

RAISING CONCERNS (WHISTLEBLOWING) POLICY

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CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

DOCUMENT APPROVAL PROFORMA

Policy Title: Raising Concerns (Whistleblowing) Policy			
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Name of Author: Catherine Fisher, Trust Librarian.			
Name of Sponsor: Kathleen Griffin, Director of Human Resources and OD			
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Equality Impact Assessment: If this policy has a potential discriminatory impact please record below the person who has informed and involved the sponsor: Name: Kathleen Griffin Title: Director of Human Resources NB: It is the sponsor's responsibility to submit the policy through the CHS approval route.			
Checklist for the review and approval of the policy			
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	Format including duties,	Yes	
	Content; intended outcomes clearly described	Yes	
	Evidence base; key references included and cited in full	Yes	
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Ratification Process

Committee which forms the approval process: Policy Committee

Date of ratification: August 2017

Chair of Committee: Mike Davison, Non-Executive Director

1. INTRODUCTION

- 1.1 City Hospitals Sunderland NHS Foundation Trust (referred to as “the Trust”), is committed to its vision - ***“Excellence in health, putting people first”***.
- 1.2 The Trust acknowledges that there are times when employees wish to raise genuine concerns in the public interest and that fear of being disbelieved, branded a ‘troublemaker’ or of suffering discrimination for doing so, can be powerful reasons why employees are reluctant to speak out. Employees may wish to raise a concern that can be easily resolved, but in doing so employees may feel that speaking out is disloyal to colleagues or that it is none of their business
- 1.3 The NHS Staff Council has agreed a contractual right and duty for employees to raise genuine concerns that they consider to be in the public interest with their employer. The NHS Constitution states that employees have a responsibility *“to raise any genuine concern you may have about a risk, malpractice or wrongdoing at work (such as a risk to patient safety, fraud or breaches of patient confidentiality), which may affect patients, the public, other staff or the organisation itself, at the earliest reasonable opportunity”*
- 1.4 In addition the Francis Report introduced the concept of a “Duty of Candour”, meaning that employees and organisations should be open and honest about their practices particularly when mistakes are made. Subsequent to this Francis issued a further review “Freedom to Speak Up” providing further advice and guidance to NHS organisations in support of the open and honest agenda.
- 1.5 Employees who act in the reasonable belief that it is in the public interest to disclose their concerns, even if they are ultimately found to be mistaken, are afforded protection by the Public Interest Disclosure Act 1998(PIDA 1998) and the Enterprise and Regulatory Reform Act 2013 (ERRA 2013). This legislation protects people who speak out using their organisation’s Whistleblowing Policy to make a “protected disclosure”. (see 4.5 below) In order for a disclosure to be protected it must be made to the right person in the right way. This policy outlines ways in which disclosures can be made in order that the legal protections apply.

This protection does not apply if employees raise concerns in other ways e.g. via social media or the press. Employees should be guided by the Trust Confidentiality Code of Conduct with regard to disclosing information, a copy of which can be found on the Trust Intranet

- 1.6 Important changes to previous legislation have been made by the ERRA 2013, which do not reduce the protection afforded to those who ‘blow the whistle’ and are designed to promote a culture of openness. However the ERRA does make employees personally liable where they subject a colleague to any form of detriment, bullying or harassment as a result of them reporting a concern. In addition the legislation makes employers vicariously liable where employees are subjected to any form of detriment, bullying or harassment by colleagues; unless the employer can demonstrate that they have taken all reasonable steps to prevent the victimisation of employees who have raised a concern in the public interest.

- 1.7 This policy supports the promotion of an open non-discriminatory workplace in which employees can raise concerns without fear of victimisation. The Trust is committed to developing an open learning culture and investigations into incidents reported via this and/or incident/risk management policies allow the Trust to review events and identify what happened, how, and why. The findings are used to identify and implement changes, to reduce or eliminate the likelihood that a similar incident will happen again.
- 1.8 Whilst employees raising concerns should not be deterred because they do not wish colleagues to be investigated or disciplined, it is important that we recognise where fair blame is appropriate in order to put right any wrong.
- 1.9 There are several organisations that provide information and guidance to employers and employees in relation to raising concerns/whistleblowing and some of this has been incorporated into this policy.

