance to individuals in this role.

#### **4.1.1 Raising Concerns Externally**

Freedom to Speak Up recommended all commissioned primary care services should have a policy and procedure which identifies appropriate external points of referral which are easily accessible for all primary care staff for support and to register a concern.

NHS England and national primary care stakeholders accept there will be occasions when staff may need to raise concerns outside of their organisation.

Should any primary care employees wish to make a protected disclosure, they can do so via a prescribed organisation under the Public Interest Disclosure Order 1999. NHS England is a prescribed organisation, meaning that individuals raising concerns with NHS England are protected from detrimental treatment or victimisation from their employers after they have made a qualifying disclosure. Each prescribed organisation under the act has a remit to receive disclosures relating to a specific subject. NHS England is able to receive disclosures relating to the delivery of primary medical, dental, ophthalmic and pharmaceutical services in England. In order to qualify for protection under the Order, any disclosure must:

- Relate to information about malpractice (including criminal offences, failure to comply with legal obligations, miscarriages of justice, threats to health and safety of an individual, damage to the environment and a deliberate attempt to cover up any of the above.
- Be in the public interest (the worker must have reasonable belief that the information shows that one of the categories of wrongdoing listed in the legislation has occurred or is likely to occur)

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- Have been raised in the right way
- Have been made in good faith

Other organisations with a prescribed status relating to primary care are:

- The Care Quality Commission
- HealthWatch England
- The General Chiropractic Council
- The General Dental Council
- The General Medical Council
- The General Optical Council
- The General Osteopathic Council
- The General Pharmaceutical Council
- The Health and Care Professions Council
- Health Education England
- NHS Improvement (formerly Monitor and the Trust Development Authority)
- The NHS Business Services Authority
- The Nursing and Midwifery Council
- The Secretary of State for Health

Details of the specific prescribed remits of these organisations can be found [here](#).

It is anticipated that Clinical Commissioning Groups (CCGs) will also become prescribed organisations in April 2017. NHS England is working with the Department of Health, NHS Clinical Commissioners and the Department for Business, Energy and Industrial Strategy to define the remit of CCGs prescription.

In summary, the following table again provides some best practice actions and prompts for all primary care providers to support this outcome.

<b>Staff know:</b>	<b>NHS primary care providers will:</b>
<b>Supervisors and others identified to manage concerns are approachable and trained in how to receive concerns</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> <i>Provide and promote named contact details for all individuals identified to manage concerns.</i></li><li><input type="checkbox"/> <i>Be flexible about how concerns can be raised (in person, by phone, or in writing)</i></li><li><input type="checkbox"/> <i>Ensure individuals identified to manage concerns have access national learning materials disseminated via NHS England</i></li></ul>
<b>There is a clear positive procedure in place</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> <i>Review and update local policies and procedures to align with the new integrated standard NHS whistleblowing policy by September 2017.</i></li></ul>

**Where support and advice can be accessed**

- Ensure there is access to named individuals who are independent of line management chain for advice and support.*
- Agree through reviewing local policies and procedures what additional advice and support could be offered to staff, including as a minimum providing contact details for the NHS Whistleblowing Helpline, Public Concern at Work or union representatives.*

**Concerns are taken seriously and clear records are kept**

- Operate policies and procedures as intended.*

## 4.2 Ensuring there is confidence to speak up in primary care

We need to ensure staff working in primary care know:

- it is right to speak up;
- the provider organisation is supportive;
- they will be regularly asked for their views and given feedback where they have raised a concern;
- how to raise concerns and have access to training to explain what to do; they will not suffer in any way for speaking up

All NHS primary care providers should in response to this guidance work to ensure, through the practical implementation of local whistleblowing policies and procedures, that they create open learning cultures that give staff the confidence and reassurance to raise concerns.

The following table provides some best practice actions and prompts for all primary care providers to encourage staff to raise a concern. NHS England will also work to develop and offer training support for primary care in 2016/17 to support providers to educate their staff on how to raise a concern.

