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NHS South East London Integrated Care Board

Freedom to Speak Up & Whistleblowing Policy (CG02)

Approved by	SEL ICB Executive Committee
Date approved	22 January 2025
Name and title of originator/author	Theresa Osborne (based on NHSE guidance)
Name and title of sponsor	Tosca Fairchild, Chief of Staff
Review date	January 2027
Description	Guidance on NHS South East London Integrated Care Board processes to secure the health and safety of staff and visitors
Target audience	Anyone who works in NHS healthcare, including pharmacy, optometry and dentistry. 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.

Version Control

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Supersedes	2.0

Document Review Control Information

Version	Date	Reviewer Name(s) and Job title	Change/amendment
1.0	Nov 21	Theresa Osborne	Original draft
2.0	June 23	Theresa Osborne	Amended following whistleblowing investigation and to incorporate national FTSU guidance (as opposed to having a separate policy)
2.0	September 23	David Rowley	Review of content from safeguarding perspective.

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1.0 Speak up – we will listen

- 1.1 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.
- 1.2 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”.
- 1.3 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. We also know that workers with disabilities, or from a Global Majority background or the LGBTQIA+ community do not always feel able to speak up. This policy is for all workers, and we want to hear all our workers’ concerns.
- 1.4 Please do not be concerned about raising a concern. In accordance with SEL ICB’s Duty of Candour, our senior leaders and Board are committed to an open and honest culture. Your concern will be investigated and access to the support needed will be available.

2.0 This policy

- 2.1 This ‘standard integrated policy’ was one of several recommendations from the review carried out by Sir Robert Francis into whistleblowing in the NHS, aimed at improving the experience of whistleblowing in the NHS. The expectation of this policy (produced by NHS England) is that it is adopted by all NHS organisations in England as a minimum standard to help to normalise the raising of concerns for the benefit of all patients and workers. Its aim is to ensure all matters raised are captured and considered appropriately.
- 2.2 The SEL ICB’s local process has been integrated into the policy/adheres to the principles of this policy and provides more detail about how a concern will be investigated.

3.0 Equality Statement

- 3.1 NHS South East London ICB is committed to equality of opportunity for its employees and members and does not unlawfully discriminate on the basis of their ‘protected characteristics’ as defined by the [Equality Act 2010](#) – age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Additionally, our organisation also focuses on digital inclusion, carers, and socio-economic status/deprivation to address broader equality concerns.

An Equality Impact Assessment has been completed for this policy (Appendix D). If members or employees have any concerns or issues with the contents of this policy or have difficulty understanding how this policy relates to their role, they are advised to contact the Associate Director of Corporate Operations.

4.0 What can I speak up about?

- 4.1 You can speak up about anything that affects the quality of care or the wellbeing and safety of patients, service users, staff, and visitors. 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 behaviors of others are affecting your wellbeing, or that of your colleagues or patients.
- 4.2 Speaking up is about any of these things. Any concerns about **risk, malpractice or wrongdoing** that may harm the service SEL ICB commissions can be raised.
- 4.3 Speaking up, therefore, captures a range of issues, some of which may also be relevant for other existing processes, for example, Human Resource procedures, Patient Safety processes, or Safeguarding processes (please visit the SEL ICB intranet for policies available to help you navigate these issues).

Examples of issues you may wish to speak up about might include (but are not restricted to):

- unsafe patient care
- unsafe working conditions
- inadequate induction or training for staff
- lack of, or poor, response to a reported patient safety incident
- abuse or neglect of children or adults at risk
- suspicions of fraud (which can also be reported to our local counter-fraud team on freephone 0800 028 4060 or on the [Report NHS Fraud website \(hyperlink\)](#))
- a bullying culture

Further examples are provided in the following linked videos:

- NHS England Workforce, Training and Education: [Freedom to Speak Up Guardians - YouTube \(Hyperlink\)](#)
- National Guardian's Office: [What is Freedom to Speak Up? - YouTube \(Hyperlink\)](#)

- 4.4 As an organisation, we will listen and work with you to identify the most appropriate way of responding to the issue you raise.

- 4.5 If the whistleblowing issue is in relation to the welfare of a child or adult(s) at risk, then we all have a responsibility to report our concerns immediately. **If in any doubt, please report your concern.** Individuals should not wait for proof but raise the matter as soon as it becomes a concern to them. Please refer to the SEL ICB Safeguarding Policy for details on how to respond to safeguarding concerns.
- 4.6 This policy is not for individuals with concerns about their employment, affecting only them, this is covered in SEL ICB's grievance policy.