2 PURPOSE AND SCOPE

- 2.1 The Trust has a range of policies designed to promote the safety and integrity of the organisation and its employees. This policy is not designed to replace the guidance contained in these policies in respect of the proper processes required to investigate or manage particular circumstances. Rather its purpose is to allow employees to raise concerns promptly and easily, allowing swift and thorough actions to be taken to mitigate harm and risk.
- 2.2 The purpose of this policy is:
 - To reinforce a positive and open organisational culture where employees feel comfortable to raise concerns about malpractice at work, patient safety or any other unacceptable way of working;
 - To help employees understand the difference between a grievance and a whistleblowing concern;
 - To remind employees of their duties with regard to raising concerns;
 - To outline how employees can raise a concern;
 - To ensure “fair blame” rather than a blame culture exists.
- 2.3 This policy applies to all employees working within the Trust, as well as contractors, volunteers, students, apprentices and employees from other organisations working on the Trust’s premises. Individuals do not have to have worked in the organisation for a specific length of time in order to raise concerns.
- 2.4 Employees should be aware that personal issues relating to them as individuals should be raised using the Trust’s Grievance Policy and Procedure and **not** this policy. Details of this can be found on the Trust Intranet.
- 2.5 The Trust’s Incident policy details how to report any event or circumstance which has caused or has the potential to cause harm, suffering or loss e.g.an injury, an unexpected clinical outcome or complication; someone failing to follow a procedure or a medication incident. Non clinical issues can also be reported using this policy e.g. equipment failure, damaged to trust property, security incidents, theft or abuse.

2.6 The Trust's Health and Safety policy details how to raise issues specific to the health and safety of employees, patients and visitors in relation to the "environment".

3 DUTIES

3.1 Board of Directors

The Board of Directors is responsible for ensuring that there is a robust system of governance within the organisation. This includes having a systematic process for raising concerns and having a non-executive director with lead responsibility for raising concerns (whistleblowing)

3.2 Chief Executive

Overall responsibility for the enforcement of this policy lies with the Chief Executive, who is ultimately responsible for ensuring effective governance within the Trust.

3.3 Director of Human Resources and Organisational Development and Freedom to Speak Up Guardian

Overall responsibility for the implementation and monitoring of this policy lies with the Director of Human Resources and Organisation Development who is also the Freedom To Speak Up Guardian (FTSUG). The FTSUG has a key role in helping to raise the profile of raising concerns in the organisation and provide confidential advice and support to staff in relation to concerns they have and/or the way their concern has been handled.

3.4 Managers

Managers are responsible for the proactive implementation of this policy within their business areas by ensuring all employees read and understand it, raising awareness of the policy at departmental induction and regularly thereafter at Team Brief. Managers have a duty

- To act promptly when they receive a concern;
- To ensure that any employee raising a concern in the public interest does not suffer any detriment as a result of their action;
- To seek appropriate advice when required;
- To apologise where appropriate
- To keep employees up to date with the progress of any investigation in circumstances where they are able to do so.

Managers should always be mindful of the impact raising a concern can have on an individual and advise them about the support services that are available.

3.5 Employees

It is the responsibility of all employees, including temporary workers, locums and employees seconded or contracted from other organisations, volunteers and students to adhere to this policy and to report any concerns to their line manager (or other senior manager if not appropriate). If you have a concern or even a suspicion that something is not right, you should raise it immediately or as soon as possible thereafter in order to give the Trust the opportunity to investigate.

All employees have a responsibility under the Trust's General Policy on Health and Safety to report issues e.g. accidents, incidents, abnormal occurrences and near misses via the Trust incident reporting system.

