

Freedom to Speak Up: Raising Concerns Policy

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Status	LIVE		
Target Audience- who does the document apply to and <u>who should be using it.</u> - The target audience has the responsibility to ensure their compliance with this document by:	<ul style="list-style-type: none"> Ensuring any training required is attended and kept up to date. Ensuring any competencies required are maintained. Co-operating with the development and implementation of policies as part of their normal duties and responsibilities. 		
	All employees directly employed by the Trust whether permanent, part-time or temporary (including fixed-term contract). It applies equally to all others working for the Trust, including private-sector, voluntary-sector, bank, agency, locum, and secondees. For simplicity, they are referred to as 'employees' throughout this policy		
Special Cases	N/A		
Accountable Director	Director of Governance and Assurance		
Author/originator – Any Comments on this document should be addressed to the author	Regulatory and Compliance Manager		
Division and Department	Corporate – Corporate Governance		
Implementation Lead	Director of Governance and Assurance		
If developed in partnership with another agency ratification details of the relevant agency	Employee Partnership Forum and Freedom to Speak Up Group		
Regulatory Position	<ul style="list-style-type: none"> The Public Interest Disclosure Act 1998 (Ref 10) National Freedom to Speak Up Guardian Office (Ref 11) 		
Review period. This document will be fully reviewed every three years in accordance with the Trust's agreed process for reviewing Trust -wide documents. Changes in practice, to statutory requirements, revised professional or clinical standards and/or local/national directives are to be made as and when the change is identified.			

Contents

1	Introduction & Purpose.....	4
1.2	Glossary/Definitions	4
2	Main Document Requirements	4
2.1	What Concerns Can I Raise?	4
2.2	Feel Safe to Raise Your Concern.....	4
2.3	Confidentiality	5
2.4	Who Can Raise Concerns?.....	5
2.5	Who Should I Raise My Concern With?	5
2.6	Advice and Support.....	6
2.7	How Should I Raise My Concern?.....	6
2.8	What Will We Do.....	6
2.8.1	The Review	7
2.8.1.1	The Decision	7
2.8.2	Communicating With You.....	7
2.8.3	How Will We Learn From Your Concern?.....	7
2.8.4	Board Oversight	7
2.8.5	Review	7
2.9	Raising Your Concern with an Outside Body.....	8
2.10	Making a 'Protected Disclosure'	8
2.11	National Guardian Freedom to Speak Up.....	8
3	Monitoring Compliance and Effectiveness of Implementation.....	9
4	Duties and Responsibilities of Individuals and Groups	10
4.1	Chief Executive	10
4.1.1	Managers.....	10
4.2	Human Resources (HR)	10
4.3	Trust Guardians	10
4.4	Nominated Employee Representative	11
4.5	Staff Support Services	11
4.6	Document Author and Document Implementation Lead	11
4.7	Target Audience – As indicated on the Cover Page of this Document.....	11
4.8	The Freedom to Speak Up Group	11
4.9	Document Author and Document Implementation Lead	11
5	Further Reading, Consultation and Glossary.....	13
5.1	References, Further Reading and Links to Other Policies	13
5.2	Consultation Process	13
6	Equality Impact Assessment	14

