

# Speaking up: guidance for registrants

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October 2021

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# About this guidance and how it applies to you

1. We have produced this guidance to help our registrants in situations where they need to consider the professional requirement to speak up when patient or public safety may be at risk or when they have concerns about propriety, such as when they observe something that appears seriously wrong or not in accordance with accepted standards. This is something we know can be difficult for individuals, and businesses are not always clear about what their responsibilities are to make the process simple and to act on concerns raised.
  2. This guidance should be read alongside the [Standards of Practice for Optometrists and Dispensing Opticians](#), the [Standards for Optical Businesses](#) and the [Standards for Optical Students](#), which registrants must apply to their practice.
  3. There are two parts to this guidance: part 1 which focuses on guidance for individual registrants (optometrists, dispensing opticians and optical students) and part 2 which focuses on guidance for businesses. Whether you are reading the guidance from an individual or business perspective, it is important to read both parts.
  4. We have included a flowchart in the annex, which summarises the process to be followed.
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# What is speaking up?

5. The National Guardian's Office for England defines 'speaking up' as being about anything that gets in the way of providing patient care or that affects your working life. It could be "something which doesn't feel right, for example a way of working or a process which isn't being followed, or behaviours of others which you feel is having an impact on the well-being of you, the people you work with, or patients"<sup>1</sup>. Case studies are available on their [website](#).
6. The term speaking up was originally used in 2015 in the [Freedom to speak up report](#) by the chair of [The Mid Staffordshire NHS Foundation Trust Public Inquiry](#)<sup>2</sup> (also known as the Francis inquiry), Sir Robert Francis QC. The report set out recommendations for creating an environment in which NHS workers were free to speak up. It was a follow on to the Francis inquiry, which set out a duty of candour for healthcare professionals: the requirement to be open and honest when things go wrong. This guidance is drafted in the spirit of those recommendations.

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<sup>1</sup> [nationalguardian.org.uk/speaking-up/what-is-speaking-up](http://nationalguardian.org.uk/speaking-up/what-is-speaking-up)

<sup>2</sup> [www.gov.uk/government/publications/report-of-the-mid-staffordshire-nhs-foundation-trust-public-inquiry](http://www.gov.uk/government/publications/report-of-the-mid-staffordshire-nhs-foundation-trust-public-inquiry) (last accessed 7 October 2021)

7. We note that other terms such as 'whistleblowing' and 'raising concerns', which have slightly different meanings to speaking up, are also widely used and that speaking up is not normally used in Northern Ireland, Scotland and Wales. We have decided to use the term 'speaking up' as an umbrella term, and for the avoidance of doubt, in this guidance it covers all concerns about patient/public safety or propriety, such as where something is observed that appears seriously wrong or not in accordance with accepted standards, including what may be termed 'whistleblowing' and/or 'raising concerns'.
  
  8. The duty to speak up is linked to the duty of candour which is incumbent on all healthcare professionals and sets out the need to be open and honest when things go wrong. Speaking up is wider than the duty of candour as it includes speaking up about anything that gets in the way of providing patient care, not just being open and honest when things have already gone wrong (or where there has been a near miss). There may be situations where it is necessary to both a) exercise the duty of candour by being honest when things have gone wrong (or there was a near miss), and b) speak up about the issue to ensure that nothing gets in the way of providing patient care in the future. As such, there are a number of similarities between this guidance and our [Supplementary guidance on the professional duty of candour](#).
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# Why is speaking up important?

9. Developing a culture that promotes speaking up encourages everyone in the optical sector to look out for and raise issues that may affect patient or public safety. It can prevent harm and help to instil confidence in the profession by them being seen to 'do the right thing'. It also supports reflective practice in the workforce.
  
10. There are also good business reasons to listen and take seriously those who speak up – it allows poor practice to be identified early and remedied before it has an impact. Independent inquiries, including the recent Paterson inquiry, have concluded that significant instances of harm in healthcare provision could have been avoided if concerns raised had been taken seriously, or if workers had felt more confident in their ability to speak up<sup>3</sup>.
  
11. The principle of speaking up is a central part of professional responsibilities for all healthcare professionals and is currently underpinned in:
  - standard 11 of our [Standards of Practice for Optometrists and Dispensing Opticians](#);
  - standard 10 of our [Standards for Optical Students](#); and
  - standard 1 of our [Standards for Optical Businesses](#).

