

Document name:	Freedom to speak up policy
Document type:	Policy
What does this policy replace?	Raising Concerns/Freedom to speak up (Whistleblowing) policy
Staff group to whom it applies:	All staff within the Trust
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How to access:	Intranet
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Approved by:	Executive Management Team on 20.04.23
Developed by:	Freedom to speak up guardian
Director leads:	Deputy Director of corporate governance
Contact for advice:	Freedom to speak up guardian

Contents

1.	Introduction	3
2.	Purpose and scope of the policy	3
3.	Principles	4
4.	Duties	6
5.	How Should I Speak Up	7
6.	Advice and Support	8
7.	What Will We Do	8
8.	Resolution and Investigation	9
9.	Equality Impact Assessment	9
10.	Dissemination and Implementation Arrangements (including Training)	10
11.	Process for Monitoring Compliance and Effectiveness	10
12.	Review and Revision Arrangements	10
13.	Appendices	10
13.1	Appendix A - Equality Impact Assessment	11
13.2	Appendix B - What Will Happen When I Speak Up	26
13.3	Appendix C - Making a Protected Disclosure	27
13.3	Appendix D - Managers Template	28
13.4	Appendix E - Flow Diagram	31
13.5	Appendix F - Policy on a Page	32
13.6	Appendix G - Checklist for the Review and Approval of Procedural Document	33
13.7	Appendix H - Version Control Sheet	35

Introduction

NHSE/I have developed a national policy template as a minimum standard. South West Yorkshire Partnership NHS Foundation Trust has adopted this national policy, with specific additions relevant to the trust, to help normalise speaking up for the benefit of service users, patients and workers. Its aim is to ensure all matters raised are captured and considered appropriately. It is supplemented by a procedure for the freedom to speak up process.

1. Purpose and scope of the policy

Speak up – we will listen

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

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

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

This policy is for all workers and we want to hear all our workers’ concerns.

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

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

What can I speak up about?

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

Speaking up, therefore, captures a range of issues, some of which may be appropriate for other existing processes (for example, People Directorate or patient safety/quality or Unions). That’s fine, as an organisation, we will listen and work with you to identify the most appropriate way of responding to the issue you raise. Trust policies and procedures can be accessed on the intranet via the following link [Document store \(sharepoint.com\)](#).

2. Principles

We want you to feel safe to speak up

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

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

Who can speak up?

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

Who can I speak up to?

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. For example, you may be a student on placement and feel that your tutor is the most appropriate person to support you with this.

- Senior manager or director with responsibility for the subject matter you are speaking up about.
- The patient safety team (where concerns relate to patient safety or wider quality) Patient safety team risk@swyt.nhs.uk Telephone: 01924 316180
- Local counter fraud team (where concerns relate to fraud) _Claire Croft (360 Assurance) claire.croft1@nhs.net Telephone: 07920 138354
- Our Freedom to Speak Up Guardian Estelle Myers
email: guardian@swyt.nhs.uk telephone: 07795367197 write to: FTSUG, Block 7, Fieldhead Hospital, Wakefield, WF1 3SP
Click on this link to submit a concern [New form submissions on Freedom to speak up forms - Power Apps](#)
- Our People Directorate team Employee Relations enquires contact 0782 4801649 Monday to Friday 8.30am to 5pm or email HR-Helpline@swyt.nhs.uk
- Your Trade Union – see [Staff side \(sharepoint.com\)](#)

- A Civility and respect champion – see [Civility and respect champions \(sharepoint.com\)](#)
- An equity guardian – see [Equity guardians \(sharepoint.com\)](#)
- Our senior lead responsible for Freedom to Speak Up Julie Williams, Deputy Director of Corporate Governance, julie.williams2@swyt.nhs.uk - they provide senior support for our speaking-up guardian and are responsible for reviewing the effectiveness of our FTSU arrangements.
- Our non-executive director responsible for Freedom to Speak Up Mike Ford, mike.ford@swyt.nhs.uk – this role provides more independent support for the guardian; provide a fresh pair of eyes to ensure that investigations are conducted with rigor; and help escalate issues, where needed.

Speaking up externally

If you do not want to speak up to someone within our organisation or the concern relates to wider NHS services outside of SWYPFT, 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 (SWYPFT) or another appropriate organisation to investigate (usually with their oversight) and/or use the information you provide to inform their oversight of the relevant organisation. The precise action they take will depend on the nature of your concern and how it relates to their various roles.

- [NHS Counter Fraud Agency](#) 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 externally about the conduct of a registered member of staff, you can do this by contacting the relevant professional body such as the General

Medical Council, Nursing and Midwifery Council, Health & Care Professions Council, General Dental Council, General Optical Council or General Pharmaceutical Council.

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

3. Duties:

1. Executive Management Team

To approve this policy and ensure it has been developed according to agreed trust procedures.

To ensure that appropriate mechanisms are in place to enable individuals to raise their concerns. It must also ensure that these concerns are taken seriously and dealt with confidentially, within reasonable time limits and in the most appropriate way.

2. Director of Nursing and Quality

To act as lead director and Designated Senior Manager under this policy.

3. Deputy Director of Corporate Governance

To ensure this policy is monitored as required and reviewed on a 3 yearly basis or sooner if there are national or legal requirements.

4. Non- executive responsible for Freedom to speak up

To act as the designated "Senior Independent Director" to ensure that the trust adheres to accepted standards of behaviour in public life, including probity and integrity. Should any conflict of interest occur due to this dual role this will be addressed on a case by case basis in liaison with the Deputy Director of Corporate Governance.

5. Freedom to Speak Up Guardians

To support the trust to continually build a healthy and just culture where staff feel safe and confident to raise concerns at work.

To provide confidential advice and support to staff in how to raise their concerns about staff and service user safety and/or the way their concerns were handled.

To identify and report broad areas of concern with the Chief Executive, Executive Management Team and Trust Board via the lead Guardian.