Employees are expected to raise genuine issues in the interest of staff and patients with a true belief that malpractice at work has occurred and not to maliciously make false allegations. If it is later discovered that malicious allegations have been made, then the matter will be dealt with through the Trust's Disciplinary Procedure.

3.6. Confidentiality and Data Handling

Some concerns reported under this policy may include information that is sensitive, confidential and/or patient related. There are nominated individuals within the Trust who have responsibility for ensuring that this type of information is handled correctly. Where investigations involve information that is in any way sensitive, advice may be sought from one or all of the following:-

- Caldicott Guardian
- Senior Information Risk Owner (SIRO)
- Director of Information Technology and Information Governance
- Data Protection Lead

3.7 Freedom to Speak Up Ambassadors

These specially trained staff have an important role in encouraging and supporting staff in raising concerns at the earliest reasonable opportunity and throughout the course of any investigation which follows. They promote the Trust Raising Concerns (Whistleblowing) Policy and support the freedom to speak up culture

4 DEFINITIONS

4.1 Whistleblowing - is a term most commonly used to describe the formal process of "making a disclosure in the public interest" as introduced by the Public Interest Disclosure Act 1998 and Section 17 of the Enterprise and Regulatory Reform Act 2013.

Whistleblowing concerns are distinct from grievances, which by contrast are about the employee's own employment position and have no additional public interest.

4.2 To whistleblow - is to raise a concern in the public interest about an event, situation or an illegal act, which affects others. This is called a "**qualifying disclosure**" and relates to any of the following:-

- a criminal offence;
- a failure to comply with a legal obligation;
 - a miscarriage of justice;
 - the endangering of an individual's health and safety;
 - damage to the environment;
- deliberate concealment of information relating to any of the above.

What is the difference between a grievance and a whistleblowing concern?

A whistleblowing concern is a concern raised in the public interest. Generally speaking, a whistleblowing concern is about a risk, malpractice or wrongdoing that affects others. It could be something that adversely affects patients, the public, other staff or the organisation itself. A grievance, on the other hand, is a personal complaint about an individual's own employment situation: e.g. an employee may feel aggrieved if they think a management decision has affected them unfairly or that they are not being treated properly. A whistleblowing concern is where an individual raises

information as a witness, whereas a grievance is where the individual is a complainant.

4.3 Concern - is used in this policy to describe circumstances where employees (individually or collectively) wish to raise an issue about the Trust's activities, which they consider to be in the public interest. It is not possible to define all the types of concerns employees may wish to raise however the table at Appendix 1 details some examples

4.4 Duty of Candour. This is defined as the volunteering of all relevant information to persons who have or may have been harmed by the provision of services, whether or not the information has been requested and whether or not a complaint or a report about that provision has been made.

4.5 Protected Disclosure. Any disclosure made based on facts/information and not opinion made in the public interest by an employee following the correct procedure. Whistleblower protection was brought into UK legislation in 1998 by the Public Interest Disclosure Act (PIDA). It created a right not to be subjected to any detriment by any act or any deliberate failure to act by an employer, carried out on the grounds that an employee or worker had made a protected disclosure. A disclosure qualifies for protection if it is made by a worker in the reasonable belief that it shows that:

- a criminal offence has been committed or is likely to be committed
- a person has failed to comply with any legal obligation to which it is subject
- a miscarriage of justice has occurred or is likely to occur
- the health and safety of any individual is likely to be endangered
- the environment has been or is likely to be damaged or
- information showing any of the above has been or is likely to be deliberately concealed.

An individual is protected from any detriment if they make a disclosure in good faith to their employer or to a person other than the employer who has legal responsibility for the matter in question. In some cases, the legislation specifies bodies that a disclosure can be made to – for example, the Audit Commission, the Charity Commission, the Financial Conduct Authority, the Care Quality Commission and a number of other regulators.

Provided that an employee or worker making a disclosure of information reasonably believes that the information disclosed and any allegation contained in it are true and, does not make the disclosure for the purposes of personal gain (for example by selling a story to a newspaper), the whistleblower will be protected.