5.0 Feeling safe to raise a concern

- 5.1 Your speaking up to us is a gift because it helps us identify opportunities for improvement that we might not otherwise know about.
- 5.2 We will not tolerate anyone being prevented or deterred from speaking up or being mistreated because they have spoken up. Any such behaviour is a breach of the organisation's values and, if upheld following investigation, could result in disciplinary action.
- 5.3 If a genuine concern is raised under this policy, you are not at risk of losing your job or suffering any form of reprisal as a result.
- 5.4 Confidentiality will be maintained when an issue is raised, unless there are legal reasons for not doing so, as detailed in section 10 below.

6.0 Who can speak up?

- 6.1 Anyone who works in NHS healthcare, including pharmacy, optometry and dentistry. 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.

7.0 Who can I speak up to?

7.1 Speaking up **internally**

- 7.1.1 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.
- 7.1.2 However, you have other options in terms of who you can speak up to, depending on what feels most appropriate to you:
- Senior manager, partner or director with responsibility for the subject matter you are speaking up about

- The relevant designated nurse for adult and children in the borough where you work, or the ICB Head of Safeguarding.
- The patient safety team or clinical governance team (where concerns relate to patient safety or wider quality) qualityteam@selondonics.nhs.uk
- Local counter fraud team (where concerns relate to fraud). Contact details of the ICB's Counter Fraud Champion and TIAA anti-crime team are available on the anti-crime page of the SEL ICB staff intranet.
- SEL ICB's Freedom to Speak Up Executive Lead or Freedom to Speak Up Guardian. 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 at any stage of raising a concern, with access to anyone in the organisation, including the Chief Executive or Chair, or if necessary, outside the organisation. FTSU Champions are also available, linked to each borough, who can provide an initial point of contact locally. Contact details are available on the ICBs staff intranet on the FTSU page.
- SEL ICB's HR team [HR OD Recruitment team contact details 5th July 2023.docx \(sharepoint.com\) \(hyperlink\)](#).
- Our non-executive director responsible for Freedom to Speak Up. This role can provide more independent support for the FTSU guardian; provide a fresh pair of eyes to ensure that investigations are conducted with rigor; and help escalate issues, where needed. Contact details are available on the ICBs staff intranet on the FTSU page. [Freedom to speak up](#)
- The ICBs EDI team also has a generic inbox email address (available via the ICB intranet) which can be used for referrals if this is preferred.

7.2 Speaking up Externally

7.2.1 If you do not want to speak up to someone within SEL ICB, you can speak up externally to any one of the agencies listed at Appendix C.

7.2.2 Please contact the relevant local authority safeguarding service if your concern is about a child or adult at risk. [Visit the South East London safeguarding webpage for more information \(hyperlink\)](#).

7.2.3 Employees' contract of employment, with SEL ICB, includes a requirement for confidentiality in the use of information. This covers medical, personal, financial and business information about clients, patients, staff and other individuals and organisations. If a concern is raised externally to SEL ICB, this responsibility must be kept in mind. If there appears to be a conflict with the necessary reporting of the concern, advice should be sought to protect the individual and SEL ICB's obligations.

8.0 Advice and support

8.1 Details on the local support available can be requested from the individuals in section 7 or on the Freedom to speak up pages on the intranet. However, the NHS whistleblowing helpline for the NHS and social care, professional bodies or trade union representatives can also be contacted on 08000 724 725.

8.2 Your local staff networks can also be a valuable source of support.

8.3 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 [Free, independent, confidential advice on the speaking up process - Speak Up \(Hyperlink\)](#)
 - The charity “Protect” provides confidential and legal advice on speaking up [protect charity - Google Search \(Hyperlink\)](#)
 - The Trades Union Congress (TUC) provides information on how to join a trade union [TUC: Trades Union Congress \(Hyperlink\)](#)
 - The Law Society may be able to point you to other sources of advice and support at www.lawsociety.org.uk
 - The Advisory, Conciliation and Arbitration Service (ACAS) gives advice and assistance, including on early conciliation regarding employment disputes [The law on whistleblowing at work: Whistleblowing at work - Acas \(Hyperlink\)](#)

9.0 How should I speak up?

9.1 A concern can be raised in person, by phone or in writing (including email). The individual raising the concern is encouraged to use whichever medium they feel most comfortable with.