The Trust is committed to the Freedom to Speak Up Guardian role and will periodically review its implementation.

For further details regarding Freedom to Speak Up Guardian's please see [Freedom to speak up guardians \(sharepoint.com\)](https://sharepoint.com)

6. Managers

To be aware of this policy and how to deal with concerns raised (including concerns regarding fraud, corruption and bribery) in a timely manner.

To ensure appropriate action is taken to consider and resolve the concern and to clearly document all action taken to address the concern and the solutions reached.

To ensure that no member of staff is subject to a detriment for raising a concern.

To encourage open discussion around concerns as part of everyday business.

7. Members of staff and others

To understand the importance of raising concerns.

To raise honest and genuine concerns about any risk, malpractice or wrongdoing in accordance with this policy.

Contractors or employees of contractors may contact the Chief Executive or Chief People Officer.

8. Trade Unions

To support the implementation of this policy, provide advice and encourage their members to raise concerns through this policy.

To support and represent their members through any formal processes.

9. FTSU Steering Group

Lead the trust approach to Freedom to speak up and review lessons learnt from cases and research from NHS bodies to ensure a positive culture is embedded, enabling staff to speak up without fear of detriment.

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).

Appendix E shows a flow diagram of how to raise a concern.

Confidentiality

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

You have a choice about how you speak up:

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

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

6. Advice and support

Our staff networks

[\[https://swyt.sharepoint.com/sites/Intranet/staff-networks/Pages/default.aspx\]](https://swyt.sharepoint.com/sites/Intranet/staff-networks/Pages/default.aspx) can be a valuable source of peer support and signposting.

If you are a member of a trade union, your local union representative <https://swyt.sharepoint.com/sites/StaffSide>.

Our Freedom to speak guardian's who can support you to speak up if you feel unable to do so by other routes. The guardian will ensure that people who speak up are thanked for doing so, that the issues they raise are responded to, and that the person speaking up receives feedback on the actions taken.

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

- [Support available for our NHS people.](#)

NHS England has a [Speak Up Support Scheme](#) that you can apply to for support.

- Internal wellbeing support can be accessed via Occupational Health <https://swyt.sharepoint.com/sites/Intranet/wellbeing/occupational-health/Pages/default.aspx>

You can also contact the following organisations:

- [Speak Up Direct](#) provides free, independent, confidential advice on the speaking up process.
- The charity [Protect](#) (previously known as Public Concern at Work) provides confidential and legal advice on speaking up.
- Contact the staff side secretary for advice on how to join a trade union [Staff side \(sharepoint.com\)](#).

- [The Law Society](#) may be able to point you to other sources of advice and support.
- [The Advisory, Conciliation and Arbitration Service](#) gives advice and assistance, including on early conciliation regarding employment disputes.

7. What will we do?

On receipt, your concern will be recorded and you will normally receive an acknowledgement within 3 working days. The central record will record the date the concern was received, whether you have requested confidentiality, a summary of the concerns and the dates we have given you updates or feedback.

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

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

8. Resolution and investigation

The Freedom to Speak Up Guardian supports our managers/supervisors to listen to the issue you raise and take action to resolve it wherever possible. In most cases, it's important that this opportunity is fully explored, which may be with facilitated conversations and/or mediation.

Where an investigation is needed, the Deputy Director of Corporate Governance will ensure that the proper levels of scrutiny are met. The investigation will be objective and conducted by someone who is suitably independent (this might be someone outside our 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 summary report will be produced that identifies any issues/lessons learned to prevent problems recurring.

Any employment issues that have implications for staff capability or conduct identified during the investigation will be considered separately in line with the appropriate procedure.

The managers template can be found at Appendix D.

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 as much information as possible whilst respecting the confidentiality of others and recognising that some matters may be strictly confidential.

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.

Additionally, the Freedom to speak up steering group will review lessons learnt to provide assurance that learning is appropriately shared to ensure a positive culture is embedded.

9. Equality Impact Assessment

In the development of the national template, NHSE/I have:

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

A trust specific Equality Impact Assessment can be seen in (Appendix A).

10. Dissemination and implementation arrangements (including training)

The latest policy version will be available in the document store on the trust intranet. Where any updates are made, these will be published in the trust headlines.

There is training available Speak up, Listen up, Follow up. Speak up training is mandatory for all staff. Listen up is for managers and Follow up for senior leaders are on an as required basis all available via ESR.

11. Process for monitoring compliance and effectiveness

Senior leaders' oversight

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

12. Review and revision arrangements

An annual check of the policy will be taken to ensure that all links are up to date and correct with a full review every 3 years in line with policy review schedule.

13. Appendices

As a minimum all policies should include completed versions of the following:

2. Equality Impact Assessment (see appendix A):
3. What will happen when I speak up (see Appendix B):
4. Making a protected disclosure (see Appendix C):
5. Managers template (see Appendix D):
6. Flow diagram (see Appendix E):
7. Policy on a page (see Appendix F):
8. Checklist for the Review and Approval of Procedural Document (see appendix G):
9. Version control sheet (see appendix H).

Appendix A

Equality Impact Assessment template to be completed for all policies, procedures and strategies