4.6 Prescribed Person. This term applies to relevant regulators for example, the Care Quality Commission (CQC) or the Health and Safety Executive (HSE), who will act on whistleblowing concerns which individuals may feel unable to raise internally. A full list of prescribed persons can be found at

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/510962/BIS-16-79-blowing-the-whistle-to-a-prescribed-person.pdf

- 4.7 Incident** any act or omission which could have or did lead to unintended or unexpected harm, loss or damage - clinical, organisational and/or financial.
- 4.8 Malpractice** Improper or negligent treatment or unethical conduct by the holder of a professional or official position.
- 4.9 Fraud** acts of dishonesty, which are unlawful and are done with the intention to make personal gain. The Fraud Act 2006 applies to all acts of fraud. Fraud happens where a person dishonestly commits an act or fails to do something with the intention of causing gain or loss. The gain or loss does not have to succeed, as long as the intent is there.
- 4.10 Malicious** is the term used to describe circumstances where for example allegations are made which the originator knows to be without foundation and are made with ill intent

5 HOW TO RAISE A CONCERN

- 5.1 Appendix 2** provides a quick guide on how to raise a concern; this is also illustrated in **Appendix 3**. NHS Employers' top tips for reporting concerns are provided in **Appendix 4**
- 5.2** Everyone working in the Trust has a duty to ensure that the highest standards of care are in place at all times. The Trust will not tolerate the harassment or victimisation of anyone raising a genuine concern in the public interest. However, the Trust recognises that staff may nonetheless want to raise a concern in confidence under this policy. If you ask us to protect your identity by keeping your confidence, we will not disclose it without your consent. If the situation arises where we are not able to resolve the concern without revealing your identity (e.g. because your evidence is needed in Court), we will discuss with you whether and how we can proceed. Concerns can be raised verbally or in writing.
- 5.3** Remember that if you do not tell us who you are, it will be much more difficult for us to look into the matter or to protect your position or to give you feedback. Generally, we will consider anonymous complaints if there is enough information in the complaint to enable us to make further enquiries. If, however, an anonymous complaint does not provide enough information to enable us to take further action, we may decide not to pursue it further
If an anonymous complaint involves serious allegations, the Trust will refer it to a senior manager immediately for investigation.

If the Trust pursues an anonymous complaint further, the issues will be recorded as an anonymous complaint on the Raising Concerns Database. This will help ensure the completeness of the data the Trust records and allow it to take corrective action where appropriate. This is also illustrated in **Appendix 3** and NHS Employers Top Ten Tips for Raising Concerns are at **Appendix 4**.

- 5.4** A nominated person will investigate the issue and report back to the reporter within an agreed time frame. The matter may not be resolved within this time, however initial steps will have been taken to investigate the matter.

5.5 In some cases staff subject to disciplinary or other internal HR procedures may make a qualifying disclosure during the course of the investigation. A fact find may also reveal other issues requiring investigation. In these circumstances the team managing that investigation will pass the information to the Freedom to Speak Up Guardian for further action. Raising a concern in these circumstances should not stop or delay the original investigation unless it is appropriate to do so.

5.6 Whilst the Trust would prefer concerns to be raised internally, it is preferable for a concern to be raised with an appropriate external body than not at all. If a person decides to blow the whistle to a prescribed person rather than to the Trust, they must make sure that they have chosen the correct person or body for the issue. For example, if they are blowing the whistle on an issue in this Trust or the NHS they should contact the Care Quality Commission.

If an individual decides to refer their concern to an external body, it would be helpful if they inform the Chief Executive. However they are not required to do so.