9.2 Whichever route is chosen, as full an explanation as possible should be given including the information and circumstances that gave rise to the concern.

10.0 Confidentiality

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

10.2 Individuals should feel comfortable raising any concern openly and have a choice about how they 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 circumstance we will keep the individual's identity confidential, unless required to disclose it by law (for example, by the Police).
- **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.

11.0 What will we do?

11.1 We are committed to the principles of the Freedom to Speak Up review and its vision for raising concerns and will respond in line with them (see Appendix B). 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 or fraud and corruption. If so, we will discuss that with you. If you speak up about something that does not fall into an HR or patient safety incident process, this policy ensures that the matter is still addressed. We are committed to listening to our staff, learning lessons and improving patient care. Upon receipt, the concern will be recorded by the receiver, and an acknowledgement will be sent within five working days. The record will state the date the concern was received, whether confidentiality has been requested, a summary of the concerns and dates when updates or feedback have been given.

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

11.2 Resolution and investigation

We support 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 a matter has not been resolved quickly with the line manager (usually within a few days) and an investigation is needed, this will be proportionate, objective and conducted by someone who is suitably independent (this might be someone outside of SEL ICB or from a different part of the organisation) and trained in investigations. It will reach a conclusion within a reasonable timescale (which you will be notified of), and a report will be produced that identifies any issues to

prevent problems recurring.

Wherever possible, a single investigation will be carried out (so, for example, where a concern is raised about a patient safety incident, a single investigation will usually be carried out that looks at the concern raised and the wider circumstances of the incident¹). The investigation will be objective and evidence-based and will produce a report that focuses on identifying and rectifying any issues and learning lessons to prevent problems recurring.

Any employment issues that have implications for you/your capability or conduct identified during the investigation will be considered separately in line with appropriate HR advice.

11.3 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 (whilst 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). The method of communication will be via the medium the individual advises as their preference.

11.4 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.

11.5 Review

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

11.6 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) and what we are doing to address any problems.

11.7 Safeguarding Concerns

If your concern is a safeguarding concern, the response may be governed by local safeguarding procedures and is likely to be separate to the procedures outlined in this document. The ICB will remain committed to learning from any

¹ If the concern raised suggests a Serious Incident has occurred, an investigation will be carried out in accordance with SEL ICB's Incident Reporting Policy.

safeguarding related issues or concerns, as outlined in the SEL ICB Safeguarding Policy. Any relevant learning emanating from safeguarding concerns will influence and be incorporated within wider themes derived through this whistleblowing policy.

12.0 The Procedure

- 12.1 Following receipt of a concern, the manager receiving the concern will be responsible for recording the details and advising you of receipt. They will identify an independent person (who has not had any previous involvement with the matter raised), with appropriate advice or support from their line manager, an executive director, the Chief of Staff or the Director of Corporate Operations if required, who will fully evaluate the matter to assess the action to be taken. This may involve an internal inquiry or a more formal investigation.
- 12.2 The receiving manager will inform you of who will be handling the matter, how that person can be contacted, and whether any further assistance will be required. If requested, the manager will arrange for a summary of your concerns to be written up together with a summary of how the matter will be investigated.
- 12.3 If employees are interviewed as part of the investigation, they have the right to be represented by their Trade Union or professional organisation representative or accompanied by a colleague (other than a person acting in a legal capacity). The right to representation does not include relatives or friends. Reasonable adjustments will be made at the interview to meet any specific needs of the individuals involved.
- 12.4 On occasion we will be unable to inform you as to how the matter will be investigated or precisely what action has been taken due to potential breaches of duty of confidentiality. In the first instance, any concern relating to fraud, bribery or corruption should be reported to the SEL ICB's Local Counter Fraud Specialist, Counter Fraud champion or Chief Financial Officer.
- 12.5 In all cases where concerns relate to safeguarding issues, the relevant borough Social Services team will be notified immediately.