**Staff know:**

**NHS primary care providers will:**

**It is right to speak up**

- Devote time to reinforce the message that it is safe to speak up.*
- Ensure a focus on patient safety and improvement.*
- Be inclusive ensuring all staff, including ancillary, clerical and temporary staff are briefed.*

<p><b>Their organisation is supportive</b></p>	<ul style="list-style-type: none"> <li>□ <i>Ensure visible senior management commitment to implementation of whistleblowing policies and procedures and creating safe learning environments</i></li> <li>□ <i>Engage with staff (staff surveys, meetings etc.) to monitor their effectiveness in this regard – again be inclusive of all staff.</i></li> <li>□ <i>Welcome all concerns and accept concerns being raised anonymously.</i></li> </ul>
<p><b>They are regularly asked for their views</b></p>	<ul style="list-style-type: none"> <li>□ <i>Explicitly asking staff to let the organisation know about problems and raising concerns as a standing item for review in all leadership meetings.</i></li> </ul>
<p><b>They know how to raise concerns and have access to training which explains what to do</b></p>	<ul style="list-style-type: none"> <li>□ <i>Review and agree local procedures with staff</i></li> <li>□ <i>Include case studies or scenarios in team meetings to bring local policies to life and help explain what to do to raise concerns and how</i></li> <li>□ <i>Periodically check with staff they have read and understood the local whistleblowing policy</i></li> <li>□ <i>Ensure all temporary and locum staff know that they can seek advice on how to raise concerns from their Freedom to Speak Up Guardian, or via the appropriate prescribed organisation listed above.</i></li> <li>□ <i>Access national learning materials (when available) from NHS England</i></li> </ul>
<p><b>They will not be bullied, victimised or harassed as a result of speaking up</b></p>	<ul style="list-style-type: none"> <li>□ <i>If a staff member suffers adverse treatment for raising a concern, this will be taken seriously and sanctions will apply</i></li> </ul>

### 4.3. Concerns will be investigated

Having raised a concern staff will have confidence there will be an effective review or investigation based on examination of the facts. This means:

- An independent, fair and objective investigation will take place promptly and without seeking to apply blame;

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- The investigation will have the necessary resource and scope;
- Recommendations will be based on facts and primarily support safety and learning;
- The individual raising the concern will be kept informed;
- The investigation is separate to disciplinary or performance management actions.

Freedom to Speak Up identified how organisations should arrange for the facts and circumstances to be investigated quickly and with an appropriate level of independence, although stopped short of recommending external independent investigations.

National prescribed bodies like NHS England will be able to organise investigations. Larger primary care providers have greater options to identify someone to conduct an investigation from a different part of the organisation, for example, someone from another team, another practice or regional manager. Achieving an appropriate level of independence in smaller primary care providers (or even across larger providers when dealing with wider systemic concerns) may be harder.

It is important, therefore, that NHS primary care providers consider, on a case by case basis, the levels of independence required for their local investigations. Primary care providers will have a nominated lead for managing and investigating concerns that ordinarily can be expected to ensure a fair and objective investigation. Subject to the gravity or complexity of the concern raised, the level of independence may need to be raised. Options available to primary care providers may include:

- Local peer review of the investigation and outcomes;
- Local commissioner review (NHS England or CCG as appropriate);
- Escalating the concern externally formally.

It is essential that those conducting the investigation have the appropriate expertise and have the training and the time to do so immediately, and are not trying to fit it in around their normal duties. Again our training support to be developed in 2016/17 will seek to support those whose role includes the management and investigation of concerns.

Staff know:	NHS primary care providers will:
<p><b>An independent, fair and objective investigation will take place promptly and without seeking to apply blame</b></p>	<ul style="list-style-type: none"> <li>□ <i>Review who is best placed to investigate the concern to ensure an independent, fair and objective outcome.</i></li> <li>□ <i>Agree and stick to a timescale for dealing with the concern raised. Ensure the timescale is proportionate to the concern raised.</i></li> <li>□ <i>Establish the facts, for example obtaining accounts from all involved and examining appropriate records, to ensure a thorough and fair investigation.</i></li> <li>□ <i>Wherever possible use appropriate tools and techniques to identify the causes of the concern (e.g. Root Cause Analysis, Significant Event Audit (SEA) or similar techniques could be used)</i></li> </ul>
<p><b>The investigation will have the necessary resource and scope</b></p>	<ul style="list-style-type: none"> <li>□ <i>Ensure a person with suitable skills investigates the concern and they are given the time to do so.</i></li> <li>□ <i>Ensure the investigation outcome and recommended actions are considered at an appropriate level in the organisation</i></li> </ul>
<p><b>Recommendations will be based on facts and primarily support safety and learning</b></p>	<ul style="list-style-type: none"> <li>□ <i>Collect and analyse information related to the concern and triangulate it with information from other sources to help identify trends for further investigation and learning</i></li> <li>□ <i>Take account of good practice and appropriate guidelines</i></li> <li>□ <i>Ensure investigations focus on improving local systems and processes which can be reviewed.</i></li> </ul>

