NHS
Derby and Derbyshire
Integrated Care Board

NHS
Lincolnshire
Integrated Care Board

NHS
Nottingham and
Nottinghamshire
Integrated Care Board

Freedom to Speak Up Policy

May 2026

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

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

1.2 **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.

1.3 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".

1.4 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 with disabilities, 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.**

2. What can I speak up about?

2.1 You can speak up about anything that gets in the way of patient care or affects your working life. That could be something which does not feel right to you: for example, a way of working or a process that is not 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.

2.2 Speaking up, therefore, captures a range of issues, some of which may be appropriate for other existing processes (for example, human resources or patient safety/quality policies, which can be found here: Our Policies and Procedures - NHS Nottingham and Nottinghamshire ICB). As an organisation, we will listen and work with you to identify the most appropriate way of responding to the issue you raise.

3. We want you to feel safe to speak up

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

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

4. Who can speak up?

4.1 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.

5. Who can I speak up to?

5.1 **Speaking up internally:** Most speaking up happens through conversations with supervisors and line managers where challenges are raised and resolved quickly. We strive for a culture where that is normal, everyday practice and encourage you to explore this option – it may well be the easiest and simplest way of resolving matters.

5.2 However, you have other options in terms of who you can speak up to, depending on what feels most appropriate to you, as set out below:

- **Senior manager, or director with responsibility for the subject matter you are speaking up about.**

  The ICB's Chief Executive is Amanda Sullivan, who can be contacted at amanda.sullivan7@nhs.net.

  The ICB's Executive Director of Commissioning is Maria Principe, who can be contacted at maria.principe@nhs.net.

  The ICB's Executive Director of Finance is Bill Shields, who can be contacted at bill.shields2@nhs.net.

  The ICB's Executive Director of Quality (Nursing) is Rosa Waddingham, who can be contacted at rosa.waddingham@nhs.net.

  The ICB's Executive Director of Outcomes (Medical) is Dave Briggs, who can be contacted at dave.briggs1@nhs.net.

  The ICB's Executive Director of Strategy and Citizen Experience is Clair Raybould, who can be contacted at clair.raybould@nhs.net.

  The ICB's Executive Director of Transition is Helen Dillistone, who can be contacted at helen.dillistone@nhs.net.

- **Human resources team (where concerns relate to employment matters).**

  The ICB's human resources team can be contacted at nnicb-nn.hr@nhs.net.

- **Local counter fraud team (where concerns relate to fraud).**

  The ICB's Counter Fraud Specialist is Craig Bevan-Davies, who can be contacted at craig.bevan-davies@nhs.net.

- **Freedom to Speak Up Guardian, who can support you to speak up if you feel unable to do so by other routes.**

The ICB's Freedom to Speak Up guardians are:

- Joanne Simmonds
- Zoe Brown
- Ruth Washbrook

They can be contacted via the dedicated FTSU inbox - nnicb-nn.dlnftsu@nhs.net

The Freedom to Speak Up Guardians 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. This role supports the organisation in becoming a more open and transparent place to work, where all staff are actively encouraged and enabled to speak up safely.

- **Senior lead responsible for Freedom to Speak Up**

  The ICB's Senior Responsible Officer for Freedom to Speak Up is Lucy Branson, Director or Corporate Governance and Assurance who can be contacted at lucy.branson@nhs.net.

  This role provides senior support for the ICB's Freedom to Speak Up Guardian and is responsible for reviewing the effectiveness of the ICB's freedom to speak up arrangements.

- **Non-Executive Director lead for Freedom to Speak Up**

  The ICB's Non-Executive Director lead for Freedom to Speak Up is Mehrunnisa Lalani, who can be contacted at mehrunnisa.lalani2@nhs.net.

  This role provides independent support for the ICB's Freedom to Speak Up Guardian; providing a fresh pair of eyes to ensure that investigations are conducted with rigor, and can help escalate issues, where needed.

- Additional Executive leadership is provided by Helen Dillistone, Executive Director of Transition. Helen can be contacted at helen.dillistone@nhs.net.

5.3 **Speaking up externally:** If you do not want to speak up to someone within the ICB, you can speak up externally to:

- **NHS Fraud and Corruption Reporting:** Phone number 0800 028 40 60, or online NHS Fraud Reporting Tool found at https://cfa.nhs.uk/reportfraud.
- **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: https://www.cqc.org.uk/contact-us/report-concern/report-concern-if-you-are-member-staff.