13.0 The investigation process and potential outcomes

- 13.1 We will aim to complete any investigation process in line with good practice and within a period of 28 days. However, for more serious allegations this process may take longer.
- 13.2 There are 3 potential outcomes following an investigation:
- **Unfounded Allegation** – If the concern is judged to be wholly unfounded or without merit, then it will be dismissed and communicated in writing to you, including the rationale for dismissal of the case. The investigating officer is

responsible for ensuring you are not victimised for bringing the allegation and that you receive appropriate support. Only if, on the facts, it is determined you were acting maliciously, will action under the grievance or disciplinary policies be considered.

- **Allegations Substantiated** – If the result of the investigation is that there is a case to be answered, then the most appropriate policy for the circumstances will be applied.
- **Independent/Formal Inquiry** – If the concern raised is very serious or complex, then a formal inquiry may be held which will be carried out by an appropriate investigative team, appointed by a member of the executive team, in conjunction with the nominated independent non-executive member.

14.0 Anonymous Concerns

14.1 We will take all appropriate action to ensure any concerns raised are investigated fully. It is more difficult to understand and investigate concerns and provide feedback if individuals are unwilling to identify themselves. We promote a working environment where employees should feel encouraged and empowered to raise concerns through the appropriate internal process. If an anonymous concern is received, a nominated lead director, with advice from HR, will review the contents of the concern. However, without talking to the individual through an interview and without the attainment of any additional facts, a full investigation may not be possible.

15.0 If dissatisfaction remains after the investigation

15.1 If you are not satisfied with the outcome of the investigation and/or inquiry, SEL ICB recognises the lawful rights of employees and ex-employees to make disclosures to prescribed persons, such as the Health and Safety Executive or the Audit Commission. Details of sources of independent advice are attached at Appendix C.

16.0 Reporting by ex-employees and raising concerns regarding ex-employees

16.1 Reporting of concerns also applies to employees who have left SEL ICB's employment. Ex-employees may raise concerns under this policy within three months of leaving the SEL ICB and these will be managed in accordance with SEL ICB's policies and procedures.

17.0 Concerns raised by or about independent contractors, or those providing commissioned services

17.1 SEL ICB will act within the limit of its statutory powers and any rights and authority granted under contract to:

- establish the facts

- establish whether the concerns have a basis in fact
- establish whether further action is needed in the public interest and take what action is necessary based on proportionality. Such action could include:
 - supporting performance
 - reporting to the relevant professional body or regulatory authority
 - enforcing contract terms
 - re-drawing or withdrawing from existing contract terms
 - reporting to the police

18.0 Responsibilities

18.1 **The Chief Executive** will ensure that reasonable resources are allocated for the implementation of this policy.

18.2 **The Chief of Staff** will oversee the implementation of this policy ensuring that it is made available to all staff and will monitor the effectiveness of its implementation. The Chief of Staff will also ensure that there are robust policies, procedures and systems in place for the management of performance issues arising from genuine and reasonable concerns raised by employees, and that such concerns arising are dealt with in accordance with this policy.

18.3 **All Unitary Board Members and Directors** will ensure that they are aware of the requirements of this policy and ensure that they are implemented, particularly when an employee approaches them with a genuine and reasonable concern.

18.4 **All Managers in receipt of concerns** will be responsible for recording the details and advising you of receipt. They will identify an independent person (who has not had any previous involvement with the matter raised), with appropriate advice or support from their line manager, an executive director, the Chief of Staff or the Director of Corporate Operations if required, who will fully evaluate the matter to assess the action to be taken. The manager will inform you of who will be handling the matter, how that person can be contacted, and whether any further assistance will be required. If requested, the manager will arrange for a summary of your concerns to be written up together with a summary of how the matter will be investigated.

18.5 **The Local Counter Fraud Specialist** will act as first point of contact for any concerns relating to fraud, bribery or corruption.

18.6 **All line managers** will ensure that all staff are encouraged to raise genuine and reasonable concerns and are assisted in doing so.

