Freedom to Speak Up (Whistleblowing) Policy

Whistleblowing Policy
Version 7
May 2026

Version Control

Reference Number	**Version**	**Status**	**Sponsor(s)/Author(s)**
WB1	**7**.0	Final	P Godbole/N Salkeld
Document objectives: This policy sets out how Pioneer Healthcare Limited (PH) encourages staff to speak up and provide clear processes for raising concerns and the process for investigating and managing these concerns.			
Intended Recipients: All clinical and allied healthcare staff, PH employees, consultants, contractors and temporary staff. All Directors, agency workers, volunteers, students and trainees or job applicants where relevant			
Approving Body		Executive Board on 28 May 2026	
Review Date		March 2029	

The table below logs the history of the steps in development of the document.

Version	Date	Author	Comment
1.0	Jan 2010	P Godbole	New policy
2.0	Jan 2012	P Godbole	Review
3.0	Jan 2014	N Salkeld	Review
4.0	Jan 2015	P Godbole, N Salkeld	Review
5.0	Jan 2017	P Godbole	Review
5.1	Jan 2019	P Godbole	No changes
6.0	Jan 2022	P Godbole	Update
7.0	May 2026	N Salkeld	Review

1. Policy Statement

Pioneer Healthcare Limited is committed to promoting a culture of openness, transparency, integrity, accountability, and patient safety.

The organisation recognises that staff and workers are often the first to identify concerns regarding unsafe practice, misconduct, risks to patient safety, wrongdoing, or inappropriate behaviour. Pioneer Healthcare Limited is committed to ensuring that all workers feel able to raise concerns safely, confidently, and without fear of victimisation or detriment.

This policy supports the principles of the NHS Freedom to Speak Up framework and complies with applicable whistleblowing legislation and regulatory requirements.

The organisation will ensure that concerns raised in good faith are taken seriously, investigated appropriately, and responded to fairly and proportionately.

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2. Purpose

The purpose of this policy is to:

- Encourage a culture where staff feel able to speak up;
- Provide clear processes for raising concerns;
- Ensure concerns are investigated appropriately;
- Protect workers from victimisation or detriment when raising concerns in good faith;
- Support patient safety, quality improvement, and organisational learning;
- Ensure compliance with legal and regulatory obligations.

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3. Scope

This policy applies to all individuals working for or on behalf of Pioneer Healthcare Limited, including:

- Employees;
- Consultants;
- Directors;
- Agency workers;
- Contractors;
- Temporary staff;
- Volunteers;
- Students and trainees;
- Former workers;
- Job applicants where relevant.

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4. Definitions

Freedom to Speak Up

The process by which workers can raise concerns about patient safety, quality of care, wrongdoing, risks, or inappropriate behaviour.

Whistleblowing

A protected disclosure made in the public interest relating to wrongdoing or risk as defined under the Public Interest Disclosure Act 1998 (PIDA).

Protected Disclosure

A disclosure of information made in the public interest regarding concerns such as:

- Patient safety risks;
- Criminal offences;
- Breach of legal obligations;
- Financial malpractice or fraud;
- Miscarriages of justice;
- Safeguarding concerns;
- Environmental damage;
- Deliberate concealment of wrongdoing.

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5. Principles

Pioneer Healthcare Limited is committed to ensuring that:

- Staff are encouraged to raise concerns early;
- Concerns are treated seriously and respectfully;
- Individuals raising concerns are supported;
- No worker suffers detriment for raising concerns in good faith;
- Victimisation, retaliation, or bullying will not be tolerated;
- Investigations are fair, proportionate, and confidential where possible;
- Learning and improvement result from concerns raised.

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6. What Can Be Raised Under This Policy

Examples include concerns regarding:

- Patient safety or unsafe care;
- Poor clinical practice;
- Unsafe staffing or working conditions;
- Safeguarding concerns;
- Bullying, harassment, or discrimination;
- Fraud, corruption, or financial misconduct;
- Breaches of professional standards;

- Breaches of law or regulation;
- Health and safety risks;
- Serious governance failures;
- Concealment of information or wrongdoing.

This policy is not intended to replace individual employment grievance procedures, although issues may overlap.

7. Speaking Up Routes

Workers are encouraged to raise concerns through one or more of the following routes:

7.1 Line Manager

Where appropriate, concerns should initially be raised with the immediate manager or supervisor.

7.2 Senior Management / Directors

Concerns may also be raised directly with senior leadership where appropriate.

