

Speaking up – How to Raise a Concern Policy (formerly known as Whistleblowing Policy)	Policy Register No: 04034 Status: Public
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Contributes to CQC Regulation	11, 13, 16

Consulted with	Post/Committee/Group	Date
Clive Edwards	HR Sub- policy Group	3 August 2015
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James Day	Trust Secretary	March 2015
Union Representatives	JCNC	26 August 2015
Karen Hunter	Board named Non-Executive Director for speaking up	June 2015
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1.0 Purpose

- 1.1 The purpose of the 'Speaking up – How to Raise a Concern Policy is to encourage and enable staff to raise clinical and other concerns within the Trust in a constructive and positive manner, rather than overlooking a problem or "blowing the whistle" outside of the organisation.
- 1.2 The purpose of this policy is to also provide a framework that reflects the recommendations arising out of the Francis 'Freedom to Speak Up' report published February 2015 that enables staff to feel able to raise concerns through a range of identified 'speaking up' leads and communication methods whilst also providing assurance that the Trust takes staff concerns seriously and will respond appropriately.
- 1.3 The purpose of this policy is to facilitate an open culture in the Trust that reflects the recommendations of the Francis 'Freedom to Speak Up' report and therefore reassures staff that concerns raised correctly under this policy will be listened to and acted on appropriately. Staff who raise concerns which they reasonably believe are in the public interest are protected from adverse treatment by the Trust or from suffering detriment, such as bullying or harassment, from another worker.
- 1.4 The Trust is committed to delivering safe, high quality services. In order to achieve the highest possible standards of service to patients, staff are encouraged to use this policy to report any malpractice, illegal acts, or omissions by people working at the Trust.

2.0 Background & Policy

- 2.1 The 'Freedom to Speak up' report follows the earlier Francis Report on the Mid Staffordshire NHS Foundation Trust Public Inquiry which clearly indicated that staff did not feel safe raising their concerns about the patient care that was being delivered. A key theme of the report was the requirement for openness, transparency and candour about matters of concern. As a consequence of the report, whistleblowing guidance for workers and employers in Health and Social Care, entitled 'Raising Concerns at Work', has been published nationally and endorsed by the Social Partnership Forum and the Social Care Institute for Excellence. This guidance has also been used as a basis to inform this policy (previously known as the Whistleblowing Policy).
- 2.2 The Trust will not tolerate any harassment or intimidation of members of staff who raise concerns under this policy, including informal pressure brought to bear upon them. The Trust will therefore take appropriate action to protect any member of staff who raises concerns which is in the public interest, and will take disciplinary action against any member of staff who attempts to intimidate or deter them.
- 2.3 The term that is often used when staff raise a concern at work is 'Whistleblowing'. Whistleblowing¹ is when a worker reports suspected wrongdoing at work. Officially this is called 'making a disclosure in the public interest'. A worker can report things that they are concerned about, i.e. financial irregularities or health and safety concerns, or if they feel anyone is neglecting their duties.
- 2.4 Whistleblowing should be used to report any such wrongdoing / concerns within the organisation (for example, financial irregularities, health and safety concerns), rather than to raise a personal grievance (for example, an allegation of bullying or harassment, or a complaint that a contract of employment has been breached).

2.5 Individuals may be worried about raising such issues for a variety of reasons. However, the Trust would rather the matter was raised when it is just a concern, rather than wait for proof. For example, a concern can be in relation to observing what is perceived as poor patient care or inappropriate behaviour towards a member of staff. The Trust believes by raising such concerns rather than wait for the gathering of evidence, it would be in the best interest of the public, patients, carers, staff and the organisation in the longer term and has put in place mechanisms to facilitate this practise, including the guidance given in this policy (paragraph 5.5 clarifies the process for commissioning a formal investigation).

3.0 Scope

3.1 This policy covers all employees, trainees, bank and agency staff, volunteers and other contractors working on site or on behalf of the Trust.

3.2 There is no minimum time that an employee has to work with the Trust before they can raise a concern.

4.0 Other policies and procedures

4.1 This Policy complements various professional or ethical rules guidelines and codes of conduct, e.g. The NMC *Code of Professional Conduct* and the GMS *Guidance on Contractual Arrangements in Health Care*, Data Protection Act and Freedom of Information Act.

4.2 The Trust has a range of policies and procedures, which deal with standards of behaviour at work. These policies cover Discipline, Grievance, Harassment and Bullying, and Recruitment and Selection. Employees are encouraged to use the provisions of those policies when appropriate.