18.7 FTSU guardians will undertake the NHSE online training on speaking up.

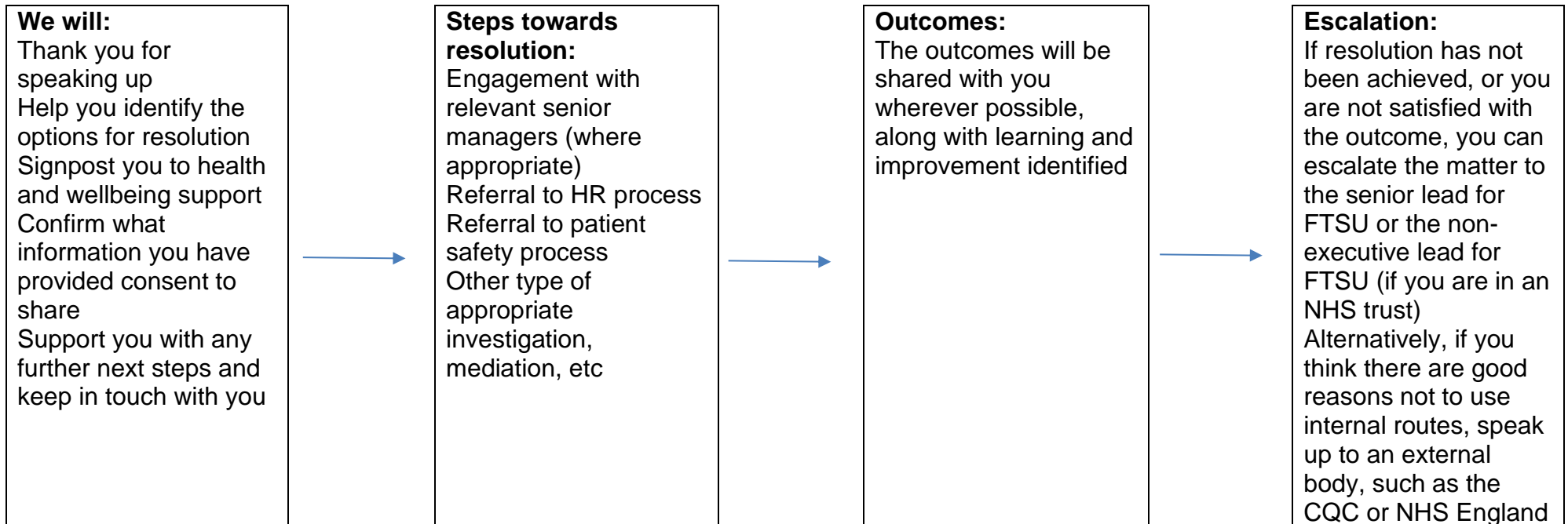
19.0 Making a 'protected disclosure'

- 19.1 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 these criteria, please seek independent advice from the charity “Protect” [The Whistleblowing Scanner | Protect - Speak up stop harm \(protect-advice.org.uk\)](https://www.protect-advice.org.uk) (Hyperlink) or a legal representative.