7.3 Freedom to Speak Up Guardian (if appointed)

The organisation may appoint an independent Freedom to Speak Up Guardian or equivalent nominated individual.

7.4 Clinical Governance or HR Leads

Concerns may be escalated through governance or human resources channels.

7.5 External Prescribed Bodies

Where appropriate, concerns may be raised with external bodies including:

- Care Quality Commission
- NHS England
- General Medical Council
- Nursing and Midwifery Council
- Health and Safety Executive

8. Confidentiality and Anonymous Concerns

Pioneer Healthcare Limited will seek to maintain confidentiality wherever reasonably possible.

Concerns may be raised anonymously; however:

- Anonymous concerns can be more difficult to investigate fully;
- The organisation may be limited in its ability to provide feedback;
- Anonymous disclosures will still be reviewed seriously.

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9. Protection from Detriment

No worker will suffer:

- Dismissal;
- Disciplinary action;
- Victimisation;
- Bullying;
- Harassment;
- Loss of opportunity;
- Any other detriment

for raising a genuine concern in good faith.

Any retaliation against an individual for speaking up may result in disciplinary action.

Deliberately false or malicious allegations may also be subject to appropriate action.

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10. Investigation Process

All concerns raised under this policy will be handled promptly, fairly, proportionately, and confidentially wherever possible. The organisation will ensure that investigations are conducted objectively and in a manner that supports openness, learning, and patient safety.

10.1 Initial Receipt and Acknowledgement

Upon receipt of a concern:

- The concern will normally be acknowledged within **3–5 working days**;
- Immediate risks to patient safety, staff welfare, safeguarding, or legal compliance will be identified;
- A preliminary assessment will determine:
    - seriousness and urgency;
    - potential regulatory implications;
    - whether immediate protective action is required;
    - the appropriate level of investigation.

Where necessary, immediate escalation may occur to:

- Senior management;
- Safeguarding leads;

- Clinical governance structures;
- External regulatory or statutory bodies.

10.2 Risk Assessment and Triage

Concerns will be risk assessed to determine:

- Actual or potential patient safety impact;
- Clinical severity;
- Reputational or organisational risk;
- Whether there is evidence of systemic failure;
- Whether criminal, safeguarding, professional conduct, or fraud concerns are indicated.

Concerns may be categorised as:

- Low risk;
- Moderate risk;
- High risk / serious concern.

High-risk concerns may require:

- Immediate management intervention;
- Temporary suspension of unsafe practices;
- External notification;
- Formal incident investigation procedures.

10.3 Appointment of Investigating Officer

An appropriate investigating officer will normally be appointed who:

- Has sufficient seniority and competence;
- Is impartial and independent wherever reasonably possible;
- Has not been directly involved in the matter being investigated.

For complex or sensitive matters, the organisation may:

- Appoint a senior independent investigator;
- Seek external clinical or legal advice;
- Commission an external review where appropriate.

10.4 Investigation Planning

The investigating officer will normally:

- Define the scope of the investigation;

- Clarify the issues to be examined;
- Identify relevant evidence sources;
- Establish anticipated timescales;
- Determine whether immediate interim controls are required.

An investigation plan may include:

- Witness interviews;
- Review of policies and procedures;
- Review of clinical records or documentation;
- Governance review;
- Audit of systems or operational processes.

10.5 Conducting the Investigation

Investigations will be:

- Objective;
- Evidence-based;
- Conducted with sensitivity and professionalism;
- Focused on fact-finding and organisational learning.

The investigation process may involve:

- Interviews or written statements from relevant individuals;
- Review of emails, records, policies, rotas, incident reports, or governance documentation;
- Clinical review where appropriate;
- Review of previous similar concerns or patterns;
- Consideration of human factors and systemic issues.

Individuals involved in investigations will:

- Be treated fairly and respectfully;
- Have the opportunity to provide information and respond to concerns raised;
- Be informed of the investigation process where appropriate.

10.6 Confidentiality During Investigation

Information relating to investigations will be handled on a strict need-to-know basis.

Absolute confidentiality cannot always be guaranteed where:

- Patient safety is at risk;
- Legal obligations require disclosure;
- Regulatory escalation is necessary;
- Safeguarding concerns exist.

Any sharing of information will comply with:

- UK GDPR;
- Data Protection Act 2018;
- Confidentiality obligations;
- Employment and regulatory requirements.

10.7 Timescales

Investigations will be completed as promptly as reasonably practicable.