<p><b>The individual raising concerns will be kept informed</b></p>	<ul style="list-style-type: none"> <li>□ <i>Ensure someone (usually the person identified for managing concerns) keeps in touch with the individual who has raised the concern – to report on progress and known facts, to monitor their well-being.</i></li> <li>□ <i>Do not use confidentiality as a reason to withhold feedback (confidentiality issues can be taken into account by redacting personal/identifying information where necessary)</i></li> </ul>
<p><b>The investigation remains separate to any other disciplinary or performance management actions</b></p>	<ul style="list-style-type: none"> <li>□ <i>Avoid automatic disciplinary action or suspension of staff other than to protect patient or staff safety or other compelling reasons</i></li> <li>□ <i>Consider alternatives to suspension – restricted practice, non-patient facing roles.</i></li> <li>□ <i>Ensure staff who are suspended continue to receive support</i></li> <li>□ <i>Use mediation, conciliation and alternative dispute resolution to repair local relations and trust</i></li> </ul>

#### 4.4. Speaking up makes a difference

Freedom to Speak Up builds on established local clinical governance policies and procedures by aiming to improve the quality of local services and ensure patient safety is paramount. When concerns are raised in primary care it will make a difference locally because:

- Any lessons will be identified and acted on;
- Findings and action taken will be shared;
- Outcome will be fair and reasonable (even if not agreed by the individual raising the concern);
- Plans to monitor the situation will be put in place;
- There will be confidence that patients are safe and the team remains a supportive place to work.

One of the biggest concerns reported to the review was the lack of feedback after raising a concern. A staff survey supporting the review found 20.6% of primary care staff (77 of 374) had not been told the outcome of the investigation into their concern.

The absence of feedback following the raising of concerns can deter people from raising concerns, trigger unnecessary escalation internally or externally and raise the likelihood of individuals becoming aggrieved. It can also mean that the hard work in

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building staff trust and confidence in the speak up arrangements is lost because it appears that nothing is done when a concern is raised

<b>Staff:</b>	<b>NHS primary care providers will:</b>
<b>Lessons learned will be identified and acted on</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> <i>Explore openly how things could be done better, taking into account known good practice or guidelines.</i></li><li><input type="checkbox"/> <i>If even the concern is unproven consider the opportunities to improve.</i></li><li><input type="checkbox"/> <i>Identify necessary changes to local systems, processes or practice.</i></li><li><input type="checkbox"/> <i>Make the identified changes as quickly as possible.</i></li></ul>
<b>Where possible, findings and action taken will be shared with the individual raising concern</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> <i>Feedback and discuss the findings (whatever the outcome) and any proposed actions to the person who raised the concern and all those involved.</i></li><li><input type="checkbox"/> <i>Although there may be issues of confidentiality, do not use this as an excuse to refrain from providing feedback (redact or edit only what is essential to respect the confidentiality of other individuals involved).</i></li><li><input type="checkbox"/> <i>Share learning across the organisation (and beyond where appropriate)</i></li></ul>
<b>Outcome will be seen as fair and reasonable (even if not agreed by the individual raising the concern)</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> <i>Ensure findings and actions are constructive and non-judgmental</i></li><li><input type="checkbox"/> <i>Use the feedback discussion with the individual raising the concern to explain the decisions being made following the investigation. If the concern is unproven give the facts to support this outcome, if no actions are being taken give the reasons for this.</i></li></ul>
<b>Plans to monitor the situation will be put in place</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> <i>Ensure the lead manager responsible for managing the concern includes in their report the process for onward monitoring of the concern and delivery of planned actions.</i></li></ul>



**Patients are safe and the team remains a supportive place to work**

- Ensure any necessary external referrals are undertaken*
- Consider if any mediation or conciliation is needed*
- Consider what steps need to be taken to prevent any inappropriate behaviour, such as bullying and harassment.*

**4.5. Concerns are well received**

Freedom to Speak Up celebrates openness and commitment to safety and improvement. This means:

- Individuals will be thanked for speaking up (and their experience is such that they will not hesitate do so again in the future if the need arises);
- All concerns are taken seriously and actioned as appropriate;
- Lessons learnt are shared and acted on.

