

BY EMAIL

Steve Dunn
CEO West Suffolk NHS Foundation Trust

12 December 2019

Dear Mr Dunn,

1. Anonymous reporting systems at West Suffolk NHS Foundation Trust

I see that you advised the board of West Suffolk NHS Foundation Trust in your chief executive report for the 1 November 2019 that the trust had launched arrangements for anonymous staff reporting:

"A part of our Freedom to Speak Up arrangements we have launched a new anonymous reporting phone line and intranet form to give staff another way to share concerns. We know that, across the NHS, one of the main reasons colleagues don't speak up when they see something is because they fear they might be victimised or punished for it. Here at WSFT, we work really hard to create a culture of compassion, honesty and learning. We want everyone to feel they have a voice, control and influence. But we know that we don't always get that right – in last year's NHS Staff Survey:

- *Of those staff that had experienced harassment, bullying or abuse at work, only 37.9% reported it*
- *Of those staff that had experienced physical violence at work, only 49.7% reported it*
- *Of those staff that saw an error, near miss or incident that you thought could hurt staff, patients, or service used, only 91.4% of you reported it.*

So we're taking steps to try and make reporting feel safer and easier. We'd always encourage colleagues to formally report issues where they feel able to do so rather than use anonymous tools, but we'd rather hear this way than not at all!"

<https://www.wsh.nhs.uk/CMS-Documents/Trust-board/2019/Trust-open-board-meeting-papers-1-November-2019.pdf>

- Please can the trust give a detailed account of these telephone and intranet reporting platforms:
- How is anonymity achieved?
- Do staff need to log on to trust computer systems using any identifying code or passwords in order to make an anonymous report?
- Who is responsible for:
 - a) Receiving the anonymous telephone calls?
 - b) Processing the anonymous intranet reports?
- Are there any third parties involved in operating these processes, and if so, please can you advise who they are and any service specification agreed by the trust.

- Please can you advise what data from staff's anonymous reports is stored by the trust,, how and where?
- How is such information accessed? How is access controlled and who controls the authorisation of access?

2. Reported attempts to identify a member of staff who raised concerns through fingerprints

The Guardian has reported that the trust has asked several of its staff to submit to being fingerprinted, in order to find the author of an anonymous letter:

https://www.theguardian.com/society/2019/dec/11/matt-hancock-wont-talk-to-us-say-bullied-doctors-at-hospital-in-suffolk?CMP=share_btn_tw

- Can the trust advise if it has tested for finger prints any documents purporting to be from staff expressing concerns, and if so, on how many occasions has it done this?
- Please advise if there is a relevant trust policy governing such a practice, and direct me to the relevant link or kindly supply a copy if the document is not published.
- Please advise in particular what contractual provision the trust believes allows it to ask staff to provide fingerprints.
- If there is no specific policy or contractual provision, please can the trust give a broad indication of the range of circumstances in which it might seek to identify a member of staff by fingerprints.
- Please explain how such a practice of asking staff for fingerprints potentially intersects with:
 - a) The trust's recent adoption of a facility for raising concerns anonymously, as advised by your Chief Executive report last month.
 - b) The trust's whistleblowing policy reference PP(18)056 of January 2019:

<https://minhalexander.files.wordpress.com/2019/12/pp19056-freedom-to-speak-up-whistleblowing-staffconcernsabouthpatientcareandothermatters.pdf>

This trust policy makes provision for staff to report through a "trusted partner (formally independent adviser)" who communicates with others but safeguards and keeps secret the identity of the whistleblower. See trust flowchart copied below.

3. Endorsement of trust actions by "the NHS national head of whistleblowing"

The Guardian newspaper reported that a trust spokesperson stated:

"In this case we shared our serious incident investigation process with the CQC [Care Quality Commission], and the NHS national head of whistleblowing, who backed our approach."

Could you please clarify to whom the spokesperson was referring in regards to *"the NHS national head of whistleblowing"*?

Has the trust consulted Dr Henrietta Hughes National Freedom To Speak Up Guardian?

Was Dr Hughes aware of the fingerprinting request to staff?

Did she agree that the trust was justified in asking for staff fingerprints?

Many thanks.

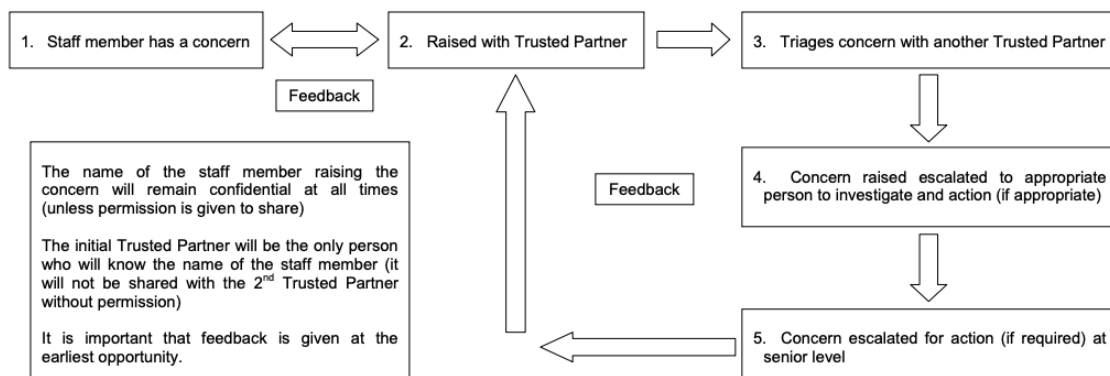
Yours sincerely,

Dr Minh Alexander

Cc Dido Harding Chair NHS Improvement
Ted Baker CQC Chief Inspector of Hospitals

PROCESS FOR STAFF MEMBERS RAISING MATTERS OF CONCERN TO TRUSTED PARTNER (FORMALLY INDEPENDENT ADVISER)

Appendix E



- It is to be expected that the time-line for escalation/action and feedback will be dependent on the seriousness of the concern raised.
- All concerns raised must be fed back to the staff member, even if progress is slow.
- Trusted partners can be found on the staff supporter's page on the intranet. <http://staff.wsha.local/Intranet/Documents/Q-Z/StaffSupporters/Staffsupporters.aspx>