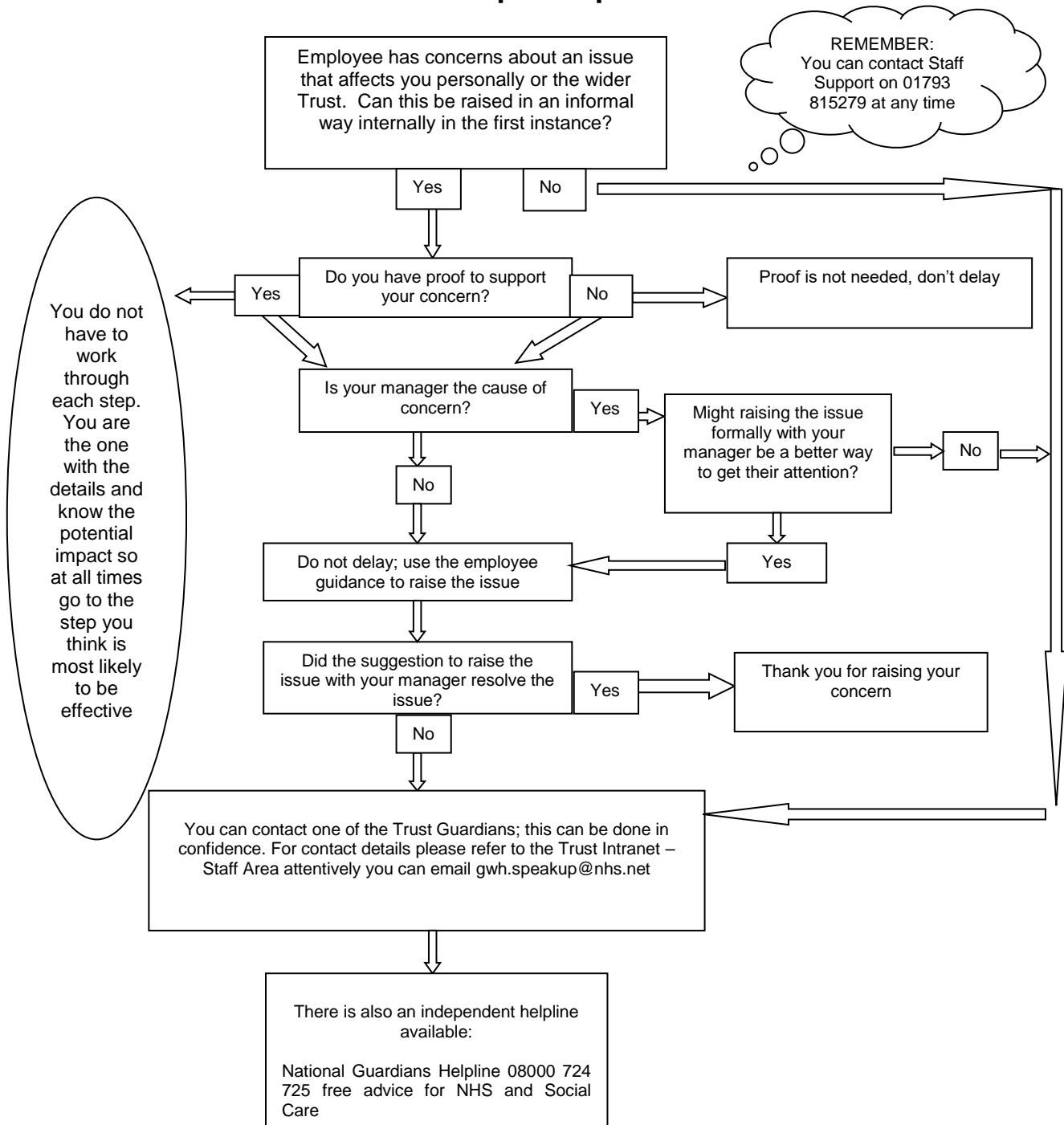
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Document Title: Policy and Procedural Document Template

Appendix A - STAGE 1: Initial Screening For Equality Impact Assessment.....	14
Appendix B – Example process for raising and escalating a concern:.....	16
Appendix C – A Strategy and Vision for Raising Concerns in the NHS.....	18

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Instant Information – Freedom to Speak Up Flow Chart



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1 Introduction & Purpose

Speaking up about any concern you have at work is really important. In fact, it's vital because it will help us to keep improving our services for all patients and the working environment for our staff.

You may feel worried about raising a concern, and we understand this. But please don't be put off. In accordance with our duty of candour, our senior leaders and entire board are committed to an open and honest culture. We will look into what you say and you will always have access to the support you need.