NHS Primary care organisations should work to show how they value those who raise concerns, and celebrate the improvements made in response to the issues identified. Being open in these terms sends a clear message that it is safe to speak up, that action will be taken, and that primary care has the confidence to be transparent and open about matters that need to be addressed and wants to hear about them in order to improve services and patient safety.

We have already highlighted how it is important to ensure there are regular opportunities for all staff to engage in regular reflection of concerns in their work and that there are regular opportunities for newly identified concerns to be raised.

NHS England is developing an employment support scheme for NHS staff and former staff in primary care (employed and independent contractors) having difficulty maintaining or finding employment in the NHS as a result of making a protected disclosure. This will offer support and mediation where needed to prevent NHS staff having difficulties with their employment. Primary care providers will be able to demonstrate their open approach to raising concerns by supporting this scheme.

**Staff:**

**NHS primary care providers:**

**Will be thanked for speaking up (and will not hesitate do so again in the future)**

- Ensure there is commendation for staff who raise concerns.*
- Consider strategies to celebrate those individuals who raise concerns, and the subsequent improvements made, including more widely.*

**Concerns are taken seriously and actioned as appropriate**

- *Ensure strategies for developing open culture address prospective staff too e.g. make it clear you welcome job applications from people who have raised concerns at work to improve patient safety.*
- *Actively support and participate in the employment support scheme (once set up).*

**Lessons learnt are shared and acted on**

- *Ensure transparency through regular reporting to all staff concerns raised and actions taken in response (removing personal/sensitive information as appropriate)*
- *Use appropriate staff communications to demonstrate focus on finding solutions and taking action, not on apportioning blame.*

**Advice and support to speak up in the future**

- *Consider with staff who have raised concerns opportunities to use their learning and experiences– e.g. develop as ambassador/advisers for speaking up*
- *Use sharing of lessons and actions as the basis for communications on the issue.*

## Draft whistleblowing policy for NHS primary care

### Speak up – we will listen

Speaking up about any concern you have at work is really important. In fact, it is vital because it will help us keep our patients safe and help us to improve our services. You may feel worried about raising a concern, and we understand this. But please don't be put off. [\[Insert provider name\]](#) is fully committed to an open and honest culture. We will investigate what you say and you will always have access to the support you need.

### This policy

This policy was a recommendation of the review by Sir Robert Francis into whistleblowing in the NHS, which identified awful experiences of people being met with obstruction, defensiveness and hostility when they tried to raise concerns at work. This policy has been adapted from the standard integrated policy produced by Monitor, the Trust Development Authority and NHS England for hospitals. This policy is being adopted by all NHS primary care providers in England to help ensure a consistent approach to raising concerns.

Our local process [\[include hyperlink/annex\]](#) adheres to the principles of this policy and provides more detail about how we will look into a concern.

### What concerns can I raise?

You can raise a concern about **anything** you think is harming the service we deliver. Just a few examples of this might include (but are by no means restricted to):

- concerns about unsafe patient care
- unsafe working conditions
- inadequate induction or training for staff
- a bullying culture

### *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. If your concern is a personal complaint about your own employment situation, rather than a concern about malpractice or wrongdoing that affects others, then you may wish to raise a grievance using our grievance policy [\[insert link\]](#).

## 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 in good faith (effectively this means honestly), it does not matter if you are mistaken or if there is an innocent explanation for your concerns. Of course we do not extend this assurance to someone who may maliciously raise a matter they know is untrue.

## Confidentiality

We hope you will feel comfortable raising your concern openly, but we also appreciate that you may want to raise it confidentially. Therefore, we will keep your identity confidential, if that is what you want, unless required to disclose it by law. You can choose to raise your concern anonymously, but that may make it more difficult for us to investigate thoroughly and give you feedback on the outcome.