4.3 Although any concerns may initially be raised under this policy, it might be more appropriate to deal with them under another policy or procedure, for example:

- investigations of fraud – under the Fraud and corruption Policy
- Incident Reporting policy

4.4 Where an employee has a grievance, this policy will not apply. Please refer to the Trust's Grievance policy.

5.0 Roles and Responsibilities

5.1 The Francis Freedom to Speak up report recommends the introduction of several roles to enable staff to raise concerns and to ensure there is a robust process in place to ensure concerns are properly investigated and acted upon. These roles are:

- Freedom to Speaking up Guardian
- Non-Executive Director named 'Speaking up' lead
- Executive Director named 'Speaking up' lead
- Department 'Speaking up' representative

5.2 The Trust has also introduced a new role to ensure concerns are recorded, and co-ordinated through one central point. This role is known as:

- The Designated Officer

5.3 The following paragraphs summarise the key responsibilities of these roles along with other relevant roles, starting with the responsibilities of an employee given their vital role in raising concerns.

5.4 Employees' Responsibilities

- 5.4.1 To report any incident where there is the potential for or actual harm caused to patients, the public or staff in accordance with the Incident Reporting Policy
- 5.4.2 To raise concerns internally that may relate to danger, risk, malpractice or wrongdoing in the workplace in an objective, factual way, and giving reasonable time for the Trust to have an opportunity to resolve the issue before raising the concern with an external body (see paragraph 5.5).
- 5.4.3 To provide information and supporting documentation to allow for appropriate investigation if applicable.
- 5.4.4 To raise genuine concerns. Any employee who on investigation is proven to have maliciously made claims will be subject to disciplinary action.
- 5.4.5 To be aware that as the person raising the concern, the employee is considered to be a witness and not a complainant. Any subsequent investigation will aim to identify the facts and enable an informed decision as to the appropriate action to be taken.

5.5 Designated Officer's Responsibilities

- 5.5.1 The Head of Governance will act as the 'Designated Officer' for the purposes of this policy, and will implement a system for recording all concerns formally raised.
- 5.5.2 If the concern requires investigation under this policy, the Designated Officer will, in line with recommendations in the Francis Report, appoint an Investigating Officer that meets the following criteria:
- Has appropriate expertise
 - Regarded as genuinely independent by the Designated Officer and trained to undertake investigations
 - Has sufficient time to undertake the investigation
- 5.5.3 To oversee the investigation process, undertaking regular reviews of the investigation to assess progress, and receive investigation reports, including a review of any recommendations that might arise out of the investigation.
- 5.5.4 To co-ordinate any recommendations arising out of an investigation and ensuring the appointed 'Speaking up' Executive lead has sight of all recommendations and subsequent implementation plans to ensure the Trust Board is kept fully informed as to the concerns being raised and the actions being taken to address them.
- 5.5.5 To keep the concern raiser informed (where appropriate) so they know their concern has been listened to and being addressed. Where appropriate, the Designated Office may also ask the Investigating Manager to feedback a summary outcome of the investigation to the concern raiser

5.5.6 To compile relevant information to be submitted in the Trust's Quality Account Report.

5.6 Managers' Responsibilities

5.6.1 To ensure staff are familiar with and know where to access this policy

5.6.2 To apply the Trust's values and behaviours in their management of the service and staff in order to facilitate a local just culture where staff feel able to raise concerns.

5.6.3 To be available to receive verbal and written concerns that meets the definition of Whistleblowing and pass to the Designated Officer for recording and appropriate action.

5.6.4 To ensure the policy is applied consistently in a way which does not discriminate.

5.7 Department 'Speaking up' representative

5.7.1 To be the named person to receive reports of concern within a specific service area.

5.7.2 To ensure confidentiality is maintained in relation to any concern raised which will also help instil a culture of trust where staff feel able to raise concerns in confidence.

5.7.3 To ensure the Designated Officer is informed of any concerns raised so appropriate action can be taken.

5.7.4 To ensure the individual who raised the concern is kept informed of the actions taken following their decision to speak up.

5.8 Named 'Speaking up' Executive Director to receive concerns - Director of Strategy and Corporate Services (Carin Charlton)

5.8.1 To be available to receive concerns and assure staff that they will listen and take their concern seriously.

5.8.2 To liaise with the Designated Officer to ensure concerns are dealt with appropriately and swiftly.

5.8.3 To lead on ensuring the Trust culture encourages and enables staff to raise concerns at all levels by inviting representation from each department to be a nominated person to receive concerns from colleagues and act as the Department 'Speaking up' representative.