Date of EIA: 07.02.2023

Review Date: March 2026

Completed By: Freedom to speak up guardian

	QUESTIONS	ANSWERS AND ACTIONS
1	What is being assessed? Prompt: what is the function of this document (new or revised)	Freedom to speak up (Whistleblowing) Policy (review/re-write of existing policy).
2	Description of the document Prompt: What is the aim of this document	The aim of the Policy and Procedure is to inform staff of the different routes to enable speaking up within the organisation in line with the Francis report 2015.
3	Lead contact person for the Equality Impact Assessment	Estelle Myers, Ambassador for Cultural Change and Freedom to speak up Guardian.
4	Who else is involved in undertaking this Equality Impact Assessment	Corporate Services colleagues, People Directorate colleagues, staff side, employment policy group, staff networks
5	Sources of information used to identify barriers etc Prompts: service delivery equality data – refer to equality dashboards (BI Reporting - Home (sharepoint.com)) satisfaction surveys, complaints, local demographics, national or local research & statistics, anecdotal. Contact InvolvingPeople@swyt.nhs.uk for insight What does your research tell you about the impact your proposal will have on the following equality groups?	Data is taken from the Equality Workforce Monitoring Annual Report 2022. The data is Trust wide and includes medical staff unless otherwise advised. Trust data from feedback on Freedom to speak up cases 2019-2021 and Difference Matters National Guardian Office report 2021 SWYPFT Staff survey data 2022 in amber throughout the document SWYPFT FTSU equality data (from a total of 14 responses) in green throughout the document. Age: 20-29 = 15%, 30-39 = 46%, 40-49 = 31% 50-59 = 8% White = 67% BAME = 33% Religion: no religion = 62%, Christian = 15%, Muslim = 15%, Hindu = 7% Disability = 0% Sexual Orientation = Heterosexual = 71%, LGB = 14%, Prefer not to say = 14% Caring responsibilities: Yes = 11%, No = 89% Pregnancy = 0% Had a baby in last 12months = 0% Marital status: single = 62.5%, married = 25%, co-habiting = 12.5%

		<p><u>National data from Difference Matters report 2021: In blue throughout the document</u></p> <p>% of workers experiencing an issue and then raising it with a FTSUG</p> <p>Yes, I considered raising it and did White = 42.86%, BAME = 37.7%</p> <p>Yes, I considered it raising it but didn't White = 34.8%, BAME = 29.51%</p> <p>No, I did not consider raising the issue White = 13.84%, BAME = 18.03%</p> <p>Other White = 8.93%, BAME = 14.75%</p> <p>% of issues involving people being treated differently because of their race, nationality, or ethnicity</p> <p>Yes White = 8.41%, BAME = 54.55%</p> <p>No White = 79.65%, BAME = 19.01%</p> <p>Not sure White = 11.95% BAME = 26.45%</p> <p>% of respondents saying they would be more likely to raise a concern with a Freedom to Speak Up Guardian who was of the same ethnicity as themselves</p> <p>Yes White = 6.80%, BAME = 40.93%</p> <p>No White = 84.13%, BAME = 39.90%</p> <p>Not sure White = 9.07%, BAME = 19.17%</p> <p>Factors that would (or did) affect people's decision to speak up to a Freedom to Speak Up Guardian</p> <p>I did not think the FTSUG would understand my concern White = 6.12% BAME = 12.65%</p> <p>I did not think the FTSUG would take my concerns seriously White = 11.31%, BAME = 18.67%</p> <p>I did not understand the FTSUG role White = 11.93%, BAME = 18.67%</p> <p>I was worried about repercussions from my colleagues White = 29.66%, BAME = 24.70%</p> <p>I was worried about repercussions from my line manager/ other leaders White = 62.39%, BAME = 60.24%</p> <p>I did not want to be seen as a trouble maker White = 54.74%, BAME = 52.41%</p> <p>I felt pressured not to make a fuss White = 21.10%, BAME = 21.69%</p> <p>I did not believe anything would change White = 60.86%, BAME = 62.35%</p>
5a	<p>Disability Groups:</p> <p>Prompt: Learning Disabilities or Difficulties, Physical, Visual, Hearing disabilities and people with long term conditions such Diabetes, Cancer, Stroke, Heart Disease etc. Accessible information standard</p>	<p><u>Staff in Post</u> 8.4%</p> <p>Disability = 0%</p> <p>Disabled staff can access the service via a number of methods, telephone, email, Datix, a business intelligence form and letter. This should allow as many people as possible to make an initial contact to set up a meeting. Where any issues are identified adjustments will be made on a case by case basis.</p> <p>17a I would feel safe about raising concerns about unsafe clinical practice</p> <p>Organisation = 78%</p> <p>Yes Disabled = 75%</p> <p>Yes Non-disabled = 78%</p>

		<p>17b I am confident that my organisation would address my concern Organisation = 64% Yes Disabled = 58% Yes Non-disabled = 67%</p> <p>21e I feel safe to speak up about anything that concerns me in the organisation Organisation = 69% Yes Disabled = 62% Yes Non-disabled = 72%</p> <p>21f If I spoke up about something that concerned me I am confident my organisation would address my concern Organisation = 56% Yes Disabled = 51% Yes Non-disabled = 60%</p> <p>The staff survey results suggests that Disabled staff are less likely to feel able to raise a concern and are also less likely to feel that the organisation will do something to address it compared with non-disabled staff.</p>
5b	<p>Gender:</p> <p>Prompt: Female & Male issues should be considered</p>	<p><u>Staff in post</u> Female – 79.1% Male – 20.9%</p> <p>Gender: Female = 79%, Male = 21%, Trans = 0%</p> <p>The FTSU data is reflective of trust data.</p> <p>17a I would feel safe about raising concerns about unsafe clinical practice Yes Organisation = 78% Female = 79% Male = 75% Prefer not to say = 56%</p> <p>17b I am confident that my organisation would address my concern Yes Organisation = 64% Female = 67% Male = 59% Prefer not to say = 31%</p> <p>21e I feel safe to speak up about anything that concerns me in the organisation Yes Organisation = 69% Female = 70% Male = 68% Prefer not to say = 35%</p> <p>21f If I spoke up about something that concerned me I am confident my organisation would address my concern Yes Organisation = 58% Female = 60% Male = 54% Prefer not to say = 23%</p>

