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| RAISING CONCERNS  AT WORK POLICY |
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| **RAISING CONCERNS AT WORK POLICY** | |
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# CONTENTS

|  |  |  |
| --- | --- | --- |
|  | **Sections** | **Page No.** |
| 1 | Introduction | 5 |
| 2 | Statement of Scope / Purpose / Intent | 5 |
| 3 | Definitions | 5 |
| 4 | Relationship to Other Trust Processes | 6 |
| 5 | Trust Commitment to Protect Staff Raising Concerns | 7 |
| 6 | Roles and Responsibilities | 7 |
| 7 | Types of Concern that can be Raised | 8 |
| 8 | Malicious Allegations | 9 |
| 9 | Legal Protection | 9 |
| 10 | Confidentiality and Anonymity | 10 |
| 11 | Ways to Raise a Concern | 11 |
| 12 | Advice, Support and Representation | 11 |
| 13 | Investigation and Feedback | 12 |
| 14 | Learning from Concerns | 12 |
| 15 | Freedom to Speak Up Guardian / National Guardian | 13 |
| 16 | Recording / Monitoring | 13 |
| 17 | Development, Consultation and Review | 13 |
| 18 | Procedure for Raising Concerns | 14 |
| 19 | Procedure for Dealing with Concerns | 14 |
| 20 | References | 17 |
|  | **Appendices** |  |
| 1 | Raising Concerns Form | 18 |
| 2 | Contact Details for Advice and Reporting Concerns | 20 |

# INTRODUCTION

1.1 We celebrate the fact that people speak up, and are committed to creating an open, transparent and safe working culture where workers feel able to speak up. This is vital because it will help us to keep improving our services for our patients and the working environment for our staff. This policy reassures staff that it is safe and acceptable to raise concerns about safety, malpractice and wrongdoing if they have a reasonable belief that it is occurring, has occurred, or is likely to occur.

1.2 We pledge to “encourage and support all staff in raising concerns at the earliest reasonable opportunity about safety, malpractice or wrongdoing at work, responding to and, where necessary, investigating the concerns raised”, as per the NHS Constitution.

# 2. STATEMENT OF SCOPE / PURPOSE / INTENT

2.1 This policy applies to all employees, workers, secondees, trainees, students, contractors, volunteers and external bodies working within the Trust. This includes full-time, part-time, bank, self-employed, agency or former staff, all of whom are referred to as “staff” for the purposes of this policy. This policy applies equally to staff who are not currently at work (e.g. career break / suspension / parental leave / sickness) Staff may also raise concerns under this policy that relate to contractors, external bodies or third parties.

2.2 This policy intends to:

* increase staff awareness of how to raise a concern relating to the Trust in a constructive way
* provide an internal mechanism for reporting, investigating and remedying any wrongdoing in the workplace

# 3. DEFINITIONS

3.1 External resources do not use a consistent definition for many terms such as “raising a concern”, “whistleblowing”, “malpractice” or wrongdoing”.

3.2 Examples of “malpractice” and “wrongdoing” include but are not limited to:

* Health and safety breaches
* Issues regarding the safety of patients, visitors or staff
* Breaches of codes of professional conduct
* Repeated or ongoing failure to meet minimum standards of care
* Physical, emotional or verbal abuse
* Abuse in care, either by act or omission (e.g. neglect)
* Criminal offences
* Fraud, bribery or corruption
* Falsification of data (e.g. patient records, reports)
* Wasteful, extravagant or inappropriate use of public / Trust funds
* Damage to the environment
* Significant breaches of rules on gifts and hospitality
* Miscarriages of justice
* A culture where bullying and harassment is accepted (as opposed to an individual instance)
* Covering up any of the above

3.3 When a person suspects that one (or more) of the above activities has occurred, is occurring or are likely to occur, under this policy:

* “Raising a concern” will refer to any concerns reported within the organisation
* “Disclosure” or “whistleblowing” will refer to concerns reported outside of the organisation.
  1. For a definition of concerns or disclosures that are legally protected, see Section 9.

# 4. RELATIONSHIP TO OTHER TRUST PROCESSES

4.1 This policy is for staff who wish to raise a concern about safety, malpractice or wrongdoing.

4.2 If you wish to raise concerns about your personal position at work, but it does not affect patient safety or involve a suspicion of malpractice or wrongdoing, may wish to follow the Grievance Procedure.

4.3 If you would like to report bullying, harassment or victimisation, but do not feel it is having an impact on safety or patient care, you may wish to look at the Bullying and Harassment Policy.

4.4 If you have a concern about a person being at risk of abuse, harm, ill treatment, discrimination, or violation of dignity, and it is not related to the standards of care or conduct of staff, you may wish to look at the Safeguarding Adults / Safeguarding Children Policies.

4.5 If you feel you have been treated differently due to your ethnicity, gender, age, disability, sexual orientation, religious belief, marital status, or pregnancy, you may wish to look at the Equality, Diversity and Inclusion Policy. If you are concerned that somebody else may be treated differently for one of these reasons, guidance can be sought from this policy.