20.0 National Guardian Freedom to Speak Up

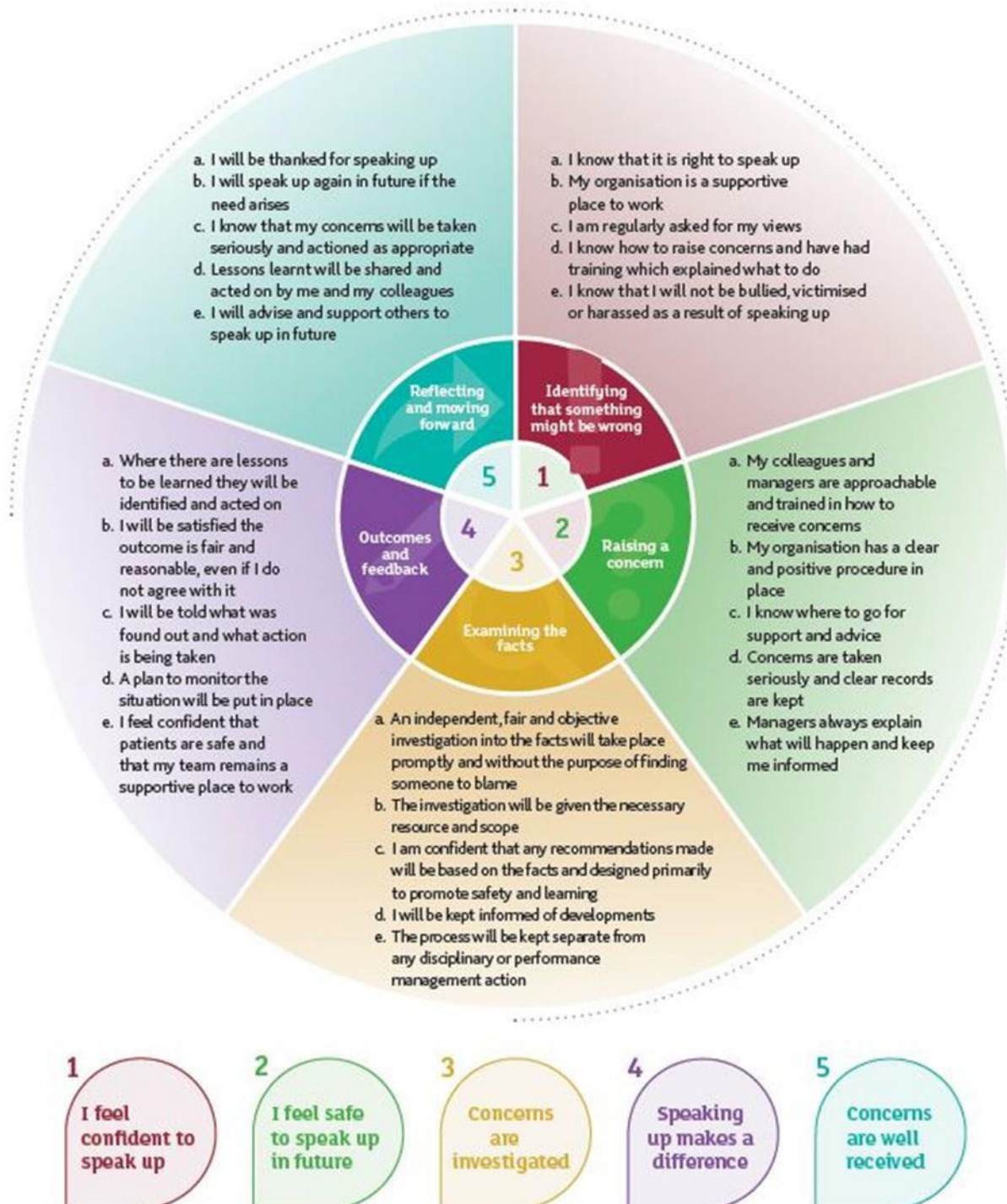
- 20.1 [The National Guardian's Office - Freedom to Speak Up](#) (hyperlink) can independently review how staff have been treated, having raised concerns, where NHS organisations may have failed to follow good practice, working with some of the bodies listed in this policy to take action where needed.

Appendix A: What will happen when I speak up? (Flowchart)



Appendix B: A vision for raising concerns in the NHS (Picture)

Additional formats of this picture are available upon request.



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

Appendix C: Independent Advice and Help

There may be occasions when it is appropriate to take the concern to another organisation. The following gives useful contact numbers if this is the case.

The 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: [Give feedback on care - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk) (Hyperlink)

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 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.

Please note that neither the Care Quality Commission nor NHS England can get involved in individual employment matters, such as a concern from an individual about feeling bullied

Whistleblowing Helpline for NHS and Social Care

08000 724725

Public Concern at Work

Public Concern at Work is a registered charity and the leading body on whistleblowing issues. They provide advice to individuals: [check out their website \(hyperlink\)](https://www.pcaw.co.uk), call 020 7404 6609 or email helpline@pcaw.co.uk

Local Counter Fraud Specialist for concerns about fraud and corruption

Melanie Alflatt – Email: Melanie.alflatt@tiaa.co.uk T: 01732 752022 M: 07899981415

NHS Counter Fraud Agency for concerns about fraud and corruption

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:

British Dental Association

[British Dental Association website \(hyperlink\)](https://www.bda.org.uk)

Tel: 020 7935 0875

General Medical Council

[General Medical Council website \(hyperlink\)](https://www.gmc-uk.org) or email: gmc@gmc-uk.org

Tel: 0845 357 8001

General Optical Council

[Home | GeneralOpticalCouncil \(Hyperlink\)](#)

General Pharmaceutical Council

[General Pharmaceutical Council \(pharmacyregulation.org\) \(Hyperlink\)](http://pharmacyregulation.org)

The Nursing and Midwifery Council

[The Nursing and Midwifery Council website \(Hyperlink\)](#)

Main switchboard: 020 7637 7181

Main fax: 020 7436 2924

The Health Professions Council

[The Health Professions Council website \(Hyperlink\)](#)

Health and Safety Executive

Tel: 0845 345 005

Health Service Ombudsman

[Health Service Ombudsman Website \(Hyperlink\)](#)

Helpline: 0845 015 4033

Email: phso.enquiries@ombudsman.org.uk

Mental Health Act Commission

Tel: 0115 943 7100

Fax: 0115 943 7101

Email: ChiefExec@mhac.org.uk

Your Trade Union or Professional body can also provide you with advice.