- **NHS England** for concerns about: GP Surgeries; Dental Practices; Optometrists; Pharmacies; how NHS trusts and foundations trusts are being run (this includes ambulance trust and community and mental health); NHS procurement and patient choice; or 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. You can find out more about how NHS England handles concerns here: https://www.england.nhs.uk/ourwork/freedom-to-speak-up/how-to-speak-up-to-us-about-other-nhs-organisations/.

5.4 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.

5.5 If you would like to speak up about the conduct of a member of staff, you can do this by contacting the relevant professional body such as the General Medical Council, Nursing and Midwifery Council, Health and Care Professions Council, General Dental Council, General Optical Council or General Pharmaceutical Council.

5.6 Appendix B contains information about making a 'protected disclosure'.

6. How should I speak up?

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

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

6.3 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.

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

7. Advice and Support

7.1 You can find out about the local support available to you via the ICB's Wellbeing Hub. The ICB's staff networks can also be a valuable source of support. More information about can be found on the ICB's staff intranet.

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

- Support available for our NHS people: https://www.england.nhs.uk/supporting-our-nhs-people/support-now/.

- Looking after you: free confidential coaching and support for the primary care workforce: https://www.england.nhs.uk/supporting-our-nhs-people/support-now/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. More information can be found here: https://www.england.nhs.uk/ourwork/freedom-to-speak-up/speaking-up-support-scheme/.

7.3 You can also contact the following organisations:

- Speak Up Direct provides free, independent, confidential advice on the speaking up process. More information can be found here: https://speakup.direct/.
- The charity Protect provides confidential and legal advice on speaking up. More information can be found here: https://protect-advice.org.uk/.
- The Trades Union Congress provides information on how to join a trade union. More information can be found here: https://www.tuc.org.uk/joinunion.
- The Advisory, Conciliation and Arbitration Service gives advice and assistance, including on early conciliation regarding employment disputes. More information can be found here: https://www.acas.org.uk/.

8. What will we do?

8.1 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 a human resources or patient safety incident process, this policy ensures that the matter is still addressed.

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

8.3 **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 is important that this opportunity is fully explored, which may be with facilitated conversations and/or mediation.

8.4 Where an investigation is needed, this will be objective and conducted by someone who is suitably independent (this might be someone outside the organisation or from a different part of the organisation) and trained in investigations. It will reach a conclusion within a reasonable timescale (which we will notify you of), and a report will be produced that identifies any issues to prevent problems recurring.

8.5 Any employment issues that have implications for you/your capability or conduct identified during the investigation will be considered separately.

8.6 **Communicating with you:** We will treat you with respect at all times and will thank you for speaking up. We will discuss the issues with you to ensure we understand exactly what you are worried about. If we decide to investigate, we will tell you how long we expect the investigation to take and agree with you how to keep you up to date with its progress. Wherever possible, we will share the full investigation report with you (while respecting the confidentiality of others and recognising that some matters may be strictly confidential; as such it may be that we cannot even share the outcome with you).

8.7 **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.

8.8 **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.

8.9 **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 Freedom to Speak Up Guardian.

9. Equality and Diversity Statement

9.1 NHS Nottingham and Nottinghamshire ICB pays due regard to the requirements of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in policy development and implementation as a commissioner and provider of services, as well as an employer.

9.2 The ICB is committed to ensuring that the way we provide services to the public and the experiences of our staff does not discriminate against any individuals or groups on the basis of their age, disability, gender identity (trans, non-binary), marriage or civil partnership status, pregnancy or maternity, race, religion or belief, gender or sexual orientation.

9.3 The ICB is committed to ensuring that our activities also consider the disadvantages that some people in our diverse population experience when accessing health services. Such disadvantaged groups include asylum seekers, carers, ex-offenders, Gypsy, Roma and Traveller communities, homeless people, those experiencing deprivation and poverty, sex workers, veterans, and vulnerable groups (such as those with low literacy skills).

9.4 As an employer, the ICB is committed to promoting equality of opportunity in recruitment, training and career progression and to valuing and increasing diversity within our workforce.

9.5 To help ensure that these commitments are embedded in the ICB's day-to-day working practices, an Equality Impact Assessment has been completed and is included within this policy.

10. Communication, Monitoring and Review

10.1 The ICB will establish effective arrangements for communicating this policy and will provide appropriate training to line management in relation to their responsibilities.

10.2 The Audit and Risk Committee will review the effectiveness of the ICB's Freedom to Speak Up arrangements on an annual basis.

10.3 The Board will receive a report, at least annually, providing an overview of speaking up arrangements.

10.4 Any individual who has queries regarding the content of this policy or has difficulty understanding how this policy relates to their role, should contact the Senior Responsible Officer for Freedom to Speak Up.