## Who can raise concerns?

Anyone who works in providing NHS primary care services, including agency workers, temporary workers, students and volunteers, can raise concerns.

## Who should I raise my concern with?

In the first instance, you may feel comfortable raising your concern informally with your immediate supervisor, who we hope will be able to resolve it for you.

If this does not resolve matters, or you feel it isn't possible to raise your concerns this way you can raise it formally by contacting one of the following people<sup>1</sup>:

- Designated lead manager for handling concerns *[insert name and direct contact details]*
- Senior clinician or non-clinical manager *[insert name and direct contact details]*
- The owner/partner or principal of this organisation *[insert name and direct contact details]*

Or

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<sup>1</sup> Appendix A sets out an example of how a local process might work – to show how the concern might be escalated.

- The local Freedom to Speak Up Guardian *[insert name(s) and contacts details]* – this is an important role identified in the Freedom to Speak Up review to act as an independent and impartial source of advice to staff, with access to anyone in the organisation, or if necessary outside the organisation.

All these people have been/will be trained in receiving concerns and will give you information about where you can go for more support.

You can also raise concerns formally with external bodies, listed on page 4.

### **Advice and support**

Details on the local support available to you can be found here *[link to organisation intranet]*. However, you can also contact the [NHS Whistleblowing Helpline](#) or your union representative.

### **How should I raise my concern?**

You can raise your concerns with any of the people listed above in person, by phone or in writing (including email).

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

### **What will we do?**

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***

We will investigate all concerns – 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). The investigation will be objective and evidence-based, and will produce a report that focuses on learning lessons to prevent problems recurring.

We may decide that your concern would be better looked at under another process. For example, our process for dealing with bullying and harassment. If so, we will discuss that with you. Reports of fraud should be made to our local counter-fraud team *[insert contact details]*.

Any employment issues identified during the investigation will be kept separate.

### ***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.

### ***Senior management oversight***

The senior management will be informed of all concerns raised by our staff and what we are doing to address any problems. The senior management support staff raising concerns and wants you to feel free to speak up.

### ***Raising your concern with an outside body***

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

- [NHS Improvement](#)- for concerns about:
  - NHS foundation trusts
  - other [providers licensed by NHS Improvement](#)
  - NHS procurement, choice and competition
  - the national tariff
- [NHS Trust Development Authority](#) (about non-foundation NHS trusts)
- [Care Quality Commission](#) (for quality and safety concerns)
- [NHS England](#) - for concerns about:
  - primary medical services (general practice)
  - primary dental services
  - primary ophthalmic services
  - local pharmaceutical services
- [Health Education England](#) (education and training in the NHS)

## OFFICIAL

- Any other relevant prescribed person – you can find a list [here](#) which includes professional regulators:
  - [General Dental Council](#)
  - [General Medical Council](#)
  - [General Optical Council](#)
  - [General Pharmaceutical Council](#)
  - [Health and Care Professions Council](#)
  - [Nursing and Midwifery Council](#)
- Another professional body, such as:
  - [Association of British Dispensing Opticians](#)
  - [Association of Optometrists](#)
  - [Federation of Opticians.](#)

### **Making a ‘protected disclosure’**

To be covered by whistleblowing law when you raise your concern (to be able to claim the protection that accompanies it) you must reasonably believe two things:

- i. you are acting in the public interest (so your concern needs to be more than a personal grievance); and
- ii. your disclosure shows past, present or future wrongdoing that falls into one or more of the following categories:
  - criminal offence
  - failure to comply with a legal obligation
  - a miscarriage of justice
  - danger to the health or safety of any individual
  - damage to the environment and/or
  - covering up the wrongdoing in the above categories

You can find more information on the law on whistleblowing and the associated legal protection [here](#).

## Example process for raising and escalating 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 immediate supervisor. This may be done face to face, over the phone or in writing.

### Step two

If you feel unable to raise the matter with your immediate supervisor, for whatever reason, please raise the matter with the [Designated lead manager, senior clinician or non-clinical manager or the owner/partner or principal].

### 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, please contact our local Freedom to Speak Up Guardian:

[Name]

[Contact details]

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
- take responsibility to ensure you are not subjected to any detriment for raising your concern
- ensure you receive timely feedback on how your concern is being dealt with
- ensure you have access to personal support since raising your concern may be stressful

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