Equality Impact Assessment: Screening Form

1. Please fill in the requested information below. For each question (1-5), refer to the definitions of "likelihood" and "consequence" provided on the next page. In the columns provided (below), note down the terms such as "likely" (for likelihood) or "medium impact" (for consequence). This will help you decide the overall category for the likelihood and consequence. Please review the tables below prior to starting your Equality Impact Assessment form.
2. At the end, you'll need to determine the overall likelihood and consequence. Multiply these together (likelihood x consequence) to get a score. This score will show whether you need to complete a full Equality Impact Assessment form.
3. The overall score in the table below is not a total of all the individual points. Instead, you should decide on an overall rating for both the likelihood and consequence. For example, likelihood could be "likely (4)", and consequence could be "medium impact (4)."
4. To decide if you only need to complete this screening form or a full Equality Impact Assessment, use the overall score. For instance, if the score is 4 (likelihood) x 4 (consequence) = 16, this score is in the red zone, meaning a Full Equality Impact Assessment is required.
5. For each question, please take into consideration how significant the impact will be on the service user/workforce/organisation or the organisation.
6. Please note: The term "project" includes Policies, Practices, Strategies, Plans, Planning, Commissioning, Procurement, Service Provision/Delivery, Decommission Services/Phasing out Policies, and Frameworks and Training.

The following protected characteristics need to be considered for any negative impacts:

Protected Characteristics		
Age	Pregnancy/Maternity	Marriage/Civil Partnership (employment only)
Disability	Race	Socio-economic / Deprivation
Sex	Religion/Belief	Carers
Gender reassignment	Sexual orientation	Digital Inclusion

Equality Impact Assessment: Screening Form

Name (project lead)	Simon Beard		
Job title	Associate Director for Corporate Operations		
Organisation	SEL ICB		
Name of Project	Freedom to Speak Up (Whistleblowing) Policy - review		
Engagement/Data gather	This policy has been produced in line with NHS England guidance to ensure consistency of FTSU policies across NHS organisations. Much of the policy is a direct lift from the NHSE guidance. The ICB has been asked to confirm its adherence to this guidance and is therefore limited in its scope to make changes.		
Aim/Purpose of the project/decision	To confirm the Policy has been considered to ensure it does not disadvantage any individuals with protected characteristics in its application.		
Date it will be going to committee/ SMT/ SLT for approval	Anticipated date to Policy Review Group: 9 December 2024 Anticipated date to Executive Committee: 18 December 2024		
Project Lead signature	Simon Beard	Date:	29/10/24
ED team signature	<i>Louis French</i>	Date:	13/11/24
EDI team comments	<p>I agree with this being a screening form but I think considerations should be given to any adjustments individual may need to make it easier to speak to FTSU or Whistleblow – so the way they like to communicate, or adjustments needed in a face to face meeting etc. Do we or will we be collecting data on those who go through whistle blowing or FTSU – so it can be used for WRES/WDES/WSOES and EDS22 etc. (Halima)</p> <p>Comments and adjustments have been reviewed and made as requested. (Louis)</p>		

No.	Please answer the following questions, using any data/intelligence you have available right now.	Likelihood	Consequence	Comments
1.	Does this project affect people with protected characteristics, and to what extent does it impact access, experience, and outcomes?	1	1	
2.	Has your data and/or engagement identified that there will be an impact on Protected Characteristics?	1	1	
3.	Are adjustments/mitigating actions required to ensure the project is accessible and what will the Impact be on protected characteristics?	2	1	
4.	Are significant health inequalities associated with this project and what will the affect be on people with protected characteristics?	1	1	
5.	If any impact is identified, how likely will there be mitigating actions and how will these be reviewed?	3	1	
	Overall	2	1	Low likelihood of impact – FTSU should be accessible to all with no adverse impact.