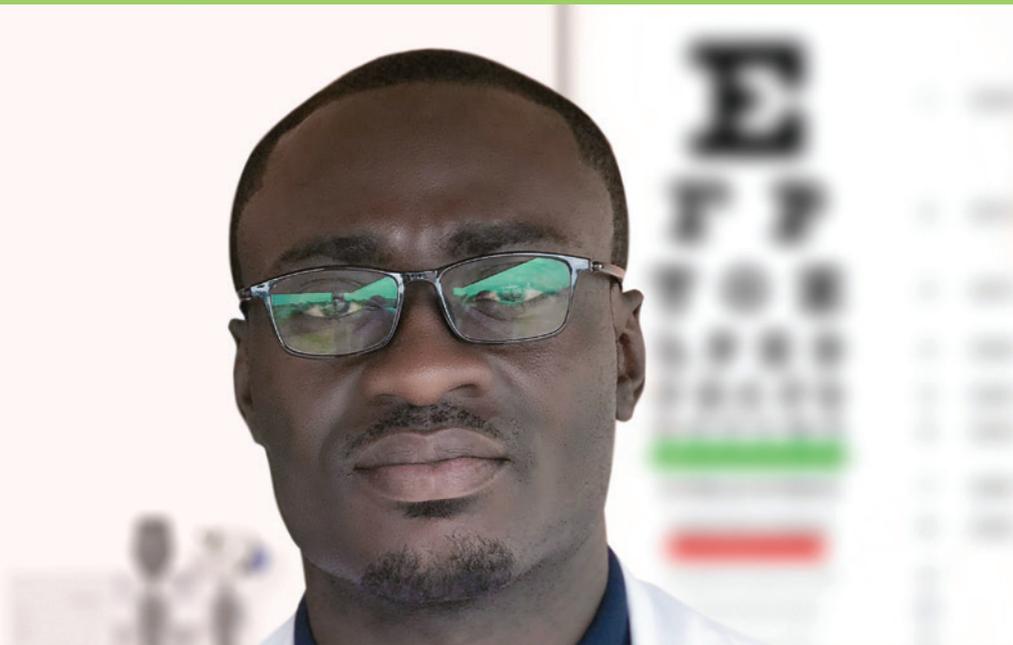
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<sup>3</sup> James G. (2019). *Report of the Independent Inquiry into the issues raised by Paterson*, p133-144. Retrieved from [assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/863211/issues-raised-by-paterson-independent-inquiry-report-web-accessible.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/863211/issues-raised-by-paterson-independent-inquiry-report-web-accessible.pdf) (last accessed 7 October 2021)

12. We recognise that speaking up is a wider concept than raising concerns as outlined in our standards. When we come to review our standards we will consider how to update them to reflect this guidance.
  
13. You should use your judgement to apply the guidance that follows to your own practice and the variety of settings in which you might work or operate your business. If you have any questions about how to apply this guidance in specific situations, you may wish to consider seeking further advice (including legal advice) from appropriate professional colleagues, your employer, your professional indemnity insurance provider, your professional or representative body, trade union or speaking up guardian (such as in your local optical committee or employer). Student optometrists and student dispensing opticians can additionally seek advice from their tutor, supervisor or training provider.

# Part 1: Guidance for individuals

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14. All regulated healthcare professionals (including optometrists, dispensing opticians and optical students) have a duty to protect patients and the public. This is put into practice in a variety of ways every day and healthcare professionals are in a privileged position to be able to play a part in safeguarding the health and well-being of patients and the public.
15. Sometimes, this may involve speaking up about concerns where patient or public safety are, or may be, at risk, or other propriety concerns where something is observed that appears seriously wrong or not in accordance with accepted standards. This can be a daunting prospect, particularly if the concerns relate to an employer's policies or processes, but there are ways in which it can be done constructively to minimise stress for all involved. This part of the guidance will look at when an individual should speak up, how they might do so and to whom, what qualifies as a 'protected disclosure' and how the disclosure might be managed, as well as signposting to sources of further advice.

### **A. Why should I speak up?**

16. Patients rely on their healthcare professionals to keep them safe, and in most cases this will simply involve the practitioner taking care when assessing and treating a patient.
  17. There are multiple factors that can affect safe delivery of care, however, which may fall outside the individual practitioner's control. These could be environmental (for example, health and safety issues with the premises or equipment) or other
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systemic issues (such as an organisational policy that has an adverse impact when implemented, or not being implemented correctly) or issues relating to another professional and their ability to provide safe care.