This 'standard integrated policy' was one of a number of recommendations of the review by Sir Robert Francis into raising concerns in the NHS, aimed at improving the experience of raising concerns in the NHS. It is expected that this policy (produced by NHS Improvement and NHS England) will be adopted by all NHS organisations in England as a minimum standard to help to normalise the raising of concerns for the benefit of all patients.

1.2 Glossary/Definitions

The following terms and acronyms are used within the document:

CQC	Care Quality Commission
HR	Human Resources
NHS	National Health Service

2 Main Document Requirements

2.1 What Concerns Can I Raise?

You can raise a concern about **risk, malpractice or wrongdoing** you think is harming the service we deliver. Just a few examples of this might include (but are by no means 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 Counter-Fraud Team Counter Fraud Specialist 02380 881 767).
- A bullying culture (across a team or organisation rather than individual instances of bullying).

For further examples, please see the Health Education England video (Ref 4).

Remember that if you are a healthcare professional you may have a professional duty to report a concern. **If in doubt, please raise it.**

Don't wait for proof. We would like you to raise the matter while it is still a concern. It doesn't matter if you turn out to be mistaken.

2.2 Feel Safe to Raise Your Concern

How someone might speak up

Openly This is when you know the person's identity and they are happy for anyone else involved to know too. This will make it easier for others to ask them for any further information they need to help

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resolve the issue. It will also help your organisation take action to support them further if they need to. They might not want to speak up openly though, and they do not have to.

Confidentially Speaking up confidentially is when the person reveals their identity to you on the condition that it will not be shared without their consent. It is important to understand that confidentiality can be preserved except where it is required to be disclosed by law. In some cases, for example, where the person has already shared information or where the facts of the case enable others to identify them, maintaining confidentiality may be impossible. However, this should be discussed with them. There are a range of means which can be considered to ensure that their identity is protected, even when further action is needed, such as an investigation into the matter they have raised.

Anonymously When someone speaks up anonymously, they do not want to share their identity with anyone. This can make it difficult for others to ask for further information about the matter and may make taking action to resolve the issue more complex. It also means that they might not be able to access any extra support they might need. However, any matter spoken up about anonymously should still be considered and treated in the same way as any other matter spoken up about, as far as possible.

If you raise a concern under this policy, you will not be at risk of losing your job or suffering any form of reprisal as a result. We will not tolerate the harassment or victimisation of anyone raising a concern. Nor will we tolerate any attempt to bully you into not raising any such concern. Any such behaviour is a breach of our values as an organisation and, if upheld following investigation, could result in disciplinary action.

As long as you have got a concern it does not matter if you are mistaken or if there is an innocent explanation for your concerns.

2.3 Confidentiality

We hope you will feel comfortable raising your concern openly, but we also appreciate that you may want to raise it confidentially. This means that while you are willing for your identity to be known to the person you report your concern to, you do not want anyone else to know your identity. Therefore, we will keep your identity confidential, if that is what you want, unless required to disclose it by law (for example, by the police). You can choose to raise your concern anonymously, without giving anyone your name, but that may make it more difficult for us to investigate thoroughly and give you feedback on the outcome.

2.4 Who Can Raise Concerns?

Anyone who works (or has worked) in the NHS, or for an independent organisation that provides NHS services can raise concerns. This includes agency workers, temporary workers, students, volunteers and governors.

2.5 Who Should I Raise My Concern With?

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). Where you don't think it is appropriate to do this, you can use any of the options set out below in the first instance.

- The difference between raising your concern formally and informally is explained in our local process (Appendix B). In due course NHS England and NHS Improvement will consider how recording could be consistent nationally, with a view to a national reporting system.

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- Appendix B sets out an example of how a local process might demonstrate how a concern might be escalated.