		<p>The staff survey results suggests that people who prefer not to say are the least confident to speak up about concerns and also feel less confident that the organisation would address these concerns. Females are the most confident to raise a concern and are the most confident that something would be done to address the concerns.</p> <p>The staff survey data reflects the demographics received from those coming forward to a Freedom to speak up guardian.</p>
5c	<p>Age:</p> <p>Prompt: Older people & Young People issues should be considered</p>	<p>Staff in post</p> <p>19 and under – 0.20%</p> <p>20 – 29 – 13.4%</p> <p>30 – 39 – 23.4%</p> <p>40 – 49 – 24.1%</p> <p>50 – 59 – 28.6%</p> <p>60 – 69 – 9.8%</p> <p>70+ - 0.5%</p> <p>Age:</p> <p>20-29 = 15%,</p> <p>30-39 = 46%,</p> <p>40-49 = 31%</p> <p>50-59 = 8%</p> <p>The FTSU data shows that those 19 and under have not come forward and those 60 and over have not come forwards either. It is very small sample of data and may be representative of the whole population that have come forwards via the FTSU route. As stated above there are numerous ways to contact the FTSUG and reasonable adjustments can be put in place as required.</p> <p>17a I would feel safe about raising concerns about unsafe clinical practice</p> <p>Yes</p> <p>21-30 = 80%</p> <p>31-40 = 83%</p> <p>41-50 = 78%</p> <p>51-65 = 74%</p> <p>17b I am confident that my organisation would address my concern</p> <p>Yes</p> <p>21-30 = 67%</p> <p>31-40 = 62%</p> <p>41-50 = 65%</p> <p>51-65 = 64%</p> <p>21e I feel safe to speak up about anything that concerns me in the organisation</p> <p>Yes</p> <p>Organisation = 69%</p> <p>21-30 = 72%</p> <p>31-40 = 69%</p> <p>41-50 = 72%</p> <p>51-65 = 66%</p> <p>21f If I spoke up about something that concerned me I am confident my organisation would address my concern</p> <p>Yes</p> <p>Organisation = 58%</p> <p>21-30 = 63%</p> <p>31-40 = 58%</p> <p>41-50 = 59%</p> <p>51-65 = 55%</p>

		<p>The staff survey results suggests that staff aged 31-40 are the most confident in reporting unsafe clinical practice and there is reduced confidence the older age groups.</p> <p>Staff aged 21-30 are the most confident that concerns would be addressed and the least confident are those in the 31-40 age bracket. Staff feel safest to speak up in the 21-30 age bracket and the 41-50 age bracket.</p> <p>Overall the staff in the 21-40 range are most likely to speak up and more positive about the outcome. Which is also reflected in the data from contacts with a Freedom to speak up guardian.</p>
5d	<p>Sexual Orientation:</p> <p>Prompt: Heterosexual, Bisexual, Gay, Lesbian groups are included in this Category</p>	<p><u>Staff in Post</u> Gay or Lesbian– 2.4% Heterosexual – 82.8% Bisexual – 1.2% Unknown – 13.6%</p> <p>Sexual Orientation Heterosexual = 71%, Gay or Lesbian = 14%, Prefer not to say = 14%</p> <p>The FTSU data shows a higher proportion of lesbian and gay staff raising concerns compared to staff in post. However, the number of responses are so low to the feedback survey that it may not be a representative sample.</p> <p>17a I would feel safe about raising concerns about unsafe clinical practice Yes Organisation = 78% Bisexual = 82% Lesbian or Gay = 82% Heterosexual = 78% Prefer not to say = 63% Other = 64%</p> <p>17b I am confident that my organisation would address my concern Yes Organisation = 64% Bisexual = 67% Lesbian or Gay = 66% Heterosexual = 66% Prefer not to say = 44% Other = 55%</p> <p>21e I feel safe to speak up about anything that concerns me in the organisation Yes Organisation = 69% Bisexual = 62% Lesbian or Gay = 72% Heterosexual = 70% Prefer not to say = 45% Other = 64%</p> <p>21f If I spoke up about something that concerned me I am confident my organisation would address my concern Yes</p>

		<p>Organisation = 58% Bisexual = 53% Lesbian or Gay = 62% Heterosexual = 59% Prefer not to say = 33% Other = 45%</p> <p>The staff survey results suggests that people who are lesbian or gay are more confident about raising concerns than their heterosexual colleagues and that the issues will be resolved. Compared to the organisation as a whole lesbian and gay colleagues are more confident about raising concerns and that these concerns will be addressed.</p> <p>Those who prefer not to say have the lowest confidence in any part of the process.</p>
5e	<p>Religion & Belief:</p> <p>Prompt: Main faith groups and people with no belief or philosophical belief issues should be considered</p>	<p><u>Staff in Post</u> Atheism – 19.6% Christianity – 46.9% Islam – 3.7% Unknown – 18.0% Other – 11.9%</p> <p>Religion: No religion = 62%, Christian = 15%, Muslim = 15%, Hindu = 7%</p> <p>There are a higher proportion staff coming forward via the FTSU process with no religion than compared to the staff in post. A smaller proportion with faith as Christianity and a larger proportion with Islam as a religious belief. Again the numbers are so small that is hard to draw a conclusion from this.</p> <p>17a I would feel safe about raising concerns about unsafe clinical practice Yes Organisation = 78% Any other religion = 65% Buddhist = 88% Christian = 79% Hindu = 93% Prefer not to say = 58% Muslim = 69% No religion = 79%</p> <p>17b I am confident that my organisation would address my concern Yes Organisation = 64% Any other religion = 65% Buddhist = 69% Christian = 69% Hindu = 60% Prefer not to say = 38% Muslim = 64% No religion = 62%</p> <p>21e I feel safe to speak up about anything that concerns me in the organisation Yes Organisation = 69%</p>