18. Patients will often be unaware of these issues and therefore will not be able to raise them, but the healthcare professional is in a much better position to do so and should speak up if they are concerned.

19. We recognise that there can be barriers to individuals speaking up. These include the following<sup>4</sup>:

- uncertainty around whose responsibility it is to act when more than one person is involved;
- divided loyalties when speaking up may involve undermining or speaking out about the behaviour of a colleague, manager or employer;
- poor organisational culture which may lead to fear of personal repercussions for speaking up;
- concern about the impact on an individual's career of speaking up; and
- structural inequalities (such as registrants with protected characteristics under the Equality Act 2010) and workplace discrimination impacting willingness to speak up.

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<sup>4</sup> Some of these were identified in the Professional Standard Authority's report in October 2013 entitled *Candour, disclosure and openness: Learning from academic research to support advice to the Secretary of State*.

20. It is important that everyone is aware of these potential barriers, many of which can be overcome by fostering a culture where everyone is comfortable to speak up. The remainder of this guidance will give information about ways to raise concerns constructively and about the protections there are for individuals that do so.
21. We would take very seriously allegations that anyone was being discouraged from speaking up or victimised or discriminated against for doing so. As well as being unlawful, this would amount to a breach of GOC standards that we would take very seriously.

## **B. When to consider speaking up**

22. The first question to ask yourself is whether you believe that patient/public safety is or may be at risk as a result of what you are concerned about, or you have propriety concerns, such as observing something that appears seriously wrong or is not in accordance with accepted standards. If you are concerned that patients and/or the public are at risk of death or serious harm, you **must** speak up without delay.
23. Examples of issues that appear seriously wrong or are not in accordance with accepted standards include fraud, failure to meet health and safety requirements, or failure to comply with data protection legislation.

24. A patient/public safety issue may be quite easy to identify if you have personally witnessed an incident where a patient came to harm, or if the issue is very visible (such as problems with the premises from which care is being provided). In other situations, it may be that you believe there is a risk to patient/public safety that has not yet come to pass. Remember that patient/public safety risks can come from a variety of different sources and in many forms, and that risks are not limited to physical harm. A patient/public safety concern could also arise from a lack of action, such as a failure to send a referral that an optometrist has initiated.
25. Concerns about risk to patient/public safety are not necessarily going to be about another healthcare professional or optical business. They may be about another organisation such as an educational institution, a policy or process, a student, healthcare commissioner, member of support staff or someone involved in patient care outside of your workplace.
26. The next question to ask yourself is whether what you are concerned about is within your control to resolve. If it is something you could put right within the scope of your role as an optical professional, do so. You should still share the issue with colleagues, however, so that lessons can be learned and reoccurrence prevented. This is consistent with our [candour guidance](#).
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27. If you cannot fix the problem yourself, you **must** speak up about it, even if you are nervous or fear an adverse impact as a result of doing so. Your professional duty to protect patients and the public must come first. Legislation provides you with legal protection when you make ‘protected disclosures’. More information about protected disclosures can be found in section D of this guidance.
  28. You do not need to wait for proof before speaking up about your concerns – simply an honest and reasonable belief in what you are speaking up about. If the information you have is based on second-hand information, or if someone else has told you about patient safety issues, encourage that person to consider speaking up about them as well as speaking up yourself. This is because it is easier to act appropriately and have concerns taken seriously if they are raised first-hand so that they are not misinterpreted and evidence can be sought from the appropriate person.
  29. Sometimes issues related to employers’ policies and processes, or those you witness outside your normal working environment, will not be as easy to resolve and you should escalate these appropriately. What amounts to an appropriate escalation will depend on the nature of the concern and we will discuss the options that may be available to you in the next section.
  30. It is best to speak up at the earliest opportunity, as concerns tend to grow over time.
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## C. How to speak up

