

Freedom to speak up: whistleblowing policy for the NHS

In response to Sir Robert Francis' [Freedom to Speak Up review](#), Monitor, NHS TDA and NHS England are proposing to introduce a national whistleblowing policy.

Response from IPEM 8 Jan 2016

Dear Sirs – thank you for the opportunity to comment on the proposed single national whistleblowing policy for the NHS.

We welcome this opportunity to respond, which is very timely for IPEM, as we are hearing concerns from our members via our Workforce Watch email and other contacts about how members should raise concerns and what happens when they do. We have been considering the need for more detailed IPEM guidance in this area, but if there is to be a standard NHS policy, this is what we would probably refer our NHS members to in the first instance. For information, our members are more than 4,300 physicists, engineers and technologists who work in healthcare (both NHS and independent), academia and industry, applying physics and engineering to medicine and healthcare.

The Professional and Standards Council of the Institute of Physics and Engineering in Medicine has considered the proposal, and would like to make just few brief observations, as follows:

- Combining the two titles currently in use might be a good way forward i.e. 'The national policy for staff raising concerns (whistleblowing) in the NHS'
- Once there is an overarching national whistleblowing policy, and where local policies are not currently compatible with the national policy, it must be clear as to which policy has precedence; or local policies will need to be made compatible to avoid confusion
- The local team should be given the opportunity to resolve a problem internally, but it is right to have a bypass mechanism for instances in which the members of the escalation team might be part of the problem or when it is deemed that investigations are ineffective. There should be the opportunity for an individual to select the appropriate level; maybe there should be some guidance as to what constitutes the appropriate level under which set of circumstances.
- The policy would appear to make it easier for all staff to raise concerns, but would not necessarily protect vulnerable staff who raise the concern from bullying as a result. That aspect of the policy remains to be tested.
- The majority of concerns that would be raised are likely to be the result of institutional and cultural failure. However, the origin of such concerns may be the result of the alleged actions or philosophy of an individual; perhaps there should be some statements regarding how individuals who are being investigated as part of the notification of a concern should be treated until such time as the allegation and their involvement in it have been substantiated.
- There is a list of external organisations (CQC, Monitor, etc.) to whom concerns can be raised. Will these organisations have a common approach to the handling and investigation of concerns?

We hope that these comments are helpful, and look forward to seeing the final policy in due course.