5.8.4 To reinforce the concept of raising concerns as a safety and quality issue, including responsibility for policy and practice.

5.8.5 To monitor the application of the policy to ensure it is applied in a fair and consistent way by commissioning audits after 6 months and 12 months of implementation, to test its effectiveness and make recommendations for improvements. Audits may be undertaken by the Trust's internal auditors or an impartial appropriately qualified officer, e.g. named Speaking up Guardian.

5.8.6 To report to the Trust Board and JCNC on a quarterly basis that summarises the number and nature of concerns raised, and actions taken to ensure lessons are learnt and improved practices introduced.

5.9 Named 'Speaking up' Non-Executive Director – Chairman of the Patient Safety and Quality Committee - Karen Hunter

5.9.1 To be available to receive concerns and assure staff that they will listen and take their concern seriously

5.9.2 Liaise with the Designated Officer to ensure concerns raised are being dealt with appropriately and swiftly.

5.9.2 To regularly review all concerns that have been logged formally to ensure they are being dealt with appropriately.

5.9.3 Hold the Executive Lead to account to provide regular reports on concerns raised to the Board.

5.10 Speaking Up Trust Guardian

5.10.1 To act as an independent and impartial source of advice to staff, with access to anyone in the organisation, including the Chief Executive, or if necessary outside the organisation.

5.10.2 To ensure the primary focus is on the safety issue, that the case is handled appropriately, investigated promptly and issues addressed; and that there are no repercussions for the person who raised the concern.

5.10.3 To act as an 'honest broker' to verify that if there were pre-existing performance issues that was already being addressed, these should continue and cannot be portrayed as a consequence of speaking up.

5.10.4 To proactively network with the aim of sharing good practice and to identify common issues and themes.

5.11 Chief Executive on behalf of the Board

5.11.1 To apply the actions for local Boards as identified in the 'Freedom to Speak Up' report.

5.11.2 To appoint a 'Speaking up' Trust Guardian, named Non-Executive Director and Executive Director to receive concerns.

5.11.3 To ensure the Trust creates and maintains a culture of safety and learning that is free from bullying with policy and practise resting with the Executive board member who has responsibility for safety and quality.

5.11.4 To be accountable for ensuring that there is no victimisation of or retaliation against whistle-blowers

- 5.11.5 To put in place effective systems to enable the Board to keep track of what is happening with the Trust and to receive regular reports on the application of this policy and actions taken to address concerns raised by staff.
- 5.11.6 To ensure the Duty of Candour is being applied by those providing regulated duties on behalf of the Trust (see section 11.3 below).
- 5.11.7 Arrange for the Trust's published Quality Account to include quantitative and qualitative data about formally reported concerns.

5.12 Investigating Officers' responsibilities

- 5.12.1 To conduct a fair and objective investigation that meets the aims of the Terms of Reference for the investigation provided by the Designated Officer (or other relevant commissioning manager if appropriate).
- 5.12.2 The Investigating Officer once appointed, if necessary, will arrange to meet with the employee within 14 days where practicable to do so and depending on the nature of the concern and urgency, to discuss their concern, and agree a timetable for resolution.
- 5.12.3 The Investigating Officer will interview any witnesses, examine any documents as part of the investigation, and will write an investigation report which will be submitted to the Designated Officer. The Designated Officer may ask the Investigating Officer to provide a summary of the investigation to the employee who raised the concern. The employee may be accompanied to any such feedback meeting if they so wish.
- 5.12.4 To keep written records as appropriate and ensure confidentiality.

5.13 Human Resources Responsibilities

- 5.13.1 To ensure all staff are made aware of this Policy and how they can access it through a range of communications and training methods such as face to face sessions, pamphlet and training film, including the range of options for 'speak up' and raising concerns.
- 5.13.2 To advise managers and individuals and ensure they receive appropriate advice and guidance, including training and coaching as required.
- 5.13.3 To provide bespoke training for employees taking on the role of Designated 'departmental 'Speaking Up' representative.
- 5.13.4 To provide a 24/7 confidential 'Speaking up Hotline' service and dedicated email address ensuring the service is well publicised to staff as a safe option to raise concerns.
- 5.13.5 Alert the Designated Officer of any concern raised via HR that meets the definition of whistleblowing.
- 5.13.6 To ensure that assistance is provided to employees who have difficulty in preparing written statements.
- 5.13.7 Ensure that this policy and procedure complies with legislative requirements.