31. If you cannot resolve the issue yourself, then you will need to speak up about it to the person or organisation with authority to take action. There are two steps to consider:
    - dealing with the issue at a local level, for example, with the colleague concerned, your line manager and/or senior management, or raising the matter with another organisation where the concern arises, for example, a care home that you may visit as part of your work (see section C1 for more information); or
    - if you are unable to resolve the issue, or if the issue is so serious as to merit immediate referral, you should consider escalating your concerns to a speaking up guardian within your organisation, local optical committee or employer, speaking to someone within your local NHS trust, or a prescribed person or organisation (including the GOC and/or the police) (see section C2 for more information).
  32. You should always use appropriate channels to speak up. You should document your concerns and any actions that you have taken to resolve them, including a summary of any conversations you have had.
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## C1. Dealing with the issue at a local level

33. Often, issues can be resolved most easily at a local level, where the issue is coming from. In the majority of cases arising in optical practice, your employer<sup>5</sup> will be the starting point for speaking up about your concerns, although if you have concerns about the behaviour or conduct of another person, consider whether it may be appropriate for you to approach them directly about the issue first.
34. Your employer should have processes and policies in place for you to follow when speaking up and if they do, you should follow these wherever possible. These policies may be titled 'whistleblowing' or 'raising concerns' instead of 'speaking up'. If you think the processes your employer has in place are unfair or an unnecessary barrier to speaking up, seek independent advice from one of the sources listed in section G.
35. In the absence of such processes or if they are not clear, it is often a good idea to speak up locally so that things can be resolved as efficiently as possible, so if you are able to, your line manager is likely to be the best person to speak up to.
36. If it is not appropriate for you to speak to your line manager for whatever reason (for example, if the issue you're concerned about involves them or their behaviour), or if your concerns remain unresolved and patient/public safety is or may still be at risk, then you may need to speak to another more senior manager, such as an area manager or practice owner.

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<sup>5</sup> If you are a sole trader, in a partnership, or working in any other context other than as an employee, references to 'employer' in this guidance equally applies to healthcare and education providers, hospitals and NHS commissioners.

37. If you are unable to speak up to either your line manager or another senior manager, or you do so but your concerns remain unresolved and patient/public safety is or may still be at risk, then you should speak up to the most senior persons in your organisation. This may be the Chief Executive or a member of the senior management team.
38. If your concerns do not involve your employer, for example, if they are related to working in another environment such as a care home, you should raise your concerns with the most appropriate person in that organisation. It may also be appropriate to advise your employer so that they are aware of the situation and may be able to provide you with support in resolving it.
39. Speaking up using the channels set out above relies on you identifying yourself and your concerns to those responsible. You can speak up anonymously, but it may then be difficult to claim any legal protection under the public interest disclosure legislation (see section D).
40. If your concerns remain unresolved after following the steps set out above, or if your concerns relate to a risk of very serious harm or death, then you should escalate your concern.

## C2. Escalating your concerns

41. If you have not been able to resolve your concerns, you should consider how to escalate them. This might involve contacting a speaking up guardian within your organisation, local optical committee or employer, or speaking to someone within your local NHS trust. It might also involve contacting a 'prescribed person/organisation' (see next paragraph). If you need help thinking about which organisation to speak up to, you may wish to seek advice from your professional or representative body, or trade union.
42. You should speak up to an appropriate organisation that is in a position to put matters right. In the UK, such organisations are called 'prescribed persons/organisations' and the Government [provides a list of them](#), along with a brief description of what matters can be reported to them. Section D 'Protected disclosures' contains information about the principle of a public interest disclosure and your rights if you do so.
43. Professional regulators are considered to be 'prescribed persons/organisations' and as such, it may be appropriate for you to speak up about your concerns to the GOC. This is particularly the case where the risk to patient/public safety is posed or aggravated by the conduct of a registrant (individual or business). More information on how to do this is in section E of this document.

44. Another option that may be open to you is speaking to the police, for example, if you suspect criminal conduct.
45. You may be tempted to 'go public' with your concerns, but this is rarely, if ever, appropriate. By 'go public' we mean sharing concerns publicly (usually anonymously), including in the press or on social media platforms. This may not result in any action to protect the public and may negatively affect the public perception of the professionalism of the optical professions. In addition, an individual sharing concerns publicly would not be afforded 'protected disclosure' status.

#### **D. Protected disclosures**

46. There is some legal protection under the Public Interest Disclosure Act 1998 (PIDA) (for those in England, Wales and Scotland) and the Public Interest Disclosure (Northern Ireland) Order 1998 for certain persons speaking up about certain matters. This law aims to protect whistleblowers from negative treatment or unfair dismissal.