If raising it with your line manager (or lead clinician or tutor) does not resolve matters, or you do not feel able to raise it with them, you can contact one of the following people:

Our Freedom to Speak Up Guardians:

- **Caroline Davies, Interim Associate Director of Community Nursing** 01793 607719
- **Maxine Buyanga Matron, Trauma and Orthopaedics** 01793 646402
- **Chris Matlock, Hospital Chaplain** Contact via Hospital Switchboard 01793 604020
- **Sharon Keene, Regulatory and Compliance Manager** 01793 605851
- **George Gough** 01793 604020 (Teal Ward)
- **Pete Coles 01793 604020** (Volunteers Office)
- **Dr Tamer Abdelrazik 01793 605148**

This is an important role identified in the Freedom to Speak Up review to act as an independent and impartial source of advice to staff at any stage of raising a concern, with access to anyone in the organisation, including the Chief Executive, or if necessary, outside the organisation. If you still remain concerned after this, you can contact:

Our executive director with responsibility for Freedom to speak up

- Carole Nicholl Director of Governance & Assurance

Our non-executive director with responsibility for Freedom to speak up **Nick Bishop** 01793 604179

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

If for any reason you do not feel comfortable raising your concern internally, you can raise concerns with external bodies, listed in 3.9.

2.6 Advice and Support

Details on the local support available to you can be found on the Trust Freedom to Speak Up Intranet Page. However, you can also contact the National Guardians Office Helpline for the NHS and social care (08000 724 725) your professional body or trade union representative.

2.7 How Should I Raise My Concern?

You can raise your concerns with any of the people listed above in person, by phone or in writing (including email). You also have the option to raise your concern anonymously by phone or in writing.

Whichever route you choose, please be ready to explain as fully as you can the information and circumstances that gave rise to your concern.

2.8 What Will We Do

We are committed to the principles of the Freedom to Speak Up review and its vision for raising concerns, and will respond in line with them (Appendix B).

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We are committed to listening to our staff, learning lessons and improving patient care. On receipt the concern will be recorded and you will receive an acknowledgement within three working days. The central record will record the date the concern was received, whether you have requested to remain anonymous, a summary of the concerns and dates when we have given you updates or feedback.

2.8.1 The Review

In line with the Freedom to speak process (appendix B). The Guardian will forward your concern to the Deputy Director Governance & Assurance (DDGA) and your Line Manager. It is important to note that the Freedom to Speak Up Guardians must remain objective, impartial and independent and will not act as an advocate for staff or the Trust. Concerns will be shared with an Independent intendant person (DDGA) and your line Manager with the ability to take action on matters raised within your concern.

Should your concern be directly related to your line manager an appropriate Manager will be appointed.

2.8.1.1 The Decision

The Deputy Director of Governance and Line Manager will review the concerns and identify how the concern should be managed, following a review of the case the reviewers may decide that your concern would be better looked at under another process; for example, our process for dealing with bullying and harassment (Ref 2). If so, we will discuss that with you.

2.8.2 Communicating With You

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. Wherever possible, we will share the full investigation report with you (while respecting the confidentiality of others).

2.8.3 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, we will track them to ensure necessary changes are made, and are working effectively. Lessons will be shared with teams across the organisation, or more widely, as appropriate.

2.8.4 Board Oversight

The Trust Board will be given 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 high level information in our annual report. The board supports staff raising concerns and wants you to feel free to speak up.

2.8.5 Review

We will review the effectiveness of this policy and local process at least annually, with the outcome published and changes made as appropriate.

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2.9 Raising Your Concern with an Outside Body

Alternatively, you can raise your concern outside the organisation with:

NHS Improvement (Ref 5) 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 (Ref 6) for quality and safety concerns

NHS England (Ref 7) for concerns about:

- Primary medical services (general practice)
- Primary dental services
- Primary ophthalmic services
- Local pharmaceutical services

Health Education England (Ref 8) for education and training in the NHS

NHS Counter Fraud Authority (Ref 9) was previously known as NHS Protect for concerns about fraud and corruption.