		<p>Any other religion = 47%</p> <p>Buddhist = 81%</p> <p>Christian = 71%</p> <p>Hindu = 73%</p> <p>Prefer not to say = 41%</p> <p>Muslim = 63%</p> <p>No religion = 71%</p> <p>21f If I spoke up about something that concerned me I am confident my organisation would address my concern</p> <p>Yes</p> <p>Organisation = 58%</p> <p>Any other religion = 41%</p> <p>Buddhist = 63%</p> <p>Christian = 63%</p> <p>Hindu = 67%</p> <p>Prefer not to say = 28%</p> <p>Muslim = 54%</p> <p>No religion = 56%</p> <p>The staff survey results suggests that Buddhist and Christian colleagues feel safest about coming forward with a patient safety concern and that it would be addressed. Hindu colleagues feel more confident than the organisation to come forward about patient safety but are less confident these concerns will be addressed. Buddhist, Christian or Hindu colleagues are more likely to come forward about a concern and believe that this will be addressed by the organisation.</p>
5f	<p>Marriage and Civil Partnership</p> <p>Prompt: Single, Married, Co-habiting, Widowed, Civil Partnership status are included in this category</p>	<p>Staff in post</p> <p>Civil partnership – 1.2%</p> <p>Divorced & legally separated – 9.6%</p> <p>Married – 50.1%</p> <p>Single – 37.4%</p> <p>Widowed – 0.9%</p> <p>Unknown – 0.8%</p> <p>Marital status:</p> <p>single = 62.5%,</p> <p>married = 25%,</p> <p>co-habiting = 12.5%</p> <p>There are a higher proportion of single people coming forwards and a lower proportion of married staff coming forwards via the FTSU process, the data again is from a very small sample and therefore may not be representative.</p>
5g	<p>Pregnancy and Maternity</p> <p>Prompt: Currently pregnant or have been pregnant in the last 12 months should be considered</p>	<p>no data available</p> <p>Pregnancy = 0%</p> <p>Had a baby in last 12months = 0%</p> <p>No staff coming forwards via the FTSU process reported being pregnant or having a baby in the last 12months.</p>
5h	<p>Gender Re-assignment</p> <p>Prompt: Transgender issues should be considered</p>	<p>There is no information available in the trusts workforce monitoring data to specifically identify trans staff.</p> <p>Stonewall report: <i>There isn't an accurate figure for how big the trans community is. There were no questions about trans identity in the census until this year, and we're awaiting those results. There also isn't any existing research that covers enough people to be statistically significant.</i></p>

		<i>The best estimate at the moment is that around 1% of the population might identify as trans, including people who identify as non-binary. That would mean about 600,000 trans and non-binary people in Britain, out of a population of over 60 million.</i>
5i	Carers Prompt: Caring responsibilities paid or unpaid, hours this is done should be considered	No workforce data available Caring responsibilities: Yes = 11%, No = 89% The staff carers network is available to provide support and signposting. 17a I would feel safe about raising concerns about unsafe clinical practice Organisation = 78% Yes Non-carer = 79% Yes Carer = 74% 17b I am confident that my organisation would address my concern Organisation = 64% Yes Non-carer = 65% Yes Carer = 62% 21e I feel safe to speak up about anything that concerns me in the organisation Organisation = 69% Yes Non-carer = 70% Yes Carer = 67% 21f If I spoke up about something that concerned me I am confident my organisation would address my concern Organisation = 58% Yes Non-carer = 59% Yes Carer = 55% The staff survey results suggests that staff with caring responsibilities feel less safe about speaking up and feel less confident that the issues raised will be addressed.
5j	Race Prompt: Indigenous population and BME Groups such as Black African and Caribbean, Mixed Heritage, South Asian, Chinese, Irish, new Migrant, Asylum & Refugee, Gypsy & Travelling communities.)	Staff in post Non-medical Asian – 3.5% Black – 3.4% Chinese/other – 0.9% Mixed – 1.4% White – 90.7% Not stated – 0.2% Medical Asian – 47.0% Black – 5.4% Chinese/other – 10.1% Mixed – 3% White – 34.5% Not stated – NIL Total White – 88.7% Total BAME – 11.1% White = 67% BAME = 33%

	<p>Trust data shows that a larger proportion of staff from a BAME background utilise the service compared to overall staff in post.</p> <p><u>National data from Difference Matters report 2021: In blue throughout the document</u></p> <p>% of workers experiencing an issue and then raising it with a FTSUG Yes, I considered raising it and did White = 42.86%, BAME = 37.7% Yes, I considered it raising it but didn't White = 34.8%, BAME = 29.51% No, I did not consider raising the issue White = 13.84%, BAME = 18.03% Other White = 8.93%, BAME = 14.75%</p> <p>% of issues involving people being treated differently because of their race, nationality, or ethnicity Yes White = 8.41%, BAME = 54.55% No White = 79.65%, BAME = 19.01% Not sure White = 11.95% BAME = 26.45%</p> <p>% of respondents saying they would be more likely to raise a concern with a Freedom to Speak Up Guardian who was of the same ethnicity as themselves Yes White = 6.80%, BAME = 40.93% No White = 84.13%, BAME = 39.90% Not sure White = 9.07%, BAME = 19.17%</p> <p>Factors that would (or did) affect people's decision to speak up to a Freedom to Speak Up Guardian I did not think the FTSUG would understand my concern White = 6.12% BAME = 12.65% I did not think the FTSUG would take my concerns seriously White = 11.31%, BAME = 18.67% I did not understand the FTSUG role White = 11.93%, BAME = 18.67% I was worried about repercussions from my colleagues White = 29.66%, BAME = 24.70% I was worried about repercussions from my line manager/ other leaders White = 62.39%, BAME = 60.24% I did not want to be seen as a trouble maker White = 54.74%, BAME = 52.41% I felt pressured not to make a fuss White = 21.10%, BAME = 21.69% I did not believe anything would change White = 60.86%, BAME = 62.35%</p> <p>BAME staff are less likely to raise an issue, feel that they are treated differently and would feel happier about having a guardian from the same ethnicity as them and don't feel that the guardian would understand them.</p> <p>17a I would feel safe about raising concerns about unsafe clinical practice Yes Organisation = 78% Asian = 85% Black = 82% Mixed = 81% White = 77%</p>
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		<p>17b I am confident that my organisation would address my concern</p> <p>Yes</p> <p>Organisation = 64%</p> <p>Asian = 72%</p> <p>Black = 76%</p> <p>Mixed = 62%</p> <p>White = 64%</p> <p>21e I feel safe to speak up about anything that concerns me in the organisation</p> <p>Yes</p> <p>Organisation = 69%</p> <p>Asian = 71%</p> <p>Black = 83%</p> <p>Mixed = 81%</p> <p>White = 69%</p> <p>21f If I spoke up about something that concerned me I am confident my organisation would address my concern</p> <p>Yes</p> <p>Organisation = 58%</p> <p>Asian = 66%</p> <p>Black = 71%</p> <p>Mixed = 76%</p> <p>White = 57%</p> <p>The staff survey results suggests that our BAME staff feel safer about raising concerns than our White staff. BAME staff also feel that concerns would be addressed by the organisation compared with White staff. Staff from a mixed background are less confident than White staff that their concern would be addressed.</p>
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Action Plan