47. In order to qualify for protection, the speaking up must be a 'protected disclosure'. Section 43B of the Employment Rights Act 1996 states that a protected disclosure is:

*"any disclosure of information which, in the reasonable belief of the worker making the disclosure, is made in the public interest and, tends to show **one or more** of the following:*

- *that a criminal offence has been committed, is being committed or is likely to be committed;*
- *that a person has failed, is failing or is likely to fail to comply with any legal obligation to which he is subject;*
- *that a miscarriage of justice has occurred, is occurring or is likely to occur;*
- *that the health and safety of any individual has been, is being or is likely to be endangered;*
- *that the environment has been, is being or is likely to be damaged; or*
- *that information tending to show any matter falling within any one of the preceding paragraphs has been, is being or is likely to be deliberately concealed."*

48. There are some minor differences under the Public Interest Disclosure Order (Northern Ireland) 1998 which require the person speaking up to reasonably believe that the allegations they make are 'substantially true' and to believe that they are speaking up to the appropriate 'prescribed person' (see section C2 for more information on prescribed persons).

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<sup>6</sup> Covered under the Employment Rights Act 1996.

49. The protected disclosure must also be made by a 'worker'. In this context, 'worker' includes (but is not limited to):
- employees and contractors, including agency workers and locums (including self-employed locums)<sup>6</sup>;
  - someone who works as a person providing general ophthalmic services in accordance with arrangements made by a:
    - i. Health Authority under section 29, 35, 38 or 41 of the National Health Service Act 1977, or
    - ii. Health Board under section 19, 25, 26 or 27 of the National Health Service (Scotland) Act 1978;
  - is or was provided with work experience provided pursuant to a training course or programme or with training for employment (or with both) otherwise than—
    - i. under a contract of employment, or
    - ii. by an educational establishment on a course run by that establishment.
50. The majority of our registrants will fall under one of the above categories of 'worker', and most patient/public safety risks encountered in the course of optical practice will fall within the definition of a 'protected disclosure'. If you are not sure, seek independent advice on your status and eligibility for protection.

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<sup>6</sup> Covered under the Employment Rights Act 1996.

51. Protection under PIDA applies even if you are wrong or mistaken about your concerns, provided you have raised them with the reasonable belief that it was in the public interest.
52. It should be noted that your contract of employment or similar cannot legally prevent you from making a protected disclosure, even if its terms appear to do so – section 43J(1) of the Employment Rights Act 1996 renders contractual terms void insofar as they purport to preclude the making of a protected disclosure. If you find yourself in this situation, you should seek independent advice from an employment lawyer.
53. We expect our business registrants to be aware of public interest disclosure legislation and to comply with it. We have the power to take action against them if they do not.

## **E. Speaking up to the GOC**

54. You can speak up to the GOC about any concerns that you have. We will either investigate, or if we do not have the power to investigate ourselves, we will direct you to the appropriate authority that can do so.
  55. We follow similar processes when looking into speaking up concerns as we do when investigating fitness to practise complaints. Whilst the processes may vary slightly depending on the circumstances of the individual case, you can expect that it will broadly look like the process set out in our [\*How to make a complaint\*](#) leaflet available on our website.
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56. If you need to speak up to the GOC, or you think you may need to but are unsure, you should contact the GOC's designated Speaking Up contact on [speakingup@optical.org](mailto:speakingup@optical.org) and 020 7307 3466. They cannot provide you with legal advice, but are able to listen, advise you on the GOC's remit and talk you through how your concerns would be acted upon if you raised them. Your initial discussion with them would be confidential and there would be no obligation to speak up at that point.
57. You may be able to speak up to us anonymously, but in most cases, remaining anonymous will limit our ability to take action in response to your concerns. Anonymity may also affect your ability to be legally protected from discrimination as a result of raising your concerns (see section D of this guidance). Our Speaking Up contact can talk to you about why we might not be able to take action if you remain anonymous.