The following organisations can provide help and guidance with raising concerns:

- The independent charity Public Concern at Work operates a helpline for NHS employees. 020 74046609 email helpline@pcaw.co.uk
- The Care Quality Commission <http://www.cqc.org.uk/>
- The Department for Health also provides a free helpline which is operated on their behalf by the Royal Mencap Society. 080000 724725.
- ACAS (Advisory, Conciliation and Arbitration Service) can also provide advice 08457 474747.
- Health Education North East 0191 2106400, www.hee.nhs.uk email hene@ne.hee.nhs.uk
- NHS Fraud and Corruption Reporting Line 0800 0284060.
- Health and Safety Executive 0845 345 0055.
- Environment Agency 08708 506506.

5.7 Keeping you informed

We will treat you with respect at all times and will thank you for raising your concerns. We will discuss your concerns with you to ensure we understand exactly what you are worried about. We will tell you how long we expect the investigation to take and keep you up to date with its progress. We will report back to you as soon as possible and with as much information as possible. However you should be aware that not all of the precise details may be shared with you in all instances, for example if this would breach a duty of confidence, Data Protection or Information Governance.

5.8 Following investigation

The Investigating Officer will brief the Freedom to Speak Up Guardian regarding the outcome of the investigation. A meeting will be arranged with the employee(s) who raised the concern to give feedback and/or to report on any action taken. (This will not include details of any disciplinary action, which will remain confidential to the individual(s) concerned). The feedback will normally be provided to staff within 10 working days of the Freedom to Speak Up Guardian being briefed.

5.9 Employee Support

Employees are welcome to contact the Trust's Employee Assistance Programme, provided by Carefirst, if they would like additional support. This a free and confidential service that offers all staff access to a 24/7 telephone help line and gives confidential support on a variety of issues ranging from debt to relationships. To access the service please see the Health and Wellbeing pages on the Trust intranet or you can obtain further information from their website at <http://www.carefirst-lifestyle.co.uk/>

5.10 Board oversight

The Board will be given high level information about all concerns raised by staff through this policy and what actions are being taken to address any problems. will Similar high level information will be included in our annual report.

5.11 How will we learn from your concern?

The focus of the investigation will be on improving the service we provide for patients. Where it identifies improvements that can be made, they will be tracked to ensure necessary changes are made, and are working effectively. Lessons will be shared with teams across the organisation, or more widely, as appropriate.

6 MONITORING COMPLIANCE

Area for monitoring	Method	Frequency	Responsibility	Monitoring Assurance Group	Lead for developing action plan	Group responsible for monitoring action plan
Employee awareness of policy and how to raise a concern	Annual NHS Staff Survey	Annual	Deputy Director of HR and OD	Executive Committee	Director of HR and OD	Corporate Governance Steering Group
Number and nature of concerns raised	Quarterly Workforce Report	Quarterly	Deputy Director of HR and OD	Executive Committee	Director of HR and OD	Board of Directors

7 DISSEMINATION, IMPLEMENTATION AND TRAINING

7.1 Dissemination

- E-mail to Senior Manager Forum, Matrons and Consultants
- Team Brief
- HR Policy and information on CHS Intranet
- HR briefings at Directorate meetings

7.2 Implementation

This policy will be implemented as soon as it is disseminated.

7.3 Training

New starters to the Trust will be given information about how to raise concerns and the provisions of this policy as part of their Induction.

Existing staff will receive advice and information regarding raising concerns from a number of sources, including:

- Publicity/promotion of Trust policies;
- Line manager (e.g. appraisal);
- Fraud awareness training;
- Other communication methods (e.g. team brief, team meetings).

8 CONSULTATION, APPROVAL, RATIFICATION AND REVIEW

Consultation for this policy has been overseen by the operational lead and included the involvement of relevant stakeholders as identified by the Policy Sponsor. The sponsor has involved the following groups within the Trust when drafting and reviewing this policy:

- Human Resources Strategy Group
- Joint Consultative Group
- Relevant stakeholders

Approval of the policy lies with Executive Committee and ratification of the policy lies with the Policy Committee. This policy will be reviewed after three years unless circumstances warrant an earlier review.