4.6 If members of the public wish to raise concerns about standards of patient care, they should be signposted to the Complaints Procedure or to PALS.

4.7 To report individual incidents that will not have an ongoing impact on patient safety or standards of care, staff should complete an incident report.

4.8 A concern about financial misconduct or Fraud, Bribery and Corruption can also be raised with our Local Anti Fraud Specialist, the NHS Fraud and Corruption Reporting Line, or the Director of Finance (contact details in appendix 2). You may also wish to look at the Trust’s Fraud, Bribery and Corruption Policy.

(For further sources of advice, please see Sections 11 and 12.)

# 5. TRUST COMMITMENT TO PROTECT STAFF RAISING CONCERNS

5.1 You may feel worried about raising a concern. In accordance with our duty of candour, our senior leaders and the entire board are committed to open dialogue and communication, and an open and honest culture. We embrace the raising of concerns as an important source of information to help us make better decisions and control risk.

5.2 If in doubt, please raise the concern anyway. We will not ask you to prove your concern, and will investigate all concerns appropriately, professionally, thoroughly, consistently and fairly. You will not be exposed to disciplinary action if you have a genuine concern that turns out to be untrue.

5.3 If you raise a genuine concern under this policy, you will not be at risk of losing your job or suffering any form of reprisal as a result.

5.4 We will not tolerate the harassment or victimisation of anyone raising a concern. Any instances of this will be taken seriously and managed appropriately. Nor will we tolerate any attempt to bully you into not raising your concern. Any such behaviour is a breach of our values as an organisation, and if upheld following investigation, could result in action taken using the Trust’s Disciplinary Policy. This protection also applies for genuine concerns that turn out to be untrue.

# 6. ROLES AND RESPONSIBILITIES

6.1 **Trust Board of Directors**

* Overall accountability to ensure concerns raised are dealt with appropriately according to the Trust policy as part of the Trust’s quality, safety and governance agenda.
* Naming a Non-Executive Director who has oversight of all formal staff concerns in partnership with the Freedom to Speak Up Guardian.
* Support staff in raising concerns and ensure staff feel free to speak up.

6.2 **Director of Human Resources / Workforce**

* Ensure the policy is widely available, publicised, easily accessible and regularly reviewed Provide briefings as appropriate at respective Divisional Team Meetings
* Ensure appropriate administration, recording, monitoring, analysis and reporting on concerns raised.
* Ensure training, advice or support is available for managers at all levels who may receive or deal with a concern
* Ensure procedures to challenge the victimisation of people raising concerns are fit for purpose.

6.3 **All Managers**

* Use visible leadershipand lead by example to demonstrate an open, supportive culture where staff feel welcomed and empowered to raise concerns
* Understand the need for the policy and how it works
* Be aware of structures and processes to co-ordinate, investigate and record concerns
* Understand the differences between concerns and grievance / other employment relations and workplace issues
* Make staff aware of this policy and procedure
* Respect and document all requests for confidentiality / anonymity (unless compelled to disclose identity e.g. police officer or court of law)
* Inform Human Resources Department of all concerns raised providing an copy of the raising concerns form (anonymised as appropriate) and the response
* Take all concerns seriously and at face value, and ensure they are properly investigated
* Provide feedback to the person raising the concern, following a reasonable and agreed timescale
* Provide advice, support and reassurance to staff raising concerns as required, including access to mentoring and counselling
* Take all reasonable steps to protect an employee who raises a concern from bullying, harassment, isolation or victimisation

6.4 **All Employees**

* Act in the public interest
* Understand their right and duty to raise concerns at the earliest opportunity according to this policy, professional codes of practice and the NHS Constitution
* Participate in any investigation and provide accurate and complete information (in some cases the person raising the concern may feel unable to do so and this will be taken into account)
* Understand it is a disciplinary offence, and a possible breach of professional codes, to:

- conceal or destroy information about malpractice

- deter anyone from raising a concern

- bully, harass, isolate or otherwise victimise anyone using this policy, or to allow this to occur

* Employees have an additional responsibility to promote the interest of patients who are unable or unwilling to represent their own interests, particularly those who have special needs or are particularly vulnerable to injury, exploitation or other forms of harm

6.5 **Freedom to Speak Up Guardian**

* Promotion of all aspects of raising and dealing with concerns
* Provide independent, confidential advice to all staff on all aspects of raising and dealing with concerns at work
* Provide assurance to the Board / senior management via regular reports, summarising concerns which have been raised, identifying trends, and making recommendations for improvement
* Conduct surveys to ascertain the satisfaction of those who have raised concerns
* Highlight any training needs to senior management as appropriate

6.6 **Local Anti Fraud Specialist (LAFS)**

* Notify the Human Resources Department of all concerns raised directly with the LAFS which originate under this policy

# 7. TYPES OF CONCERN THAT CAN BE RAISED

7.1 Anybody can raise a concern about risk, malpractice or wrongdoing that you think is harming the service we deliver. This can include but is not restricted to:

* Unsafe patient care
* Unsafe working conditions
* Inadequate induction or training for staff
* Lack of, or poor, response to a reported patient safety incident
* Suspicions of fraud (which can also be reported to our local anti-fraud team
* A bullying culture across a team or organisation

(See section 3.2 for further examples)

7.2 You do not need to provide evidence or wait for proof. We would like you to raise the matter while it is a concern. It doesn’t matter if you turn out to be mistaken as long as you are genuinely troubled.