## **F. After speaking up**

58. If you have spoken up to your employer, check the organisational policy on what should happen next. They may be in a position to let you know directly when they've put matters right. In other circumstances (for example, if there are confidential matters involved relating to another individual) they may not be able to keep you updated. If your employer does not attempt to put matters right, or they attempt to but patient/public safety is or may still be at risk, you should speak up to a prescribed person/organisation as set out above in section C2.
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59. In many circumstances, concerns raised can be resolved at a local level and positives can be gained from reflecting on what happened and how to avoid a similar incident happening again. This is an important part of the duty of candour and is set out in detail in our [candour guidance](#).
60. Your employer must not discriminate against you for speaking up honestly and following proper process to do so. If you are concerned that this is happening to you, seek advice from your professional body or representative organisation or independent legal advice.

## **G. Sources of further advice**

61. Your professional or representative body, trade union or speaking up guardian (such as in your local optical committee or employer if appropriate) may also have specific advice on how to practically speak up about concerns. If you have any doubts or concerns about your decision, you may wish to contact them for support. These include:
- Association of British Dispensing Opticians (ABDO) (which has a helpline for legal advice for its members): [www.abdo.org.uk](http://www.abdo.org.uk)
  - Association for Independent Optometrists and Dispensing Opticians (AIO): [www.aiovision.org](http://www.aiovision.org)
  - Association of Optometrists (AOP) (which provides legal advice to its members): [www.aop.org.uk](http://www.aop.org.uk)
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- The College of Optometrists:  
[www.college-optometrists.org](http://www.college-optometrists.org)
- Federation of (Ophthalmic and Dispensing) Opticians (FODO): [www.fodo.com](http://www.fodo.com)
- Local Optical Committee Support Unit (LOCSU):  
[www.locsu.co.uk](http://www.locsu.co.uk)
- Ophthalmic Trade Union (a branch of Prospect): [members.prospect.org.uk/our-industries/branch/j761?ts=1](http://members.prospect.org.uk/our-industries/branch/j761?ts=1)

62. Protect (formerly Public Concern at Work) is the independent UK charity dedicated to providing advice on speaking up and whistleblowing: [www.protect-advice.org.uk](http://www.protect-advice.org.uk)

63. The 'Speak Up' helpline is a free, confidential and independent service for those working within an NHS or social care context in England: [speakup.direct](http://speakup.direct)

64. The National Guardian's Office in England works to make sure speaking up becomes part of business as usual within the NHS, and makes recommendations for good policy and practice in this area: [www.nationalguardian.org.uk](http://www.nationalguardian.org.uk)

65. The National Guardian's Office and Health Education England have developed e-learning modules on speaking up: [www.e-lfh.org.uk/programmes/freedom-to-speak-up](http://www.e-lfh.org.uk/programmes/freedom-to-speak-up)

66. The Department of Health in Northern Ireland provides guidance on raising concerns at work in the public interest (or 'whistleblowing'): [www.health-ni.gov.uk/sites/default/files/publications/health/hsc-whistleblowing.PDF](http://www.health-ni.gov.uk/sites/default/files/publications/health/hsc-whistleblowing.PDF)
67. The NHS in Scotland provides guidance on raising concerns and whistleblowing: [workforce.nhs.scot/policies/whistleblowing-policy](http://workforce.nhs.scot/policies/whistleblowing-policy)
68. Healthcare Inspectorate Wales gives guidance to healthcare workers on raising a concern: [hiw.org.uk/whistleblowing](http://hiw.org.uk/whistleblowing)
69. The Health and Safety Executive's goal is to prevent workplace death, injury or ill health: [www.hse.gov.uk](http://www.hse.gov.uk)

# Part 2: Guidance for businesses<sup>7</sup>

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70. Having a proper process for acting upon concerns raised by those speaking up, taking them seriously and making staff aware of how to speak up (and escalate) if they need to is explicitly set out in the [\*Standards for Optical Businesses\*](#) (standards 1.1.3-1.1.6). Businesses also have a duty to foster a culture of candour in which staff can be open and honest with patients when things go wrong (standard 2.1). An essential part of this involves making the business an environment where poor practice and/or safety issues can be identified, reported and dealt with appropriately, and staff are as confident as possible in speaking up.
71. As part of creating an appropriate business environment, you should recognise that there are certain groups of individuals (particularly those with protected characteristics) who are likely to face barriers in speaking up (see part 1, section A of this guidance). It is important, therefore, that the business is aware of these potential barriers and fosters a culture where everyone is comfortable to speak up.
72. The National Guardian’s Office in England has worked with Health Education England to create e-learning modules<sup>8</sup> including a module for managers entitled ‘Listen Up’ – this is for line managers and middle managers, and is focussed on listening and the barriers that can get in the way of speaking up. They will be launching a module for senior leaders later in 2021.