9 REFERENCES

- Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry Chaired by Robert Francis QC. February 2013 HC 947
- Freedom to Speak Up: An independent review into creating an open and honest reporting culture in the NHS. DH February 2015.
- Health and Social Care Act 2012
- NHS Terms and Conditions of Service Handbook. Part 3 Terms and Conditions Sec 21 Right to raise concerns in the public interest (Whistleblowing) , paragraph 21.1 2010

- NHS Employers (inc Draw the Line) www.nhsemployers.org.uk
- Speak Up For a Healthy NHS, Social Partnership Forum, 2010
- Public Concern at Work www.pcaw.org.uk
- NHS Constitution 2013
- Public Interest Disclosure Act 1998
- Enterprise and Regulatory Reform Act 2013
- “Raising and acting on concerns about patient safety” - General Medical Council, 2012.

10 ASSOCIATED TRUST DOCUMENTATION

- Capability Policy and Procedure
- Confidentiality and Data Protection Policy
- Counter Fraud and Corruption Policy
- Dignity at Work Policy
- Disciplinary Procedure
- Email Policy
- Grievance Policy and Procedure
- IM & T Security Policy
- Incident Policy
- Internet Policy
- Remediation Policy
- Safeguarding Adults Policy
- Safeguarding Children Policy
- Social Media Policy
- Standards of Business Conduct
- Standing Financial Instructions

Appendix 1

TYPE OF CONCERN	EXAMPLE
Clinical malpractice, including ill treatment of a patient/client.	This can include concerns about the provision of care to a patient(s)
Abuse of patients or employees (including harassment, bullying and violence).	This can include issues such as concerns about professional conduct towards patients/colleagues/carers
Dangers to health and safety, including disregard for legislation	For example, using equipment or devices in such a way that others are put at risk.
Failure to comply with any legal duty (including breach of contract, negligence or breach of administrative law).	Negligence is the breach of a legal duty of care owed to one person by another, which results in damage being caused to that person.
Breaches of confidentiality/information security	This can be disclosing a patient's medical details or staff information without their permission or to a third party who should not have the information.
Financial malpractice, including fraud/suspected fraud, bribery and corruption <i>* Please follow the Counter Fraud and Corruption Policy on the intranet which has further guidance on reporting suspected fraud</i>	<p>Fraud issues relate to dishonest behaviour with the intent to make a gain or cause a loss.</p> <p>Bribery issues include giving someone a financial or other advantage to do something that they wouldn't normally do (it is an offence to bribe another person or receive a bribe).</p> <p>Corruption issues relate to the offering or acceptance of inducements, gifts, favours, payment or benefit-in-kind which may influence the action of any person.</p>
Breach of standing financial instructions.	Requisitioning goods beyond authorised signatory limit.
A 'cover up' or attempt to 'cover up' any of the above	This can include preventing information being passed on to regulatory bodies or altering official documents. Failing to co-operate with an investigation

QUICK GUIDE - HOW TO RAISE A CONCERN

If you are worried or have a concern about something that is happening at work, please do not keep it to yourself. Unless you tell us about your concern – whether it is about patient care, health and safety, a breach of a professional code or other wrongdoing - then we may not find out about it until it is too late.

How to Raise a Concern

If you have a concern about a risk, malpractice or wrongdoing at work, we hope that you will feel able to raise it first with your line manager, lead clinician or tutor. This can be done verbally or in writing.

Please remember that you do not need to have firm evidence before raising a concern, but we do ask that you explain as fully as you can the information or circumstances that give rise to your concern to help us investigate.

Step 1

If you have a concern about a risk or wrongdoing, we hope you will feel able to raise it first with your line manager or the lead clinician – either verbally or in writing.