2.10 Making a 'Protected Disclosure'

There are very specific criteria that need to be met for an individual to be covered by whistleblowing law when they raise a concern (to be able to claim the protection that accompanies it). There is also a defined list of 'prescribed persons', similar to the list of outside bodies in 3.9, who you can make a protected disclosure to. To help you consider whether you might meet these criteria, please seek independent advice from the National Guardians Office Helpline for the NHS and social care (see section 1 for contact details), Public Concern at Work or a legal representative.

2.11 National Guardian Freedom to Speak Up

The new National Guardian (once fully operational) 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 some of the bodies listed above to take action where needed.

3 Monitoring Compliance and Effectiveness of Implementation

The arrangements for monitoring compliance are outlined in the table below: -

Measurable policy objectives	Monitoring or audit method	Monitoring responsibility (individual, group or committee)	Frequency of monitoring	Reporting arrangements (committee or group the monitoring results is presented to)	What action will be take if gaps are identified
Review of all alerts and learning	Report	Patient Quality Committee/ Governance Committee Freedom to Speak up Group	Monthly	Patient Quality	Review learning and action plan. Review process and procedure if significant numbers increase or decrease
Number of Alerts	Review	Executive Committee/Trust Board National Guardians Office	Quarterly	Reported quarterly via the Deputy Director of Quality Governance Reported by Freedom to Speak Up Co-ordinator	Assurance
Compliance of action plan for Division	Report	Divisional Performance meeting	Monthly	Divisional Performance meeting	Chief Nurse / Deputy Director of HR
Staff Survey	Report	Board and Divisional	Annually	Board and Divisional Meetings	Action plans
All individuals involved in an alert to receive follow up	Correspondence	Freedom to Speak up Group	Quarterly	Freedom to Speak up Group	Undertake a follow up of each case
Review of process	Audit of all alerts	Executive Lead	Annually	Freedom to Speak up Group	Learning / improve process

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4 Duties and Responsibilities of Individuals and Groups

When raising or investigating a Freedom to speak up concern all involved must recognise people have different norms, values, and expectations. The resolution of a concern must aim for a solution that best meets mutual needs and is in the best public interest.

All individuals are responsible for raising a concern at the earliest possible opportunity.

4.1 Chief Executive

The Chief Executive is ultimately responsible for the implementation of this document.

4.1.1 Managers

Managers are responsible for building a culture that allows employees to discuss issues openly and honestly. They must recognise that raising a concern is not a step taken lightly and to treat any person doing so with high priority and care to resolve their concern effectively.

Once someone is identified to investigate a concern they must apply this policy fairly and ensure that an appropriate senior manager or body are aware of any such investigation and outcome. The manager is also responsible for entering details of the concern on a risk register if appropriate to do so.

4.2 Human Resources (HR)

The Director of Human Resources will ensure effective guidance and support is delivered to the Trust, and the Human Resources Department is responsible for giving confidential advice and support to employees where needed.

The HR and Academy teams will be responsible for the co-ordination and delivery of mediation and mentoring to support employees and managers where required as part of this Freedom to speak up policy.

4.3 Trust Guardians

Guardians have a lead responsibility for dealing with concerns raised, they will be key to ensuring policies and practices are robust and employees are appropriately supported, listened to and issues are resolved quickly and professionally.

Guardians have the authority and autonomy to report directly to the Chief Execu

tive on the issues of concern.

4.4 Nominated Employee Representative

The employee's representative may attend any meeting and advise the employee, but may not answer questions on their behalf.

4.5 Staff Support Services

Free confidential support is available at any time via Staff Support on 01793 815279 or from the Occupational Health department on 01793 604480

4.6 Document Author and Document Implementation Lead

The document Author and the document Implementation Lead are responsible for identifying the need for a change in this document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and resubmitting the document for approval and republication if changes are required.