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<sup>7</sup> This guidance is intended to apply to all optical businesses, not just those who are eligible for registration with us.

<sup>8</sup> [www.e-lfh.org.uk/programmes/freedom-to-speak-up](http://www.e-lfh.org.uk/programmes/freedom-to-speak-up) (last accessed 8 October 2021)

73. You must not discriminate against your staff for speaking up honestly and following proper process to do so and should ensure that you read part 1 of the guidance, particularly in relation to protected disclosures and the law around protecting whistleblowers from negative treatment or unfair dismissal.

## **A. Your policies and processes**

74. Many businesses will already have appropriate policies, which may use different terminology but is essentially about speaking up, and it may be useful to look at the five-step model of a good speaking up process<sup>9</sup> when developing or reviewing them. This model highlights that, as well as having an appropriate and clear process for speaking up and acting on concerns, it is important to break down barriers to speaking up, normalise the process of speaking up, be receptive to feedback, and reflect on concerns raised to prevent reoccurrence (where possible).

75. Providing multiple channels or opportunities for staff to provide feedback or speak up can lead to improvement, build trust, make it less intimidating for staff to speak up and therefore improve your ability to put safety issues right at an early stage. Avoiding potentially expensive and distressing outcomes by spotting and dealing with problems promptly makes good business sense.

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<sup>9</sup> Set out by Sir Robert Francis QC in his 'Freedom to Speak Up' report, in response to the Mid Staffordshire NHS Trust inquiry.

## B. Maintaining and promoting awareness

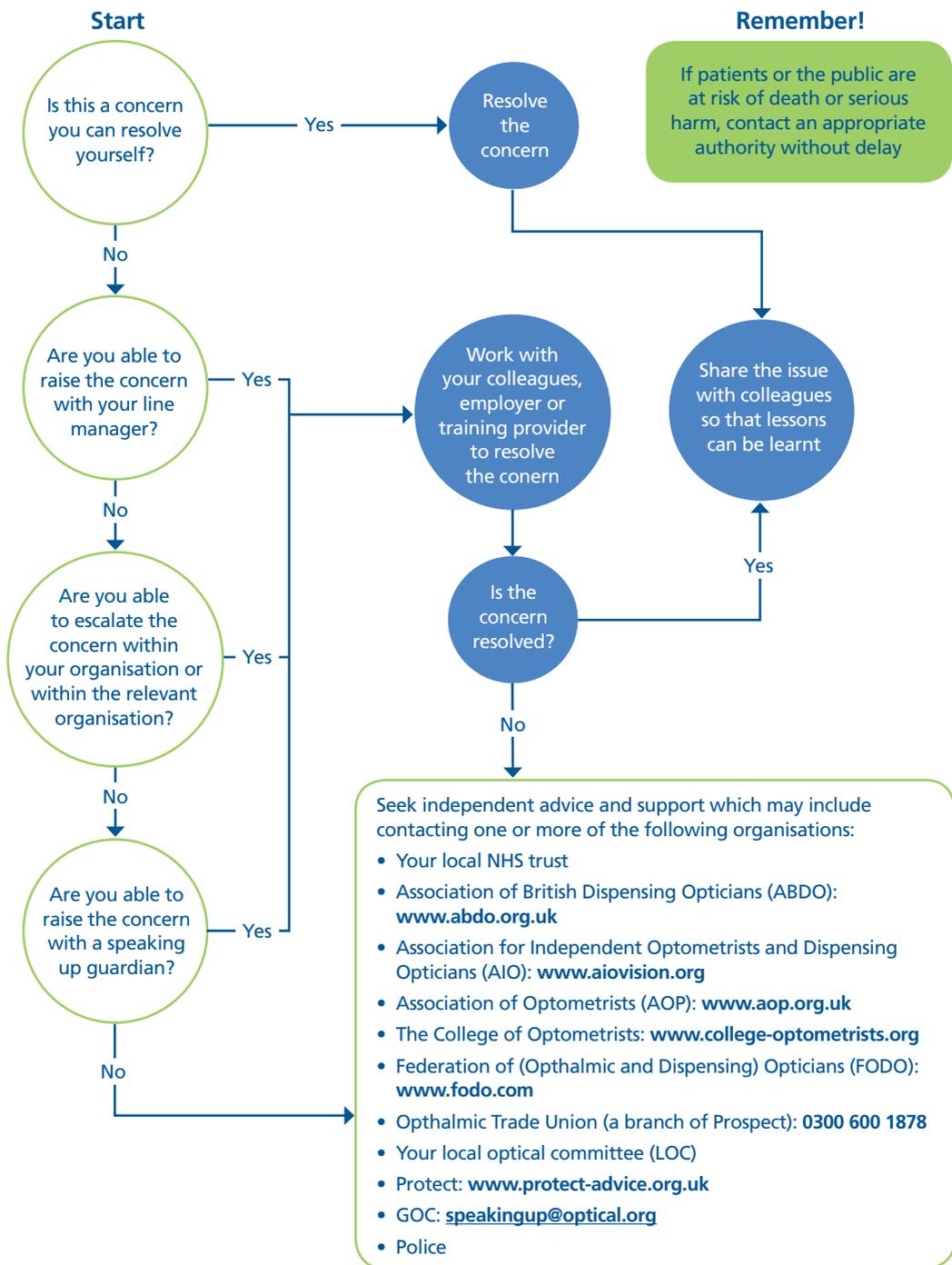
76. Everyone who works for you in any capacity should be provided with information on how to speak up, regardless of whether they are permanent, contracted staff or not. This could be provided at induction, made available on intranets or, in the case of locum staff, included as part of a briefing or welcome pack before their first shift with you. It may be useful to remind staff periodically of how to speak up, particularly if they have been working for you a long time without needing to do so.
  