7.3 If you have concerns about someone who works for another employer, you may wish to approach the person directly on an informal basis. If this is not possible, you should report the concern to your own manager and they may raise your concerns with the manager of the person about whom you have concerns.

# 8. MALICIOUS ALLEGATIONS

8.1 All genuine concerns will be protected as per Section 5. As long as you have a reasonable belief that your concern may be true, you will not be expected to prove that you have acted in good faith. This is because the facts need to be investigated independently of the motive behind raising a concern.

8.2 If staff maliciously raise a concern that they know to be untrue, this will be considered as misconduct / gross misconduct and dealt with under the Trust’s Disciplinary Policy.

# 9. LEGAL PROTECTION

9.1 The Public Interest Disclosure Act 1998 (PIDA) allows you to make a “protected disclosure” without suffering detriment by any act or deliberate failure to act by an employer. It also provides the right for you to take a case to an employment tribunal if you have suffered detriment because you have “blown the whistle”. To be covered by PIDA, you must be acting in the public interest, and reasonably believe that any disclosure shows past, present or likely future wrongdoing in one or more of the following categories:

* Criminal offences (e.g. fraud)
* Failure to comply with a legal obligation
* Miscarriages of justice
* Endangering someone’s health and safety
* Damage to the environment
* Covering up wrongdoing in any of the above

9.2 PIDA applies to all workers including those on temporary contracts, agency staff and paid trainees / apprentices. It does not cover volunteers or Governors (who are not employees), and does not usually cover students. Recently the legal coverage has been extended to nursing and midwifery students, and work is being done to ensure the protection covers all students.

9.3 PIDA does not normally protect against discrimination in recruitment on the basis that an applicant has raised concern in a previous organisation in the past. However, NHS applicants are protected. This Trust is committed to ensuring that our decision to recruit any applicant will not be influenced by the knowledge that they have raised a concern in the past.

9.4 Personal grievances and complaints are not covered by PIDA. Further advice on this can sought from the [Advisory, Conciliation and Arbitration Service (ACAS)](http://www.acas.org.uk/index.aspx?articleid=1364).

9.5 Settlement agreements (or ‘gagging clauses’) do not prevent workers from making disclosures in the public interest. As part of our commitment to resolving concerns in an open and transparent way, the Trust will not use settlement agreements as a way of dealing with concerns raised. Situations where settlement agreements have been applied and a concern has been raised must be reviewed by the Chief Executive.

9.6 Making an anonymous disclosure can make it more difficult to get legal protection. This is because there will be no documentary evidence linking you to the disclosure.

9.7 People who feel they have been unfairly treated may decide to take their case to an employment tribunal. The process would involve attempted resolution through [ACAS](http://www.acas.org.uk/index.aspx?articleid=1364).

# 10. CONFIDENTIALITY AND ANONYMITY

10.1 We hope you will feel comfortable raising your concern openly, but we will protect your right to raise it confidentially. This means the person you report the concern to will know who you are, but nobody else will be given your identity.

10.2 You can raise your concern anonymously, but this can make it harder for us to provide feedback, or ask you for more information to help us investigate the concern. If you would like to remain anonymous, you can ask for your feedback to be received via a nominated individual that you trust, such as a Trade Union representative or our Freedom to Speak Up Guardian.

10.3 We will take all reasonable steps to fulfil any requests to maintain your confidentiality. This includes cases where an investigation based on your concern leads to another staff member being involved in a disciplinary process. If we cannot find a way to resolve the concern without revealing your identity, we will discuss with you how you would like to proceed.

10.4 There may be examples where we will be legally required to disclose your identity (for example, by the police). In these cases we will discuss with you how you would like to proceed.

10.5 Despite all our efforts, some colleagues may still speculate over who has raised a concern. However, we will not tolerate the harassment or victimisation of anyone raising a concern (see Section 5.4). Please tell us if you feel this may be happening.

10.6 If you have told other people about your concern outside of this process, we cannot guarantee that those people will maintain your confidentiality.

10.7 Even when raising a concern in a patient’s best interests, you must make sure you respect the patient’s right to confidentiality and follow Data Protection legislation and the Trust’s Data Protection Policy, as failure to do this can lead to disciplinary action. If you are not sure how to proceed, please seek further advice.