5.14 Trade union/staff side representative responsibilities

- 5.14.1 To provide advice and support to the member of staff throughout the process of raising a concern
- 5.14.2 To ensure that assistance is provided to employees who have difficulty in preparing written statements.
- 5.14.3 To follow up with the member to assess progress of concern raised

5.15 Risk Manager's Responsibilities

- 5.15.1 Ensure that incident reports that meet the definition of whistleblowing are identified as such and addressed in accordance with this policy.
- 5.15.2 Alert the Designated Officer of any concerns that meet the definition of Whistleblowing so that they can be actioned swiftly and appropriately.

5.16 Occupational Health Department

- 5.16.1 Provide support in the form of counselling and referral to other psychological support required to help reduce the risk of the stress and repercussions associated with raising a concern.

6.0 Safeguards and Confidentiality

- 6.1 All concerns raised under this policy will be treated in a confidential and sensitive manner. Members of staff can request that their identity is kept confidential, and every effort will be made to ensure this happens. However, there may be circumstances in which, because of the nature of the investigation, it will be necessary to disclose their identity e.g. this could occur in connection with associated disciplinary, legal or police investigations. Where this is the case, this will be fully discussed first with the member of staff and reminded to seek advice from their trade union if they are a member of a trade union.
- 6.2 Concerns raised anonymously can be more difficult to deal with and investigate appropriately as the investigating officer may have little or no confirmed evidence to substantiate the allegations, and cannot obtain further information from the member of staff or give them feedback. More action is likely or possible if concerns are not raised anonymously.
- 6.3 In accordance with the Enterprise and Regulatory Reform Act, colleagues who victimise or harass whistle blowers can be held personally liable for their actions, as well as vicarious liability on the part of the Trust. Any members of staff found to be victimising or harassing other members of staff who have raised a whistleblowing concern will be subject to disciplinary action.

6.4 This policy is designed to offer protection to staff who raise concerns, provided that they do so in the public interest and in the reasonable belief that danger, risk, malpractice or wrongdoing is involved. In order to protect other staff and the reputation of the Trust, any member of staff who uses this policy to make frivolous, malicious or vexatious accusations, or for personal gain, will be subject to disciplinary action.

7.0 How to Raise a Concern

7.1 The Trust is committed to applying the principles set out in the Francis 'Freedom to Speak up' report and has therefore, introduced a range of methods for staff to raise concerns. The chart given at Appendix 1 summarises the options available.

7.2 If staff have a concern about a risk, malpractice or wrongdoing at work, they should raise it with their line manager or lead clinician in the first instance. Staff do not need to have firm evidence before raising a concern where appropriate.

7.3 Concerns can be raised verbally initially, but the concern will be required in writing ideally within 7 calendar days of verbally raising the concern. A standard template that can be used for this purpose is provided at Appendix 2.

7.4 If staff feel unable to raise the matter with their line manager or lead clinician, for whatever reason, they should raise the matter with a senior manager, or if out of hours the On-call Manager, who can be contacted via the Trust switchboard. As above, the concern will still be required in writing within 7 calendar days of verbally raising the concern. Staff should also refer to the incident reporting policy in respect of complying with the requirements to report an incident using the Datix system.

7.5 If staff feel unable to speak directly with a manager, concerns can be made in confidence by contacting the Trust's 'Speak up Hotline' on (01245) 514519 and leave a message. The number is checked daily for messages. All messages are logged and responded to within 24 hours, Monday to Friday. There is also the option for staff to raise a concern via a dedicated email address which is speakup@meht.nhs.uk.

7.6 If these channels have been followed and staff still have concerns or feel the matter is so serious that they cannot discuss it with any of the above, staff can contact one of the designated 'Speaking up' leads (as listed below and described at section 5, or through the Trust switchboard:

- Department Speaking Up lead
- Named Executive Director
- Named Non-Executive Director
- Speaking Up Guardian

7.7 If staff remain unsure about whether and how to raise a concern, independent advice is available from the relevant Trade Union Representative/Professional Organisation or the independent Public Concern at Work organisation.

7.8 Any concerns raised will be referred to the Designated Officer to formally record the concern and commission an investigation.