  77. You should also consider how to equip management staff with the appropriate skills and support to be able to receive and act on concerns raised sensitively and appropriately. This may be by way of training, making them aware of their local speaking up guardian (if there is one) or by appointing a speaking up guardian for your business. Freedom to Speak Up Guardians in England are trained and supported by the National Guardian's Office and more information about what they do and how to appoint them is on the [National Guardian's Office website](#).
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## C. If someone speaks up about their concerns to you

78. If a worker (see definition under part 1, section D) speaks up to you, you have a responsibility to take their concerns seriously. This does not mean that all concerns will have a basis in fact or require extensive investigation, but you should make sure that you do not dismiss any concerns out of hand. You should also make sure you are able to identify patient/public safety issues as such, even if you are made aware of them informally or outside of a 'speaking up' process.
79. If, after consideration, the worker's concerns have a basis in fact and you are able to put matters right, you must do so. If they fall outside of your ability to put right, then you must escalate them to someone who can with immediate effect as per your responsibilities under the [\*Standards for Optical Businesses\*](#), noting that the most appropriate person/organisation to put matters right may be external to your organisation (see 'prescribed persons' at part 1, section C2).
80. If there are patient safety concerns that cannot be put right by you, or by another person/organisation, sufficiently quickly to avoid risk of patient/public harm, then you should be prepared to manage the risk by ceasing trading in the affected area (if appropriate) as per your responsibilities under the [\*Standards for Optical Businesses\*](#). An example of when it may be appropriate to do this is if a branch premises are in disrepair and need to be closed for repairs to be undertaken safely.
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81. The same principles apply to you as to your staff when speaking up, and if a referral to the GOC is warranted as a result of concerns raised, then you should not hesitate to make such a referral. You can contact the GOC's Speaking Up contact on [speakingup@optical.org](mailto:speakingup@optical.org) and 020 7307 3466.
  82. If it is appropriate to do so, consider keeping the worker updated as to your intended actions, though in some circumstances (such as if the actions relate to confidential employment matters) you may not be able to. Managing workers' expectations in relation to updates is useful to maintain trust and confidence in your organisational processes.
  83. On occasion, a worker's concerns may relate to a personal grievance or other dispute rather than concerns about patient/public safety or propriety, such as when they observe something that appears seriously wrong or not in accordance with accepted standards. In such circumstances, it is appropriate to explain this to the worker and consider the concerns under the appropriate organisational policy (for example, a grievance policy).
  84. You should ensure that a worker who has spoken up, or is considering speaking up, is not victimised or discriminated against as a result. As well as being unlawful, this would amount to a breach of GOC standards that we would take very seriously.
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# Annex: Flowchart summarising speaking up process





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