# 11. WAYS TO RAISE A CONCERN

11.1 In many circumstances the easiest way to get your concern resolved will be to raise it formally or informally with your line manager (or lead clinician or tutor), or via an incident report (if related to a specific incident). If you do not feel comfortable doing this, or if it doesn’t resolve the situation, you can contact any of the following for advice by phone, in writing or email:

* Freedom to Speak Up Guardian
* Risk Management Team
* Executive Director with responsibility for raising concerns
* Chief Executive
* Non-Executive Director with responsibility for raising concerns
* Staff Governor
* Trade Union Representative
* Relevant person within the Trust (e.g. Named Nurse for Safeguarding Children / Adults)
* Local Anti Fraud Specialist
* NHS Fraud and Corruption Reporting Line
* Chief Executive Drop-in Sessions
* Feedback through “Raising Concerns” Microsite
* Answerphone in Risk Management and Customer Services Department

(See Appendix 2 for contact details.)

All these people have been trained in dealing with concerns and will give you information about where you can go for more support.

Please be ready to explain as fully as you can the information and circumstances that gave rise to your concern.

11.2 If for any reason you do not feel comfortable raising your concern internally, you can make a disclosure to external bodies (See Section 18.5).

# 12. ADVICE, SUPPORT AND REPRESENTATION

12.1 **Internal Advice and Support**

There are many available sources of confidential support for staff and managers. They are available for all aspects and stages of raising and dealing with a concern. Sources include but are not limited to:

* Line manager
* Human Resources
* Trade Union Representative
* Freedom to Speak Up Guardian
* Occupational Health
* Named Nurse for Safeguarding Children / Safeguarding Adults
* Local Anti Fraud Specialist

(See Appendix 2 for contact details.)

12.2 **External / Independent Advice and Support**

Sources of external advice and support include but are not limited to:

* Professional organisations / professional bodies
* Statutory bodies (e.g. Nursing and Midwifery Council / Health and Care Professions Council)
* Whistleblowing Helpline
* Public Concern at Work
* Local Authority Designated Officer (LADO) (for advice and guidance on raising concerns about a person who works with young people)

(See Appendix 2 for contact details.)

# 13. INVESTIGATION AND FEEDBACK

13.1 Where you have been unable to resolve the matter quickly (usually within a few days) with your line manager, we will carry out a proportionate investigation- using someone suitably independent (usually from a different part of the organisation) and properly trained – and we will reach a conclusion within a reasonable timescale (which we will notify you of). Wherever possible we will carry out a single investigation that looks at your concern and the wider circumstances of the incident. (Serious incidents may be investigated in accordance with the [Serious Incident Framework](https://www.england.nhs.uk/patientsafety/wp-content/uploads/sites/32/2015/04/serious-incidnt-framwrk-upd2.pdf).) The investigation will be objective and evidence-based, and will produce a report that focuses on identifying and rectifying any issues, and learning lessons to prevent problems recurring.

13.2 If we feel some or all of your concern would be better looked at under other processes, such as those dealing with Grievances or Bullying and Harassment, we will discuss that with you.

13.3 We will thank you for raising your concern and treat you with respect at all times. Where possible, we will share the full investigation report with you (while respecting the confidentiality of others).

# 14. LEARNING FROM CONCERNS

14.1 The focus of the investigation will be on improving the service we provide for patients. Where it identifies improvements can be made, we will track them to ensure necessary changes are made, and are working effectively. We will critically reflect on feedback and lessons will be shared with teams across the organisation, or more widely, as appropriate. We will encourage a culture which openly accepts and learns from mistakes.

14.2 The Board will be given anonymous high level information about all concerns raised by our staff through this policy and what we are doing to address any problems. We will include similar information in our annual report.

# 15. FREEDOM TO SPEAK UP GUARDIAN / NATIONAL GUARDIAN

15.1 Your Freedom to Speak Up Guardian has been given special responsibility and training in dealing with concerns. You can approach them for independent and confidential advice on any aspect of raising a concern. The Freedom to Speak Up Guardian has direct access to the Chief Executive and the Trust Board.

15.2 The Freedom To Speak Up Guardian will:

* Treat your concern confidentially unless otherwise agreed
* Help you decide whether your concern should be addressed using other / additional policies or processes
* Ensure you receive timely support to progress your concern
* Escalate as appropriate any indications that you are being subjected to detriment for raising your concerns
* Ensure you have access to personal support since raising a concern can be stressful
* Ensure a concern raised through them has followed the proper processes and that you have been given feedback

15.3 The [National Guardian](https://www.cqc.org.uk/content/national-guardians-office) can independently review how staff have been treated having raised concerns where NHS Trusts and Foundation Trusts may have failed to follow good practice, working with other external bodies to take action where needed.

# 16. RECORDING / MONITORING

16.1 All concerns raised through this policy will be recorded on a database by Human Resources and reported to the Senior Independent Director and by exception to the Board on a quarterly basis. An annual report will be presented to the Board of Directors.

# 17. DEVELOPMENT, CONSULTATION and REVIEW

17.1 This policy adopts the standards of the National Raising Concerns policy (produced by NHS Improvement and NHS England as a response to the [Freedom to Speak Up Review](http://freedomtospeakup.org.uk/)). It has been developed in the spirit of the NHS constitution and the Public Interest Disclosure Act 1998 (PIDA) and has been combined with local best practice and guidance from external regulators and local organisations (see references).

17.2 This policy has been fully negotiated in partnership with Human Resources, Staff Side representatives and the Freedom to Speak Up Guardian, and formally approved by the Executive Management Team.