- 7.9 A meeting will be arranged by the Designated Officer with the employee within 14 days where practicable to do so and depending on the nature of the concern and urgency to discuss the matter further. This will involve discussion of the concern raised and any proposed action to address the concern with the outcome being summarised in writing. Depending on the situation it may need to be investigated further and a proposed timetable for resolution would be agreed.
- 7.10 Whilst the purpose of the policy is to enable the Trust to investigate possible malpractice or wrongdoing and take appropriate steps to deal with it, the Trust is also committed to creating an open and transparent culture and will therefore give staff as much feedback as is appropriate at the time. Please note, however, that it may not be appropriate to share the precise action taken where this would infringe a duty of confidence owed to someone else.
- 7.11 Whilst the Trust endeavours to ensure that this policy provides the reassurance staff need to raise a concern internally, if having gone through this process, staff remain concerned and it is in the best interests of patients, the public and staff, it is important that an appropriate regulator is informed. A list of recognised regulators (known as 'Prescribed Persons' under the Public Interest Disclosure Act 1998 (PIDA - see section 11.1)) and contact details can be found at Appendix 3.
- 7.12 Disclosures to 'Prescribed Persons' will be protected where the concern meets the test for internal disclosures, and additionally where staff honestly and reasonably believe that the information and any allegation contained in it are substantially true.

8.0 Raising a concern via the media

- 8.1 A member of staff might also contemplate the possibility of disclosing his/her concern to the media. Any employee considering such a disclosure should bear in mind that this action may result in them losing 'whistleblowing' protection under the law, and could potentially compromise the investigation process into the concerns. Under PIDA, disclosures are only protected where there is a justifiable cause for going external and placing a wider disclosure, and the disclosure is reasonable.
- 8.2 It is strongly recommended that any employee who is contemplating making a disclosure to the media first seeks specialist guidance from professional or other representative bodies. Staff may wish to discuss matters further with colleagues and line managers as appropriate. Before taking any such action, the employee should:
- Seek advice from HR or their trade union representative
 - Consult the Trust's media handling policy
 - Inform the 'Speak Up' Executive lead (Director lead for Safety) or the Director of Communications and Patient Experience of their intention who will be able to advise on the implications for the employee and the Trust if they choose to report the concern to the media, ensuring they are fully informed in their decision making.

9.0 Support and Further Information

- 9.1 If considering raising a concern about the standard of care or any aspect of the Trust activities, members of staff are encouraged to seek help and advice from:
- Recognised Trade Union or professional body

- The Human Resources Manager for your department.
- Occupational health for advice on accessing counselling and psychotherapy services
- Public Concern at Work (recognised and respected whistleblowing charity):
- Website: www.pcaw.org.uk/
- Whistleblowing Advice Line: 020 7404 6609
- General enquiries: 020 3117 2520
- UK advice line (email): whistle@pcaw.org.uk
- NHS: Free whistleblowing helpline: 08000 724 725

9.2 If the concern is specifically about fraud or corruption, staff should contact:

- The Local Counter Fraud specialist on 07528 970251/ mark.kidd@bakertilly.co.uk
- NHS Fraud and Corruption Reporting Line on 0800 028 4060.

10.0 Equality and Human Rights Impact Statement

10.1 The Trust is committed to the provision of a service that is fair accessible and meets the needs of all individuals. An Equality Impact Assessment relating to this policy is attached at Appendix 4.

11.0 Relevant Legislation

11.1 Public Interest Disclosure Act 1998

11.1.1 Following a number of high profile events, the government introduced the Public Interest Disclosure Act 1998 (PIDA).

11.1.2 The Act covers all workers including those on temporary contracts or supplied by an Agency, and trainees and provides legal protection against detriment for workers who raise concerns in the public interest. This is known as making a disclosure and can be concerns about a danger, risk, malpractice or wrongdoing in the workplace which affects others.

11.1.3 To be protected the disclosure must be in the public interest, the worker must have a reasonable belief that the information shows that one of the categories of wrongdoing listed in the legislation has occurred, or is likely to occur, and the concern must be raised in the correct way.

11.1.4 The public interest means the public good, not what is of interest to the public, and not the private interests of a person raising the concern.

11.1.5 PIDA details six subject areas under which disclosures have to fit so as to be “qualifying disclosures” they are:

- Criminal offences
- Failure to comply with legal obligations
- Miscarriages of justice
- Threats to health and safety of an individual
- Damage to the environment
- A deliberate attempt to cover up any of the above.

11.1.6 Although there are circumstances in which it might be appropriate to raise concerns more widely (e.g. to MPs, the police, or other prescribed bodies such as the Audit Commission or the Health & Safety Executive), it should be noted that the Act is not a general charter for staff to air any complaint, personal or otherwise, in the media.

11.2 Enterprise and Regulatory Reform Act 2013

11.2.1 In accordance with the Enterprise and Regulatory Reform Act 2013, colleagues who victimise or harass whistleblowers can be held personally liable for their actions, as well as vicarious liability on the part of the Trust. Any members of staff found to be victimising or harassing other members of staff who have raised a whistleblowing concern will be subject to disciplinary action.