EIAs are now reviewed using a grading approach which is in line with our Equality Delivery System (EDS). This rates the quality of the EIA. This means that the team can review the EIA and make recommendations only. The rating and suggested standards are set out below:

- Under-developed – red – No data. No strands of equality
- Developing – amber – Some census data plus workforce. Two strands of equality addressed
- Achieving – green – Some census data plus workforce. Five strands of equality addressed
- Excelling – purple –All the data and all the strands addressed

Potential themes for actions: Geographical location, built environment, timing, costs of the service, make up of your workforce, stereotypes and assumptions, equality monitoring, community relations/cohesion, same sex wards and care, specific issues/barriers.

Who will benefit from this action? (tick all that apply)		Action 1: This is what we are going to do	Lead/s	By when	Update -outcome	RAG
Age		To book a session with the staff networks to raise awareness of FTSU.	Ambassador for Cultural Change and Freedom to Speak Up Guardian	March 2024		
Disability	X					
Gender reassignment	X					
Marriage and civil partnership						
Race	X					
Religion or belief						
Sex						
Sexual Orientation	X					
Pregnancy maternity						
Carers	X					

Who will benefit from this action? (tick all that apply)		Action 2: This is what we are going to do	Lead/s	By when	Update -outcome	RAG
Age		To explore the potential barriers to accessing FTSU with the staff networks.	Ambassador for Cultural Change and Freedom to Speak Up Guardian	March 2024		
Disability	X					
Gender reassignment	X					
Marriage and civil partnership						
Race	X					
Religion or belief						
Sex						
Sexual Orientation	X					
Pregnancy maternity						
Carers	X					

Who will benefit from this action? (tick all that apply)		Action 3: This is what we are going to do	Lead/s	By when	Update -outcome	RAG
Age	X	To identify and consider any other options for addressing barriers, developing specific actions as required to embed a culture of speaking up.	Ambassador for Cultural Change and Freedom to Speak Up Guardian	March 2024		
Disability	X					
Gender reassignment	X					
Marriage and civil partnership	X					
Race	X					
Religion or belief	X					
Sex	X					
Sexual Orientation	X					
Pregnancy maternity	X					
Carers	X					

6. Involvement & Consultation: New or Previous (please include any evidence of activity undertaken in the box below)

As it is a staff specific policy, service users were not involved. Staff Side Organisations and managers in the EPG represent the interests of staff.

7 Methods of Monitoring progress on Actions

Through planning and development of new policy.
Review of available sources of FTSU data (contacts/cases dealt with by FTSU Guardian, annual staff survey etc.)

8 Publishing the Equality Impact Assessment

The EIA will be published as an appendix to the Policy which will be available on the Trust Intranet

9 Signing off Equality Impact Assessment:



Lindsay Jensen

Deputy Chief People Officer 16.03.23

***Once approved, you must forward a copy of this
Assessment/Action Plan by email to:
InvolvingPeople@swyt.nhs.uk***

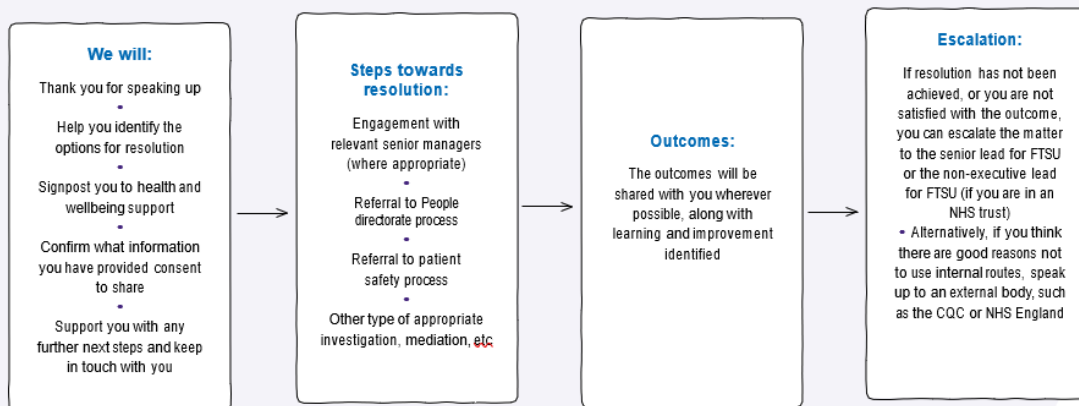
**Please note that the EIA is a public document and will be published
on the web.**

**Failing to complete an EIA could expose the Trust to future legal
challenge.**

What will happen when I speak up

Appendix B:

What will happen when I speak up?



Making a 'protected disclosure'

The trust will not tolerate anyone being mistreated as a result of having spoken up. Should you feel that you have been negatively impacted by speaking up then we would welcome a discussion to help support you with this.

Please contact your Freedom to speak up guardian or Deputy Director for Corporate Governance to help support you through this process.

You may also seek independent advice from [Protect - Speak up stop harm - Protect - Speak up stop harm \(protect-advice.org.uk\)](https://protect-advice.org.uk), a legal representative or your Trade Union.