17.3 We will review the effectiveness of this policy and local processes within 2 years, or sooner in the light of further national guidance or legislation, with the outcome published and changes made as appropriate.

# 18. PROCEDURE FOR RAISING CONCERNS

18.1 **Informal: Line manager**

18.1.1 If you have a concern about a risk, malpractice or wrongdoing at work, we hope you will feel able to raise it informally with your line manager, lead clinician, Clinical Director or tutor (for students). This may be done face to face, by telephone, email or by letter. Many issues can be investigated and resolved informally, as the Trust is committed to ensuring the organisation is as risk-free as possible for staff and patients. In addition, the strongest form of legal protection applies to those who first raise a concern internally.

18.1.2 If you would like to keep the concern informal but do not feel comfortable approaching your line manager, or if the concern relates to the direct line manager, you can also contact the level of management above that person.

18.2 **Formal: Line manager**

18.2.1 If you do not feel the issue has been resolved, or you do not feel comfortable approaching your line manager informally, you may wish to move on to the formal elements of the policy.

18.2.2 You are encouraged to use the Raising Concerns Form (Appendix 1) but this is not a requirement.

18.2.3 Following a formal investigation, your line manager will give a decision which will include a proposed resolution, ideally within 21 calendar days.

18.3 **Executive Director**

18.3.1 If the above channels have been followed and you still have concerns, or if you feel that the matter is so serious that you cannot discuss it with your line manager, please contact:

* Nursing or related matters: Director of Workforce and OD
* Medical matters: Medical Director
* Any other matters: Director of Workforce and OD

(Contact details in Appendix 2)

18.3.2 You can raise the concern with another Director or a nominated Non-Executive Director if you feel more comfortable doing so.

18.3.2 The Director will arrange to meet with you if you wish to do so.

18.3.3 If the Director chooses to undertake a formal investigation, they will discuss this with you.

18.3.4 The Director will give a decision which will include a proposed resolution, ideally within 21 calendar days.

18.4 **Chief Executive**

18.4.1 If you still feel that your concern has not been dealt with effectively, you can refer the matter in writing to the Chief Executive who will aim to respond within 21 calendar days.

18.4.2 If your concern relates to a member of the senior executive team of the Chief Executive, you can write to the Chairman of the Board, who will aim to respond within 21 calendar days.

18.5 **External Regulatory Disclosure**

18.5.1 If you feel that your concern has not been dealt with effectively, or you feel the situation is so serious that you cannot raise it within the organisation, you can raise the concern outside the organisation with:

* [NHS Improvement](https://improvement.nhs.uk/contact-us/) for concerns about:
* how NHS Trusts and Foundation Trusts are being run
* other providers with an NHS provider licence
* NHS procurement, choice and competition
* The national tariff
* [Care Quality Commission](http://www.cqc.org.uk/) for quality and safety concerns
* [NHS England](https://www.england.nhs.uk/patientsafety/wp-content/uploads/sites/32/2015/04/serious-incidnt-framwrk-upd2.pdf) for concerns about:
* primary medical (general practice), dental or ophthalmic services
* local pharmaceutical services
* [Health Education England](https://hee.nhs.uk/) for education and training in the NHS
* [NHS Protect](http://www.nhsbsa.nhs.uk/Protect.aspx) for concerns about fraud and corruption

18.5.2 There is a defined list of ‘prescribed persons’, who you can make a protected disclosure to. Many of these prescribed persons have their own policies on dealing with disclosures. These are generally accessible on their websites. However, you must reasonably believe your disclosure is relevant to that prescribed person to be legally covered by PIDA.

18.5.3 If you believe a criminal act has taken place or the law has been broken, you may choose to contact the police. The full protections of this policy will still apply but you may still wish to seek advice, as it may impact on whether your anonymity or confidentiality will be protected.

18.5.4 If you choose to make an external disclosure, we recommend notifying the Chief Executive beforehand as a courtesy. The full protections of this policy will apply whether you choose to do this or not.

18.6 **Wider External Disclosure**

18.6.1 Going to the media or MPs should always be the last resort. If you choose to go to the media, you will lose your legal rights except in exceptional circumstances. This is because you must:

* reasonably believe the information / allegations are true
* not be acting for personal gain
* demonstrate your choice to make the disclosure is reasonable
* have already raised the concern with the employer, or if not, reasonably believe your employer would have subjected you to “detriment” or attempted to conceal or destroy evidence

18.6.2 If you make a wider external disclosure without following the internal processes first, and your concern does not meet the above conditions, your employment may not be legally protected.

18.6.3 To help you consider whether you meet these criteria, you are strongly advised to seek independent advice from the [Whistleblowing Helpline](http://wbhelpline.org.uk/wp-content/uploads/2014/04/Raising-Concerns-at-Work.pdf), [Public Concern at Work](http://www.pcaw.org.uk/) , [ACAS](http://www.acas.org.uk/index.aspx?articleid=1364), your trade union, or a legal representative.