11.3 Statutory Duty of Candour

11.3.1 Regulation 20 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014 sets out what is required of all health and social care providers.

11.3.2 Known as 'The General Duty', The Duty of Candour has been introduced to ensure that providers (including the Trust) are open and transparent with people who use their services in relation to their care and treatment. More information about the duty of Candour can be found on the Care Quality Commission website.

12.0 Communication and Implementation

12.1 Staff will be made aware of this policy through reference at corporate and local induction and dissemination via Staff Focus. The document will be available on the MEHT Intranet and on the Trust website; implementation is immediate upon ratification. Managers are also required to make hard copies available for staff who don't readily have access to the Trust intranet.

12.2 Training through a variety of methods will be made available to designated departmental 'speak up' representatives, Managers and staff on raising concerns.

12.3 Other forms of communication will be implemented to ensure staff are aware of the process for raising concerns such as providing an easy to understand leaflet highlighting the Speaking up confidential hotline and other ways to raise concerns, posters being placed around the Trust and a screen saver message.

12.4 As part of the Trust's commitment to creating an open culture and to reinforce the need for shared learning from concerns raised, articles will appear in the staff communications informing staff of resulting improvements in patient safety.

13.0 Auditing and Monitoring

13.1 The Trust's Executive Director for Speaking up will ensure that the arrangements for review are in place by commissioning audits after 6 months and 12 months implementation to test its effectiveness and make recommendations for improvements. Audits may be undertaken by the Trust's internal auditors or an impartial appropriately qualified officer, e.g. named Speaking up Guardian.

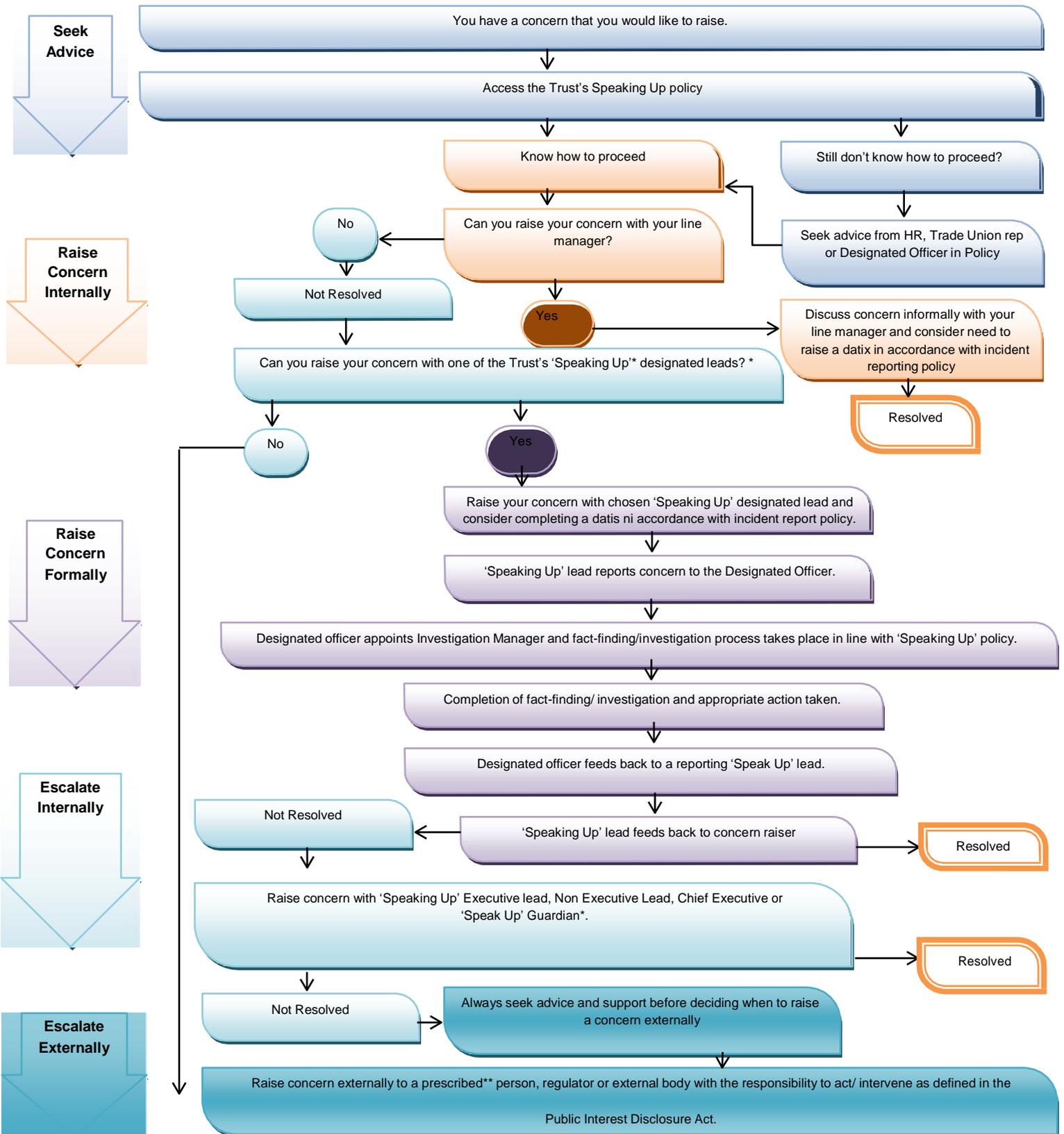
- 13.2 The Trust's Executive Director for Speaking up will also provide reports to the Trust Board and JCNC on a quarterly basis that summarises the number and nature of concerns raised, and actions taken to ensure lessons are learnt and improved practices introduced.
- 13.3 The Trust will monitor feedback from CQC inspection reports and patient and staff surveys to identify and address areas for concern.
- 13.4 The Trust's 'Speaking up Hotline' will be checked on a daily basis (Monday to Friday). Monitoring of the helpline is verified by the Deputy Director of HR on a monthly basis and subject to regular auditing commissioned by the Trust's Speaking up Executive Director.
- 13.5 An internal review of all cases reported will take place as directed by the Non-Executive named lead for raising concerns and implemented by the Designated Officer.
- 13.4 The Trust's Risk Manager will highlight any references on risk event forms (Datix) and will refer them to the Designated Officer to commission an investigation.
- 13.5 The Designated Officer will facilitate the inclusion of quantitative and qualitative data about formally reported concerns in published Quality Accounts.
- 13.6 The Director of Communications and Patient Experience will keep the Designated Officer and 'Speaking up' Executive lead informed of any issues which have been raised through the Media and provide annual reports to the Workforce Governance Group to enable the Workforce Governance group to include such cases in its reporting to the Patient Safety and Quality Committee
- 13.7 Patient and local Staff surveys will also be a source of information and feedback on the raising of concerns and subsequent actions taken as to whether sustainable improvements have been made.