Likelihood:

Score	Likelihood	Description
1	Rare	Occurrence is rare/measures are in place to ensure that no adverse impact will occur to patients or staff with protected characteristics. There is sufficient data to make a decision and relevant engagement has been undertaken.
2	Unlikely	It is unlikely to occur/ measures are in place to ensure that no adverse impact will occur to patients or staff with protected characteristics/ there is sufficient data to make a decision and engagement has been undertaken.
3	Possible	There is a 50/50 possibility for it to occur/no measures in place for any adverse impact if it was to occur/ there is insufficient data to make a decision or engagement has not been undertaken.
4	Likely	There is a high chance of inequalities to occur more likely/no measures are in place any adverse impact/ there is insufficient data to make a decision or engagement has not been undertaken.
5	Almost certain	It is almost certain to cause inequalities with this project/ there are no measures in place for any adverse impact/ there is insufficient data to make a decision or engagement has not been undertaken.

Consequence:

Score	Consequence	Description
1	No impact	<ul style="list-style-type: none">• No impact any of the protected characteristics or the organisation/no adverse impact likely.• No engagement is required/there is enough data from previous engagement undertaken• No adjustments needed to make the proposal accessible.• No health inequalities associated with this project• No monitoring of mitigated actions required as no impact/mitigating reasons e.g. Legal obligations/for a certain protected characteristics.• Equality Analysis Screening form to be completed only.
2	Minor impact	<ul style="list-style-type: none">• Minor impact any of the protected characteristics or the organisation/adverse impact is unlikely.• No/minor engagement is required/there is enough data from previous engagement undertaken• No/minor adjustments needed to make the proposal accessible.• No/minor health inequalities associated with this project• No monitoring of mitigated actions required as no impact/mitigating reasons e.g. legal obligations/for a certain protected characteristics. Measures are in place to ensure there is no adverse impact that will occur• Equality Analysis Screening form to be completed only.
3	(Low) medium impact	<ul style="list-style-type: none">• There is a medium impact any of the protected characteristics or the organisation/adverse impact is likely.• There is a requirement for engagement is required/there is insufficient data to make a decision on impact on protected characteristics• Adjustments are needed to make the proposal accessible.• There is a medium impact health inequalities associated with this project• monitoring of mitigated actions required as there is a medium impact / Measures/mitigations are not yet in place to ensure negative impact does not occur.• Will most likely require a full Equality Analysis to be completed.
4	Medium Impact	<ul style="list-style-type: none">• Significant to critical impact to any of the protected characteristics or the organisation/adverse impact is likely.• There is a requirement for engagement /there is insufficient data to make a decision on impact on protected characteristics/There is a fair amount of evidence that some groups are (or could be) differently affected by it.• There is evidence to suggest that adjustments are needed to make the proposal accessible.• There is a significant to critical impact on health inequalities associated with this project/ leads to non-compliance with legislation and could therefore be an organisation risk• Monitoring of mitigated actions required as there is a significant to critical impact / Measures/mitigations are not yet in place to ensure negative impact does not occur.• Requires a full Equality Analysis to be completed.
5	High impact	<ul style="list-style-type: none">• Critical to Major impact to any of the protected characteristics or the organisation/adverse impact is highly likely.• There is a requirement for engagement /there is insufficient data to make a decision on impact on protected characteristics/There is a fair amount of evidence that some groups are (or could be) differently affected by it.

- There is substantial amount of evidence to suggest that adjustments are needed to make the proposal accessible.
- There is a critical to major impact on health inequalities associated with this project/ leads to non-compliance with legislation and could therefore be an organisation risk
- Monitoring of mitigated actions required as there is a critical to major impact / Measures/mitigations are not yet in place to ensure negative impact does not occur.
- Requires a full Equality Analysis to be completed.

- To determine if you need to complete a full Equality Impact Assessment form, use the overall score from the table above.
- Calculate the score by multiplying Likelihood and Consequence (L X C).
- Use the following key to interpret your score:
 - **Green:** Only the screening form needs to be completed.
 - **Amber:** Complete the screening form; a full Equality Impact Assessment may be needed after review by the EDI team.
 - **Red:** A full Equality Impact Assessment form must be completed.

Equality Impact Assessment Matrix

		Likelihood					
Consequence			Rare	Unlikely	Possible	Likely	Almost Certain
			1	2	3	4	5
	High impact	5	5	10	15	20	25
	Medium Impact	4	4	8	12	16	20
	(Low) medium impact	3	3	6	9	12	15
	Minor impact	2	2	4	6	8	10
	No Impact	1	1	2	3	4	5