18.6.3 If you choose to make a wider external disclosure, as long as you feel able, we recommend notifying the Chief Executive beforehand as a courtesy. The full protections of this policy will apply whether you choose to do this or not.

# 19. PROCEDURE FOR DEALING WITH CONCERNS

19.1 **All concerns (informal and formal)**

The manager dealing with any concerns raised (whether formal or informal), will:

* Take steps to remove any immediate risk
* Assess the concern and decide whether an informal or formal investigation is needed
* Agree a reasonable timescale with you and keep you fully informed (ideally 21 calendar days)
* Advise you whether the concern falls under the scope other policies instead of (or in addition to) this one
* Invite you to be involved in discussing how the concern might best be resolved
* Inform you of your entitlement to workplace representation by a colleague or Trade Union representative at any stage of the process
* Respect any requests for confidentiality / anonymity, including situations where your evidence is used as part of a disciplinary investigation or hearing
* Handle the matter professionally, thoroughly, consistently and fairly
* Only discuss the concern raised with the individual(s) that the concern has been raised about if appropriate i.e. if it will not compromise the investigation, especially a criminal investigation
* Give you feedback on the outcome (in writing if requested), maintaining the duty of confidentiality to others involved as required
* Discuss further with you if you are unhappy with any part of the outcome or recommendations

19.2 **Formal investigations**

19.2.1 For concerns leading to formal investigations, the manager will:

* Nominate a suitably independent investigating officer to lead the investigation
* Tell the person raising the concern (if known) who is handling the matter and provide full contact details
* Agree with the investigating officer what time, sources of advice, resources and support will be needed
* Carry out any recommendations made by the investigation officer following completion of the investigation.

19.2.2 In addition to following all the principles of 19.1 the investigating officer will:

* Provide a comprehensive report with recommendations to the commissioning manager in line with agreed timescales

19.2.3 If the manager receiving the concern considers themselves suitably independent enough to nominate themselves as the investigating officer:

* This must be agreed with the person raising the concern
* They should consider seeking advice from Human Resources before beginning the investigation

# 20. REFERENCES

* Department for Business Innovation and Skills: [Whistleblowing: Guidance for Employers and Code of Practice](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/415175/bis-15-200-whistleblowing-guidance-for-employers-and-code-of-practice.pdf). March 2015
* NHS Improvement / NHS England: [Freedom to Speak Up: raising concerns (whistleblowing) policy for the NHS](https://improvement.nhs.uk/uploads/documents/whistleblowing_policy_final.pdf). April 2016
* Public Interest Disclosure Act: <http://www.legislation.gov.uk/ukpga/1998/23/contents>
* Whistleblowing Helpline: [Raising Concerns at Work](http://wbhelpline.org.uk/wp-content/uploads/2014/04/Raising-Concerns-at-Work.pdf). April 2014

**21. MONITORING**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Process for monitoring e.g. audit** | **Responsible individual/ group/ committee** | **Frequency of monitoring** | **Responsible individual/ group/ committee for review of results** | **Responsible individual/ group/ committee for development of action plan** | **Responsible individual/ group/ committee for monitoring of action plan** |
| Annual report to be presented to Board of Directors | Deputy Director of Workforce & OD | Annually | BOD | Deputy Director of Workforce & OD | P Gordon |

**APPENDIX 1: RAISING CONCERNS FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Raising Concerns at Work Form** | | | | |
| Date this form was completed: | | | |  |
| Details related to your concern *(all fields are optional)* | | | | |
| Background | |  | | |
| Key dates | |  | | |
| Key events | |  | | |
| Names and job titles of people associated with the concern (if known) | |  | | |
| Place(s) associated with the concern | |  | | |
| Reasons why you are concerned | |  | | |
| Suggestions as to how this concern can be resolved | |  | | |
| What could happen if the concern was not resolved | |  | | |
| ***Please complete page 2 (optional)*** | | | | |
| Contact Details and Confidentiality | | | | |
| Name: |  | | | |
| Job title: |  | | | |
| Department: |  | | | |
| Address: |  | | | |
| Telephone: |  | | | |
| Email: |  | | | |
| Would you like your identity to be kept confidential? *(tick as appropriate)* **YES**  **NO** | | | | |
| *Please tick as appropriate:*  These are my contact details  These are the contact details of an individual who has agreed to be contacted for  information / feedback on my behalf (I would like to remain anonymous)  *If you leave the contact details blank, your concern will still be raised anonymously. However, we will be unable to contact you for further information or provide any feedback.* | | | | |
| Previous times you have raised the concern (if appropriate) | | | | |
| *Stage* | | *Date* | *Who you raised it with* | |
| Informal | |  |  | |
| Formal: stage 1 | |  |  | |
| Formal: stage 2 | |  |  | |
| Please explain the outcomes of the previous times you have raised the concern, and why you feel your concern has not been resolved | | | | |
|  | | | | |
| ***Please complete page 3 (optional)*** | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Equality Monitoring (optional)** | | | | | | | |
|  | | | | | | | |
|  | **What is your age?** *(tick one)* | |  | **What is your current sex?** *(tick one)* | | |  |
| 0-18 years |  | Male |  |  |
| 19-24 years |  | Female |  |
| 25-34 years |  | Intersex |  |
| 35-44 years |  | Other |  |
| 45-54 years |  | Prefer not to say |  |
| 55-64 years |  | **Which of the following options best describes**  **your sexual orientation?** *(tick one)* | | |
| 65+ years |  |
| Prefer not to say |  | Bisexual |  |  |
| **What is your ethnicity?** *(tick one)* | | Gay man |  |
| White |  | Gay woman or lesbian |  |
| Mixed or multiple ethnic groups |  | Heterosexual or straight |  |
| Asian or Asian British |  | Other |  |
| Black, African, Caribbean or Black British |  | Prefer not to say |  |
| Other ethnic group |  | **Do you have a disability, long-term illness**  **or health condition?** *(tick one)* | | |
| Prefer not to say |  |
| **What is your religion?** *(tick one)* | | Yes |  |  |
| No religion |  | No |  |
| Christian |  | Prefer not to say |  |
| Buddhist |  | **Are you married or in a civil partnership**? *(tick one)* | | |
| Hindu |  | Yes |  |  |
| Jewish |  | No |  |
| Muslim |  | Prefer not to say |  |
| Sikh |  | **If applicable, are you pregnant, on maternity leave or returning from maternity leave?** *(tick one)* | | |
| Other |  |
| Prefer not to say |  | Yes |  |  |
| *Adapted from General Medical Council:*  *Collecting data on equality and diversity: examples of diversity monitoring questions (www.gmc-uk.org)* | | No |  |
| Prefer not to say |  |
|  | | | | | | | |