Legislation relating to a protected disclosure

A protected disclosure is defined in the Public Interest Disclosure Act 1998 (PIDA). 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.

In order to qualify for protection under PIDA, you must make a protected disclosure. This has three main elements to it:

1. You must provide information of a concern that you "reasonably believe" shows a category of wrongdoing set out in the law i.e.
 - a. A criminal offence, for example fraud
 - b. Someone's health and safety is in danger
 - c. Risk or actual damage to the environment
 - d. A miscarriage of justice
 - e. Failure to comply with a legal obligation
 - f. You believe someone is covering up wrongdoing
2. You must reasonably believe that the concern is in the public interest
3. You must raise your concern in accordance with the law – either internally to your employer or externally to an outside body

Managers template

CONFIDENTIAL
SWYPFT FTSU Managers Template
SECTION A

Case Number:	Date Sent: Dates due back Section A: Section B:
Service/Department	
Responsible manager(s)	
Overview of concern	
Does the worker speaking up want to remain anonymous?	
Planned Action Please outline how you plan to respond to the matters spoken up about. For example: <ul style="list-style-type: none"> • Immediate action • Enquiry • Review • Investigation • Patient safety investigation • Desk top review • Cultural review • Mediation 	

- Conversation

If you have any questions about this or any other FTSU related issue, please contact Estelle Myers, estelle.myers@swyt.nhs.uk

Level	Response Category	Examples	Timescale for managers to respond/say how they plan to respond	Timescale for managers to conclude enquiry
1	Immediate	Safeguarding issue, patient physically or verbally assaulted/abused by a member of staff or another patient	24 hours	30 working days
2	Urgent	Concerns around quality of care/service Patient safety Staff safety	2 days	30 working days
3	Standard	Culture of bullying Fraud Disagreement	5 working days	35 working days

SECTION B

FTSU can make a significant contribution to our learning by identifying the themes, lessons learnt and changes to working practice from workers speaking up. To support the focus on quality and drive for continuous improvement please can you give an outline of any lessons learnt as a result of staff speaking up?

The information you give in this section is for understanding and learning, it will not be assessed in any way and will be completely anonymised.

Please complete the sections below and return to the Freedom to Speak Up Guardian within **3 working days** of completion of the action/enquiry/report.

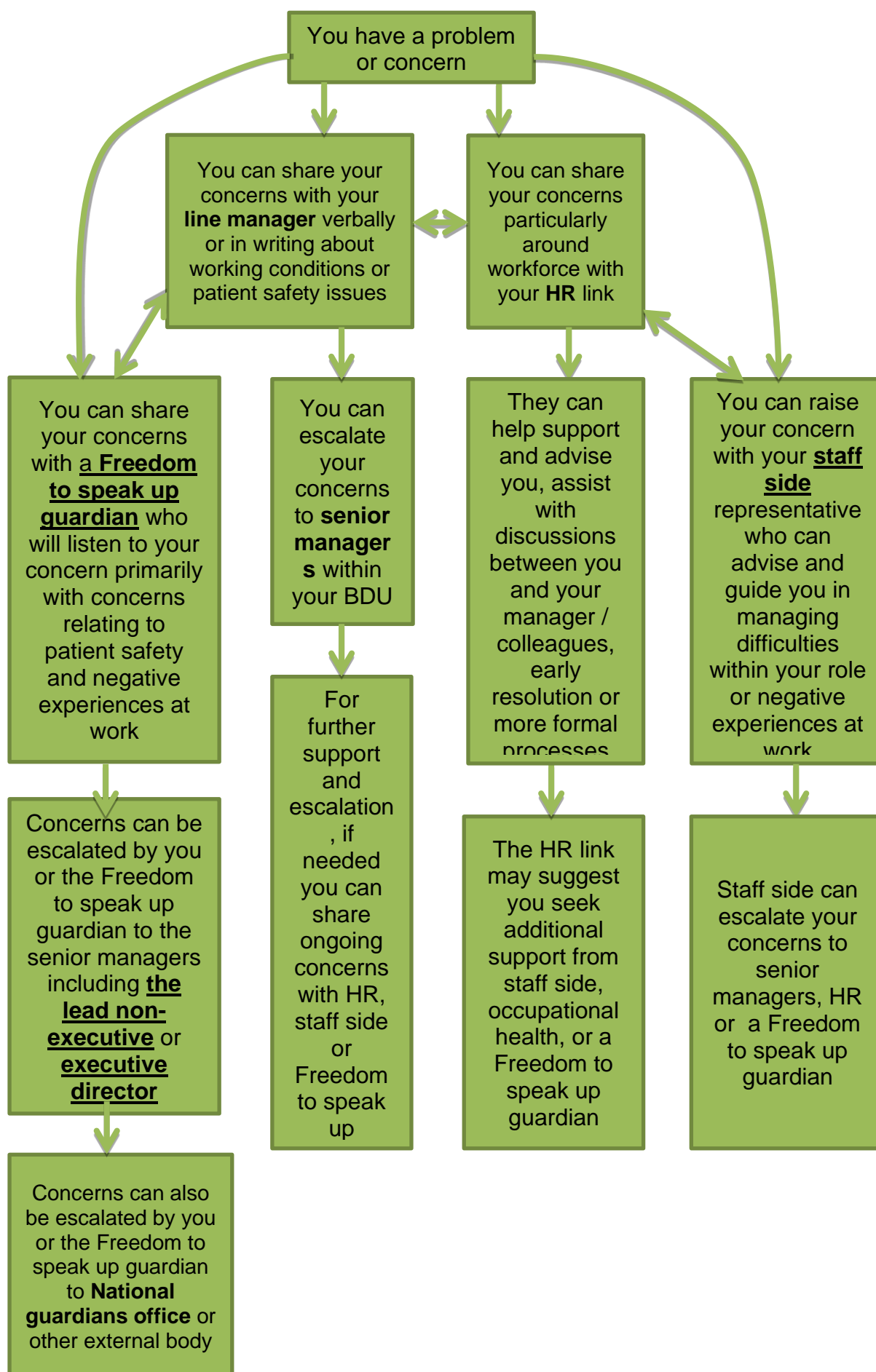
What changes have been made as a result?
What lessons have been learnt?
How will you ensure learning is embedded and shared?
What learning is transferable across the organisation and how will you share this?
What information will be feedback to the person speaking up?