Step 2

If you feel unable to raise it with your line manager or lead clinician for whatever reason, please raise the matter with:-

- For any issue including the specific areas detailed below – the Freedom to Speak Up Guardian (The Director of HR and OD) or any of the Freedom to Speak Up Ambassadors (details on the intranet)
- For nursing, midwifery and AHP related matters – the Director of Nursing and Patient Experience
- For medical matters – the Medical Director
- For issues relating to suspected fraud – the Director of Finance

These people have been given special responsibility and training in dealing with whistleblowing concerns. They will

- Treat your concern confidentially unless otherwise agreed
- Ensure you receive timely support to progress your concern
- Escalate to the board any indications that you are being subjected to detriment for raising your concern
- Remind the organisation of the need to give you timely feedback on how your concern is being dealt with
- Ensure you have access to personal support since raising your concern may be stressful

Step 3

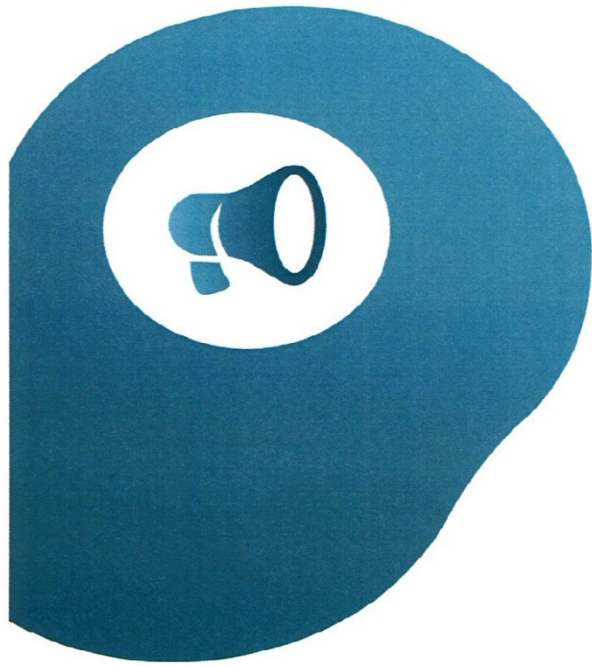
If these channels have been followed and you still have concerns, or feel that the matter is so serious that you cannot discuss it with any of the above please you can raise your concern formally with external bodies (see 4.6)

How to Raise a Concern

Appendix 3



TOP TIPS FOR REPORTING CONCERNS



TOP TIPS FOR REPORTING CONCERNS



Scan to view
our raising
concerns
pages



NHS Employers

TEN TOP TIPS FOR REPORTING CONCERNS

1 Follow internal procedures

Make sure you know how you are supposed to raise a concern within your organisation. This is often communicated on your organisation's intranet or staff notice boards.

2 Understand your rights and the support that is available

Seek advice about your rights to protection under the Public Interest Disclosure Act – this can be obtained through your organisation's HR or personnel department, or trade union representative.

3 Be specific

When submitting your concern, identify the particular professional code/guidance/policy or protocol you believe is being compromised. Be specific about the issues you are worried about and focus on the facts.

4 Be positive

Set out what you think should be done as well as highlighting the problem. Try to offer possible solutions to put things right wherever you can.

5 Express yourself in a professional manner

It's important that you set the right tone, no matter how upset or distressed you might feel. Writing this down may help you remain focused.

6 Wherever possible, raise the concern with the support of your colleagues

Do colleagues share your concerns? If so, raising your concerns collectively is likely to be more effective.

7 Confidentiality

Concerns may be raised anonymously but you need to be aware that this may restrict your manager or other nominated person's ability to substantiate your allegations and feedback on any actions undertaken.

8 Keep a paper trail

Keep a note of all relevant conversations and keep copies of any written communications you have sent and received.

9 Managing expectations

It is helpful to meet your manager or other nominated person to discuss what will happen next.

10 If you receive assurance of action in response, keep these on record

If you feel that your concern has not been dealt with in an appropriate way, or your concern has been ignored, place that on the record too – always approach this in a professional manner.

For further information and guidance, visit

www.nhsemployers.org/raisingconcerns

Staff in the NHS and social care can obtain free, independent advice from the national Whistleblowing Helpline on: **08000 724 725**.