# APPENDIX 2: CONTACT DETAILS FOR ADVICE AND REPORTING CONCERNS

|  |  |
| --- | --- |
| **CONTACTS** | **DETAILS** |
| Internal |  |
| Freedom to Speak Up Guardian | Phil Gordon  [Philip.gordon@stockport.nhs.uk](mailto:Philip.gordon@stockport.nhs.uk) 07979 770 747 |
| Risk management team | Main tel: 0161 419 5469  Head of Risk and Customer Services: Cathie Marsland [cathie.marsland@stockport.nhs.uk](mailto:cathie.marsland@stockport.nhs.uk) |
| Executive directors | **Medical Director**  Colin Wasson  0161 419 4797 [colin.wasson@stockport.nhs.uk](mailto:colin.wasson@stockport.nhs.uk)  **Director of Nursing and Midwifery**  Judith Morris  0161 419 5004 [judith.morris@stockport.nhs.uk](mailto:judith.morris@stockport.nhs.uk)  **Director of Workforce and Organisational Development**  Jayne Shaw  0161 419 5417 [jayne.shaw@stockport.nhs.uk](mailto:jayne.shaw@stockport.nhs.uk)  **Director of Finance**  Feroz Patel  0161 419 5631 [feroz.patel@stockport.nhs.uk](mailto:feroz.patel@stockport.nhs.uk) |
| Chief Executive | Ann Barnes  0161 419 5000 [ann.barnes@stockport.nhs.uk](mailto:ann.barnes@stockport.nhs.uk) |
| Staff Governor |  |
| Trade union representative | “Trade Unions and Staff Side” Microsite  Alternatively, contact your local union |
| Safeguarding Children | 0161 419 2136/2087/2095  Named nurse: Christine Stelfox 0161 426 9622  “Safeguarding Children” Microsite |
| Safeguarding Adults | Main tel: 0161 419 4890 (fax 0161 419 5230)  Named nurse: Wendy Stewart  On site cover on bleep 1090 |
| Local Anti Fraud Specialist | Telephone:0161 206 1909  Mobile: 07721 237353  Email:[Neil.McQueen@miaa.nhs.uk](mailto:Neil.McQueen@miaa.nhs.uk) |
| NHS Fraud and Corruption Reporting Line | 0800 028 40 60 <https://www.reportnhsfraud.nhs.uk> |
| Chief Executive Drop-in Sessions | To book at place, call 0161 419 4451 or email [katy.royle@stockport.nhs.uk](mailto:katy.royle@stockport.nhs.uk) |
| “Raising Concerns at Work” Microsite | Log in to the Trust Intranet and search under “Raising Concerns at Work” |
| Answerphone in Risk Management and Customer Services Department | 0161 419 5678 (messages will be forwarded to the appropriate Director / Associate Director for Investigation) |
| External |  |
| Whistleblowing Helpline | 08000 724 725 <http://wbhelpline.org.uk>  (Free, independent and confidential advice) |
| Public Concern at Work | 020 7404 6609 <http://www.pcaw.org.uk>  (Independent and confidential advice) |
| List of prescribed people and bodies (for external disclosure) | Department for Business, Energy and Industrial Strategy <https://www.gov.uk/government/publications/blowing-the-whistle-list-of-prescribed-people-and-bodies--2/whistleblowing-list-of-prescribed-people-and-bodies> |
| Local Authority Designated Officer (LADO) |  |

|  |
| --- |
| **If you would like this policy in a different format, for example, in large print, or on audiotape, or for people with learning disabilities, please contact:**  Patient and Customer Services, Poplar Suite, Stepping Hill Hospital. Tel: 0161 419 5678. Email: [PCS@stockport.nhs.uk](mailto:PCS@stockport.nhs.uk). |