14.0 References

- Freedom to Speak Up - An independent review into creating an open and honest reporting culture in the NHS by Sir Robert Francis QC, February 2015
- The Public Interest Disclosure Act (1998)
- Statutory Duty of Candour, Regulation 20, Care Quality Commission
- 'Being Open' Guidance
- Enterprise and Regulatory Reform Act 2013
- Speak up for the NHS – The Social Partnership Forum
- Public Concern at Work (PCaW – Registered Charity)
- ACAS
- Raising Concerns at Work: Whistleblowing Guidance for Workers and Employers in Health and Social Care.

Appendix 1 - Speaking Up – How to raise a concern flowchart

Staff are advised to raise their concern internally. This can be done by reporting your concern to one of the Trust's designated 'Speaking up' leads*, your line manager or another senior manager, by leaving a message on the Trust's confidential 'Speaking up' hotline on (01245) 514519 or by emailing speakup@meht.nhs.uk. This flowchart sets out the process to be followed when raising a concern.



* HR can provide current names for Trust Speaking Up leads. / ** a prescribed person is described and named in the Speaking Up Policy.

Raising a public interest (whistleblowing) concern.

A public interest concern may include where:

- Someone's health and / or safety has been put in danger because of an action;
- An employer fails to obey the law (such as not having appropriate insurance);
- Damage has been caused to the environment;
- A malpractice or wrong-doing has been covered up.
- A criminal offence has been committed;

Appendix 2

Speaking up - Raising Concerns Disclosure Form

STRICTLY CONFIDENTIAL

This form is to be completed by individuals who want to raise a concern under the Public Interest Disclosure Act, 1998 and be done so in accordance the requirements of Data Protection Act and/or the Computer Misuse Act to avoid confidentiality or data misuse breaches (see Information Governance Policy and Confidentiality and Data Protection.

Please send when complete to the Manager who you initially raised your concern with, in an envelope marked Private and Confidential.

Section 1 – Details of the Person Raising the Concern

If you wish to remain anonymous, please go straight to section 2. However, please note that whilst such concerns will be given due consideration, Concerns raised anonymously can be more difficult to deal with and investigate appropriately More action is likely or possible if concerns are not raised anonymously.

