



CHCC COLLEGE OF HEALTH CARE CHAPLAINS



SSHA SOCIETY OF SEXUAL HEALTH ADVISERS



Unite the Union Response to:

NHS England Consultation: Freedom to speak up in Primary Care Guidance to primary care providers on supporting whistleblowing in the NHS

This response is submitted by Unite the Union. Unite is the UK's largest trade union with 1.4 million members across the private and public sectors. The union's members work in a range of industries including manufacturing, financial services, print, media, construction, transport, local government, education, health and not for profit sectors.

Unite represents in excess of 100,000 health sector workers. This includes eight professional associations - British Veterinary Union (BVU), College of Health Care Chaplains (CHCC), Community Practitioners and Health Visitors' Association (CPHVA), Guild of Healthcare Pharmacists (GHP), Hospital Physicians Association (HPA), Doctors in Unite (formerly MPU), Mental Health Nurses Association (MHNA), Society of Sexual Health Advisers (SSHA).

Unite also represents members in occupations such as allied health professions, healthcare science, applied psychology, counselling and psychotherapy, dental professions, audiology, optometry, building trades, estates, craft and maintenance, administration, ICT, support services and ambulance services.

1. Introduction

- 1.1. Unite welcomes the opportunity to respond to the Consultation on *Freedom to speak up in Primary Care*.
- 1.2. As part of this response, Unite has used its ongoing routes throughout the organisation to hear back the views of members in the Health Sector, in particular those working within Primary Care settings such as primary care and community pharmacy.

Consultation questions

2. **Our intention is that this guidance should be used by all primary care organisations in order to review and revise their own policies to support staff in raising concerns. Do you agree with this approach and do you feel the guidance is compatible with existing processes in different sectors of primary care, like general practice, dentistry, ophthalmology and community pharmacy?**

2.1. Yes.

2.2. Unite supported the recommendations of the Francis Report and in its response to the report suggested the need for a guardian, independent of the NHS, and with real enforcement powers, to support staff to raise concerns. A robust policy for NHS workers who raise concerns is an essential part of changing culture and practice. Unite therefore broadly welcomes the guidance and considers that it provides greater clarity for whistleblowers than currently exists. However, a policy is not enough to change culture.

3. **The guidance suggests that primary care organisations should appoint Freedom to Speak Up Guardians to encourage and support staff in raising concerns and ensure that organisations are meeting the principles of Freedom to Speak Up. With the various structures of primary care, we have suggested different ways in which this could be achieved. Do you agree that primary care organisations should be asked to appoint Freedom to Speak Up Guardians?**

3.1. Unite is supportive of the role of the Freedom to Speak Up Guardian due to the importance of staff being able to speak to someone outside of their own practice which is not currently the case within primary care. However, Unite is concerned that they will not be sufficiently empowered to make the difference that is required as they lack statutory powers. Unite is also concerned about the independence of the Freedom to Speak Up Guardians if they are to be employed by the organisations themselves. On many occasions it is senior management within organisations who are also part of the problem and it is difficult to see how the Guardian will be able to address this if they too are an employee of the same organisation. In order for the role to be effective Unite would suggest they should be employed by an external/independent organisation, such as the CQC. They could be based in the primary care organisation that could have a seat on the appointments panel. It is also essential that funding is provided for these roles and that the expectation is not that this comes from already well over stretched budgets.

3.2. Unite would further suggest that the majority of individual practices/pharmacies would be too small to take on this responsibility and that it is a role for the Clinical Commissioning Groups.

4. The guidance suggests using existing mechanisms and duties rather than the use of national contracts to encourage the adoption of new policies in primary care. Do you agree with this approach?

4.1 Whilst Unite considers it is important to ensure there are robust systems in place to ensure and monitor compliance with polices, it is also important not to place additional burdens for monitoring and reporting on primary care providers, without additional resource, as they are already struggling with their current workload.

4.2 Unite would strongly advise NHS England to engage with the professions, through their unions/professional bodies prior to implementation.

5. What support will primary care organisations need from NHS England in implementing this new guidance? In particular, how might NHS England or eventually the National Freedom to Speak Up Guardian support local Freedom to Speak Up guardians?

5.1. Although staff may identify a problem, the root causes are often understaffing and underfunding which have left staff with no time for reflection, education, support etc. As previously stated Unite considers that implementation of the guidance and the role of the local Freedom to Speak Up Guardian should be sufficiently resourced and the Local Guardian supported to identify the resources required to address the root causes of the problems.

5.2. However, Unite is aware that the newly appointed National Guardian and indeed, their deputy, have recently resigned. Without these positions in place, setting the direction of travel, it is difficult to determine how they would be able to support a Local Guardian. In addition who will support them when they are raising concerns?

6. The Freedom to Speak Up review looked at the experiences of vulnerable staff groups (e.g. locums and agency staff, students and trainees, BME groups and staff working in primary care) when raising concerns. We believe that this guidance will make it easier for all staff to raise concerns, including those who may be more vulnerable. Do you think it achieves this and, if not, what else could be included?

6.1. Unsure.

6.2. Whilst the guidance does provide information and processes for how to raise concerns, Unite is not convinced that simply stating that any subsequent “investigation will take place promptly and without seeking to apply blame” will be sufficient to ensure it happens in this way. In addition once an issue is raised about clinical staff, the regulator is often informed and this has consequences for those subsequently looking for work or on temporary/locum contracts who have to declare this and find the “no smoke without fire” loses them work. This needs to be addressed.

7. What else could be included in the policy that would add value?

7.1. Unite suggests it would be helpful to include information on what sanctions will be handed out to primary care organisations that continue as before in terms of victimising those raising concerns.

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www.engage.england.nhs.uk/consultation/wwhistleblowing/consultation