The organisation will aim to:

- Commence investigation promptly after receipt;
- Maintain regular communication with the individual raising the concern;
- Provide updates where delays occur.

Complex investigations involving multiple parties, external agencies, or regulatory processes may require extended timescales.

10.8 Investigation Outcomes

At the conclusion of the investigation:

- Findings will be documented;
- Recommendations and actions identified;
- Risks escalated where appropriate;
- Learning opportunities captured.

Outcomes may include:

- No further action;
- Service improvement actions;
- Policy or procedural changes;
- Training or supervision requirements;
- Governance review;
- Referral to disciplinary, safeguarding, regulatory, or external processes where necessary.

10.9 Feedback to the Individual Raising the Concern

Where appropriate and lawful, the individual raising the concern will receive:

- Confirmation that the matter has been investigated;
- General feedback regarding findings or actions;
- Information regarding next steps where relevant.

The level of detail shared may be limited by:

- Confidentiality obligations;
- Employment law;
- Data protection requirements;
- Ongoing regulatory or legal proceedings.

10.10 Learning and Governance Escalation

Themes, risks, and lessons identified through investigations will be:

- Reported through governance structures where appropriate;
- Incorporated into quality improvement activity;
- Considered within risk management processes;
- Monitored to ensure actions are implemented and sustained.

Serious concerns may be escalated to:

- Executive leadership;
- Commissioners;
- Professional regulators;
- External agencies or statutory authorities where required.

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11. Feedback and Communication

Where appropriate and lawful, individuals raising concerns will receive:

- Acknowledgement of the concern;
- Information regarding investigation progress;
- Feedback regarding outcomes or actions taken.

Confidentiality, employment law, and data protection considerations may limit detail shared.

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12. Support Available

Support may include:

- Access to management support;
- HR support;
- Occupational health support where appropriate;
- Access to external whistleblowing support organisations;
- Access to trade union or professional body support.

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13. Record Keeping

Records relating to concerns raised under this policy will be:

- Maintained securely;
- Handled confidentially;
- Retained in accordance with data protection and governance requirements.

Themes and learning may be reported through governance structures in anonymised form.

14. Learning and Improvement

The organisation will use information from concerns raised to:

- Improve patient safety;
- Strengthen governance;
- Identify systemic risks;
- Improve organisational culture;
- Support continuous quality improvement.

15. Equality, Diversity and Inclusion

Pioneer Healthcare Limited is committed to ensuring that:

- Individuals are treated fairly and respectfully;
- No discrimination occurs in relation to speaking up;
- Reasonable adjustments are considered where required.

16. Training and Awareness

Relevant staff will receive appropriate awareness or training regarding:

- Freedom to Speak Up principles;
- Raising concerns processes;
- Whistleblowing protections;
- Speaking up culture and behaviours.

17. Monitoring and Governance

The organisation may monitor:

- Number and type of concerns raised;
- Themes and trends;
- Response times;
- Learning outcomes;

- Organisational culture indicators.

Governance oversight may include:

- Board reporting;
- Risk management review;
- Patient safety governance review.

18. Policy Review

This policy will be reviewed periodically or earlier where:

- Legislation changes;
- NHS guidance changes;
- Organisational learning identifies improvements.

19. Related Policies

This policy should be read alongside:

- Complaints Policy
- Incident Reporting Policy
- Duty of Candour Policy
- Safeguarding Policies
- Grievance Policy
- Bullying and Harassment Policy
- Disciplinary Policy
- Equality and Diversity Policy
- Data Protection and Confidentiality Policies

20. References

The following legislation and guidance informed this policy:

1. UK Government – *Public Interest Disclosure Act 1998 (PIDA)*
2. UK Government – *Employment Rights Act 1996*
3. UK Government – *Health and Social Care Act 2008 (Regulated Activities) Regulations 2014*
4. Care Quality Commission – Regulation 16: Complaints and concerns
5. Care Quality Commission – Regulation 17: Good Governance
6. Care Quality Commission – Regulation 20: Duty of Candour
7. NHS England – Freedom to Speak Up Guidance
8. National Guardian's Office – Freedom to Speak Up Principles
9. National Guardian's Office – Speak Up Review and Learning Guidance
10. Care Quality Commission – Well-led Framework
11. Health and Safety Executive – Whistleblowing Guidance

12. UK Government – Equality Act 2010
13. UK Government – Data Protection Act 2018
14. UK Government – UK General Data Protection Regulation (UK GDPR)