Estelle Myers

Ambassador for cultural change and Freedom to speak up guardian

estelle.myers@swyt.nhs.uk – 07768043998

Flow Diagram

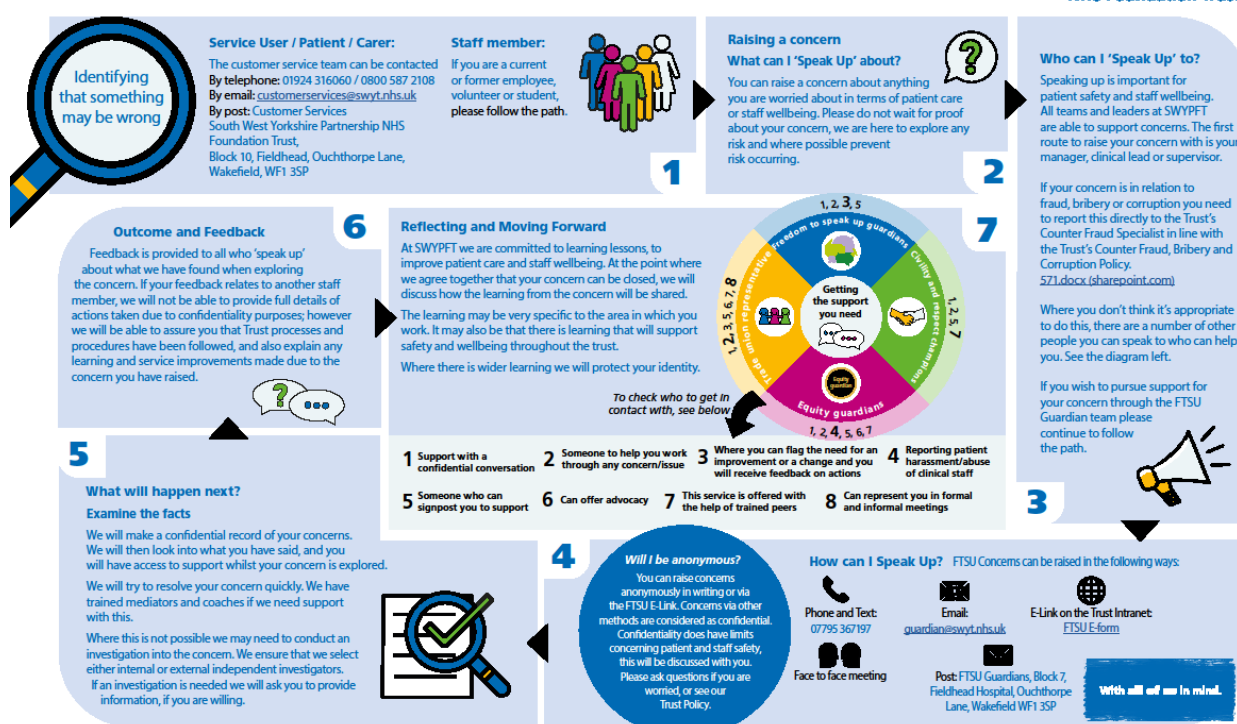


Policy on a page

Freedom to speak up



**South West
Yorkshire Partnership
NHS Foundation Trust**



Based on the design by Rotherham Doncaster and Humber NHS Foundation Trust's Communications team

2020 1020 2020 1020

Appendix G

Checklist for the Review and Approval of Procedural Document

To be completed and attached to any policy document when submitted to EMT for consideration and approval.

	Title of document being reviewed:	Yes/No/Unsure	Comments
1.	Title		
	Is the title clear and unambiguous?	Y	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
	Is it clear in the introduction whether this document replaces or supersedes a previous document?	Y	
2.	Rationale		
	Are reasons for development of the document stated?	Y	
3.	Development Process		
	Is the method described in brief?	Y	
	Are people involved in the development identified?	Y	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Y	
	Is there evidence of consultation with stakeholders and users?	Y	Via EPG & staff side
4.	Content		
	Is the objective of the document clear?	Y	
	Is the target population clear and unambiguous?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?	Y	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Y	
	Are key references cited?	Y	
	Are the references cited in full?	Y	
	Are supporting documents referenced?	Y	
6.	Approval		
	Does the document identify which committee/group will approve it?	Y	

	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Y	
7.	Dissemination and Implementation		
	Is there an outline/plan to identify how this will be done?	Y	
	Does the plan include the necessary training/support to ensure compliance?	Y	Mandatory training
8.	Document Control		
	Does the document identify where it will be held?	Y	
	Have archiving arrangements for superseded documents been addressed?	Y	
9.	Process to Monitor Compliance and Effectiveness		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Y	
	Is there a plan to review or audit compliance with the document?	Y	Guardian produces reports for EMT/Board etc.
10.	Review Date		
	Is the review date identified?	Y	
	Is the frequency of review identified? If so is it acceptable?	Y	
11.	Overall Responsibility for the Document		
	Is it clear who will be responsible implementation and review of the document?	Y	

Version control sheet

Version	Date	Author	Status	Comment / changes
1.	June 2018	HR Business Partner	Previous	New policy to replace all previous Whistleblowing policies. Policy written in line with national guidance.
2.	Feb 2019	HR Business Partner	Previous	Update of previous version
3.	Feb 2022	HR Business Manager	Previous	Extension of current policy with minor update to response times in line with audit recommendations.
4	March 2023	FTSU Guardian	Current	New policy wording in line with NHSEI recommendations