Name:.....

Home Address:.....
.....
.....

Home contact number/mobile:.....

Work Address:.....
.....
.....

Work contact number/mobile:.....

Which address do you wish any correspondence to be sent to?

Home Address/Work Address (please delete as appropriate)

Date disclosure form submitted:.....

Section 2 – Details of the Disclosure

What is your concern about? (please tick)

- Patient/service user care
- Patient/service user safety
- Conduct (including malpractice, unethical conduct)

- Criminal offence/legal obligation
- Professional/clinical practice or competence

Other (please state).....

Who is involved? Please list witnesses and anyone carrying out the act causing you concern, and the date(s), time and place(s) the act occurred:

.....
.....
.....

Please describe what has happened/what you think will happen. Please provide as much detail as you can (use additional sheets of paper as needed):

.....
.....
.....

Section 3 – Personal Involvement/Personal Interest

Please declare any personal interest you may have in this matter (i.e. does the outcome of this matter have the potential to affect you personally in any way?)

.....
.....

Have you personally been involved in this matter previously? YES/NO
If yes, please outline your involvement:

.....
.....

Section 4 – Expressed Preferences

Do you wish your identity to be kept confidential (bearing in mind that, depending on the nature of the investigation or disclosure, it may become necessary to disclose your identity)? YES/NO

Appendix 3

List of Prescribed Persons

The secondary legislation under PIDA lists 'prescribed persons'. The following are the most relevant to the health and care sectors:

Care Quality Commission – 03000 616 161 – www.cqc.org.uk

Monitor – 020 7340 2400 – www.monitor-nhsft.gov.uk **Nursing**

and Midwifery Council (NMC) – www.nmc-uk.org **General**

Chiropractic Council (GCC) – www.gcc-uk.org/page.cfm **General**

Dental Council – www.gdc-uk.org/pages/default.aspx

General Medical Council (GMC) – 0161 923 6602 – www.gmc-uk.org

Health and Care Professions Council (HCPC) – 0845 300 6184 – www.hpc-uk.org

General Optical Council (GOC) – www.optical.org

General Osteopathic Council (GOsC) – www.osteopathy.org.uk

General Pharmaceutical Council (GPhC) – www.pharmacyregulation.org **Audit**

Commission for England and Wales – www.audit-commission.gov.uk **Charity**

Commissioners for England and Wales – www.charitycomission.gov.uk

Comptroller and Auditor General

Children's Commissioner

Health and Safety Executive – www.hse.gov.uk

Information Commissioner

Pensions Regulator – www.thepensionsregulator.gov.uk

Other persons to which a protected disclosure may be made:

These include the Secretary of State for Health and other health and social care Ministers, and legal advisers (provided other criteria and procedural requirements in PIDA are met). With effect from 6 April 2014, members of the House of Commons (MP's) have been added to the list of prescribed persons, in respect of any matter listed in the Schedule (which includes health and social care).

Other bodies to which a concern may be raised, but it will not be treated as a protected disclosure within the meaning of PIDA:

Department of Health (England) – 020 7210 4850 – www.dh.gov.uk

**Professional Standards Authority for Health and Social Care – 020 7389 8030
www.professionalstandards.org.uk**

**The NHS Fraud and Corruption Reporting Line – 0800 028 40 60 – email:
ciu@nhsprotect.gsi.gov.uk – www.reportnhsfraud.nhs.uk**

Equality Impact Assessment (EIA) template.

Title of document being impact-assessed: Speaking up – how to raise a concern Policy

Date of assessment: July 2014

Lead person on the assessment: Colleen Hart, Deputy Director of HR

Equality or human rights concern. (see guidance notes below)	Does this item have any differential impact on the equality groups listed? Brief description of impact.	How is this impact being addressed?
Gender	This policy and procedure applies equally to all characteristics listed.	
Race and ethnicity	This policy and procedure applies equally to all characteristics listed.	
Disability	This policy and procedure applies equally to all characteristics listed.	A range of methods for raising a concern have been implemented to enable access by all. These are a telephone helpline, email address, designated 'Speaking up' roles publicised (verbally through training and visually) to staff so concerns can be raised face to face
Religion, faith and belief	This policy and procedure applies equally to all characteristics listed.	
Sexual orientation	This policy and procedure applies equally to all characteristics listed.	
Age	This policy and procedure applies equally to all characteristics listed.	
Transgender people	This policy and procedure applies equally to all characteristics listed.	
Social class	This policy and procedure applies equally to all characteristics listed.	
Carers	This policy and procedure applies equally to all characteristics listed.	