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**Office Use Only**

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| --- | --- |
| Submission Date: | *March 2017* |
| Approved By: | *SC* |
| Full EIA needed: | No |



**Equality Impact Assessment – Policies, SOP’s and Services not undergoing re-design**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **Name of the Policy/SOP/Service** | Freedom to Speak Up Guardian / Review of Raising Concerns at Work Policy | |
| **2** | **Department/Business Group** | Corporate | |
| **3** | **Details of the Person responsible for the EIA** | **Name:**  **Job Title:**  **Contact Details:** | Phil Gordon  Freedom to Speak Up Guardian  07979 770 747 |
| **4** | **What are the main aims and objectives of the Policy/SOP/Service?** | * Source of independent, confidential advice and signposting for all staff members who may wish to raise a concern at work. * To improve the processes and culture around raising and dealing with concerns for staff throughout the organisation | |

**For the following question, please use the EIA Guidance document for reference:**

|  |  |  |  |
| --- | --- | --- | --- |
| **5** | **A) IMPACT**  **Is the policy/SOP/Service likely to have a differential impact on any of the protected characteristics? If so, is this impact likely to be positive or negative?**  **Consider:**   * Does the policy/SOP apply to all or does it exclude individuals with a particular protected characteristic e.g. females, older people etc? * What does existing evidence show? E.g. consultation from different groups, demographic data, questionnaires, equality monitoring data, analysis of complaints. Are individuals from one particular group accessing the policy /SOP /Service more/less than expected? | **B) MITIGATION**  **Can any potential negative impact be justified? If not, how will you mitigate any negative impacts?**   * Think about reasonable adjustment and/or positive action * Consider how you would measure and monitor the impact going forward e.g. equality monitoring data, analysis of complaints. * Assign a responsible lead. * Designate a timescale to monitor the impacts. * Re-visit after the designated time period to check for improvement.   **Lead** | |
| **Age** | Concerns are most likely to be raised by staff that have been qualified for less than two years, with may have a secondary effect of affecting a younger age group. Students raising concerns have different legal protection and a different set of options for raising concerns.  Anecdotal reports from Public Concern at Work indicate most contact is made by doctors and nurses (indicating a person of an age where they have undertaken many years of training).  The 2016 staff survey shows wide variation in the reporting of incidents depending on age (81%of 16-30 year olds compared to 96% of 41-50 year olds) | Equality monitoring |  |
| **Carers / People with caring responsibilities** |  |  |  |
| **Disability** | By offering multiple avenues of contact, it is possible that more communication options are available for those with a disability.  FTSU Guardian is mobile and travels cross-site: potential to make it easier to physically meet.  Face to face contact may be a preferred method e.g. if impairment makes it difficult for employee to raise a concern via other methods.  The 2016 Staff Survey results showed that 14% of disabled staff reported discrimination from other staff in the last 12 months, compared to 7% of white staff.  However we do not have hard data to relate protected characteristics to the likelihood of raising a concern at work. | Equality monitoring |  |
| **Race / Ethnicity** | Potential language barrier as advice only provided in English but most roles require staff to be proficient in English language.  The 2016 Staff Survey results showed that 25% of BME staff reported harassment, bullying or abuse from other staff in the last 12 months, compared to 20% of white staff. (Discrimination: 27% vs 6%)  However we do not have hard data to relate protected characteristics to the likelihood of raising a concern at work. | Commitment to offer advice and information in other languages on request.  Equality monitoring |  |
| **Gender** | According to our 2016 Staff Survey, men are more likely to experience discrimination at work (12% of men vs 7% of women).  However we do not have hard data to relate protected characteristics to the likelihood of raising a concern at work. |  |  |
| **Gender Reassignment** |  |  |  |
| **Marriage & Civil Partnership** |  |  |  |
| **Pregnancy & Maternity** | Access only limited by not being on site. | Commitment by line mangers to keep in touch with staff on maternity leave to inform them of the new policy and the Freedom to Speak Up Guardian role and contact details. |  |
| **Religion & Belief** |  |  |  |
| **Sexual Orientation** |  |  |  |
| **General Comments across all equality strands** | No data currently available on the protected characteristics of staff that raise concerns using the Raising Concerns at Work Policy. | Equality Monitoring to be added to Raising Concerns at Work form in appendix of relevant policy. Freedom to Speak Up Guardian to complete Equality Monitoring of contacts. Any surveys exploring the cultural or procedural aspects of raising concerns will include equality monitoring. |  |

|  |  |
| --- | --- |
| **EIA Sign-Off** | **Your completed EIA should be sent to Sue Clark , Equality and Diversity Manager for approval and publication:**  [Susan.clark@stockport.nhs.uk](mailto:Susan.clark@stockport.nhs.uk)  **0161 419 4784** |