11. Staff Training

11.1 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.

12. Interaction with other Policies

12.1 This policy should be read in conjunction with the following ICB policies and procedures:

- Equality, Diversity and Inclusion Policy.
- Fraud, Bribery and Corruption Policy.
- Standards of Business Conduct Policy.
- Relevant Human Resources Policies (including Recruitment and Selection Policy; Acceptable Behaviours Policy; Flexible Working Policy; Family Leave Policy; Sickness Absence Policy; and Gender Reassignment Support in the Workplace Policy).

Appendix A: What will happen when I speak up?

We will:

- Thank you for speaking up.
- Help you identify the options for resolution.
- Signpost you to health and wellbeing support.
- Confirm what information you have provided consent to share.
- Support you with any further steps and keep in touch with you.

Steps towards resolution:

- Engagement with relevant senior managers (where appropriate).
- Referral to human resources process (as appropriate).
- Referral to patient safety process (as appropriate).
- Other type of appropriate investigation, mediation, etc.

Outcomes:

- The outcomes will be shared with you wherever possible, along with learning and improvement identified.

Escalation:

- If resolution has not been achieved, or you are not happy with the outcome, you can escalate the matter to the Senior responsible Officer for Freedom to Speak Up or the Non-Executive Director lead for Freedom to Speak Up.

Appendix B: Making a ‘protected disclosure’

A protected disclosure is defined in the Public Interest Disclosure Act 1998. This legislation allows certain categories of worker to lodge a claim for compensation with an employment tribunal if they suffer as a result of speaking up. The legislation is complex and to qualify for protection under it, very specific criteria must be met in relation to who is speaking up, about what and to whom. To help you consider whether you might meet these criteria, please seek independent advice from the Protect or a legal representative. Further information can be found here: https://protect-advice.org.uk/.

Appendix C: Equality Impact Assessment

Date of assessment:	October 2023			
For the policy, and its implementation, please answer the questions against each of the protected characteristic (or other disadvantaged) groups:	Has the risk of any potential adverse impact on people in this protected characteristic (or other disadvantaged) group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic (or other disadvantaged) group? If yes, please briefly describe.
Age[1]	None identified	Not applicable	Not applicable	Yes – The policy encourages all staff, regardless of any protected characteristic, to speak up and requires continuous action to improve the ICB's speaking up culture.
Disability[2]	Yes	Mechanisms are in place via the Communications and Engagement Team to provide this policy in a	Not applicable	As above

[1] A person belonging to a particular age (for example 32-year-olds) or range of ages (for example 18- to 30-year-olds).

[2] A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Date of assessment:	October 2023			
For the policy, and its implementation, please answer the questions against each of the protected characteristic (or other disadvantaged) groups:	Has the risk of any potential adverse impact on people in this protected characteristic (or other disadvantaged) group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic (or other disadvantaged) group? If yes, please briefly describe.
		range of alternative accessible formats.		
Gender reassignment[3]	None identified	Not applicable	Not applicable	As above
Marriage or civil partnership[4]	None identified	Not applicable	Not applicable	As above
Pregnancy and maternity[5]	None identified	Not applicable	Not applicable	As above
Race[6]	None identified	Not applicable	Not applicable	As above
Religion or belief[7]	None identified	Not applicable	Not applicable	As above

[3] Where a person undergoes, or proposes to undergo, a process for the purpose of reassigning their sex.

[4] Marriage is a union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'.

[5] Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

[6] A race is a group of people defined by their race, colour, nationality (including citizenship), ethnicity or national origins. A racial group can be made up of more than one distinct racial group, such as Black British.

[7] Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Date of assessment:	October 2023			
For the policy, and its implementation, please answer the questions against each of the protected characteristic (or other disadvantaged) groups:	Has the risk of any potential adverse impact on people in this protected characteristic (or other disadvantaged) group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic (or other disadvantaged) group? If yes, please briefly describe.
Sex[8]	None identified	Not applicable	Not applicable	As above
Sexual orientation[9]	None identified	Not applicable	Not applicable	As above
Other disadvantaged groups[10]	None identified	Not applicable	Not applicable	As above

[8] A man or a woman.

[9] Whether a person's sexual attraction is towards their own sex, the opposite sex, to both sexes or none.

[10] Other disadvantaged groups (sometimes referred to as 'Inclusion Health Groups') include asylum seekers, carers, ex-offenders, Gypsy, Roma, and Traveller communities, homeless people, those experiencing deprivation and poverty, sex workers, veterans, and vulnerable groups (such as those with low literacy skills).