4.7 Target Audience – As indicated on the Cover Page of this Document

The target audience has the responsibility to ensure their compliance with this document by:

- Ensuring any training required is attended and kept up to date.
- Ensuring any competencies required are maintained.
- Co-operating with the development and implementation of policies as part of their normal duties and responsibilities.

4.8 The Freedom to Speak Up Group

The purpose of the group is monitor and supports the principles of the Freedom to Speak up Policy as outlined below.

- Support and culture of openness and encourage staff to speak up and set out the steps they will take to get to the bottom of any concerns.
- Appointments of Freedom to speak up guardians who are independent and impartial source and can provide advice to staff.
- Ensure concerns are resolved quickly.
- Monitor findings and learning lessons which improve care.
- To ensure concerns are kept informed of the investigation's progress.
- Monitor themes and take appropriate action.
- Reporting to the Freedom to Speak Up National Guardians Office as required.

4.9 Document Author and Document Implementation Lead

The document Author and the document Implementation Lead are responsible for identifying the need for a change in this document as a result of becoming aware of changes in practice, changes to

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statutory requirements, revised professional or clinical standards and local/national directives, and resubmitting the document for approval and republication if changes are required.

5 Further Reading, Consultation and Glossary

5.1 References, Further Reading and Links to Other Policies

The following is a list of other policies, procedural documents or guidance documents (internal or external) which employees should refer to for further details:

Ref. No.	Document Title	Document Location
1	Grievance Policy	T drive
2	Bullying and Harassment Policy	T drive
3	Conduct Management Policy	T drive
4	Health Education England video	https://www.youtube.com
5	NHS Improvement	https://improvement.nhs.uk
6	Quality Care Commission	http://www.cqc.org.uk
7	NHS England	https://www.england.nhs.uk
8	Health Education England	https://hee.nhs.uk
9	NHS Counter Fraud Authority	https://cfa.nhs.uk
10	The Public Interest Disclosure Act 1998	http://www.legislation.gov.uk
11	National Freedom to Speak Up Guardian Office	http://www.cqc.org.uk

5.2 Consultation Process

The following is a list of consultees in formulating this document and the date that they approved the document:

Job Title / Department	Date Consultee Agreed Document Contents
Freedom to Speak Up Group	28.6.18 and 28.08.18
O & D Manager	14.6.18
Divisional Directors of Nursing & Midwifery	15.6.18
Divisional Director of Nursing – D&O	20.6.18
Divisional Director of Nursing – Planned Care	26.6.18
Matron – Planned Care	20.6.18
Associate Medical Director	14.6.18
Non-Executive Director	14.6.18
Head of Health & Safety	21.6.18

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6 Equality Impact Assessment

An Equality Impact Assessment (EIA) has been completed for this document and can be found at Appendix A.

Appendix A - STAGE 1: Initial Screening For Equality Impact Assessment

At this stage, the following questions need to be considered:			
1	What is the name of the policy, strategy or project?		
2.	Briefly describe the aim of the policy, strategy, and project. What needs or duty is it designed to meet?		
3.	Is there any evidence or reason to believe that the policy, strategy or project could have an adverse or negative impact on any of the nine protected characteristics (as per Appendix A)?	Yes	No
4.	Is there evidence or other reason to believe that anyone with one or more of the nine protected characteristics have different needs and experiences that this policy is likely to assist i.e. there might be a <i>relative</i> adverse effect on other groups?	Yes	No
5.	Has prior consultation taken place with organisations or groups of persons with one or more of the nine protected characteristics of which has indicated a pre-existing problem which this policy, strategy, service redesign or project is likely to address?	Yes	No

Signed by the manager undertaking the assessment	
Date completed	
Job Title	

On completion of Stage 1 required if you have answered YES to one or more of questions 3, 4 and 5 above you need to complete a [STAGE 2 - Full Equality Impact Assessment](#)

Equality Impact Assessment

Are we Treating Everyone Equally?

Define the document. What is the document about? What outcomes are expected?

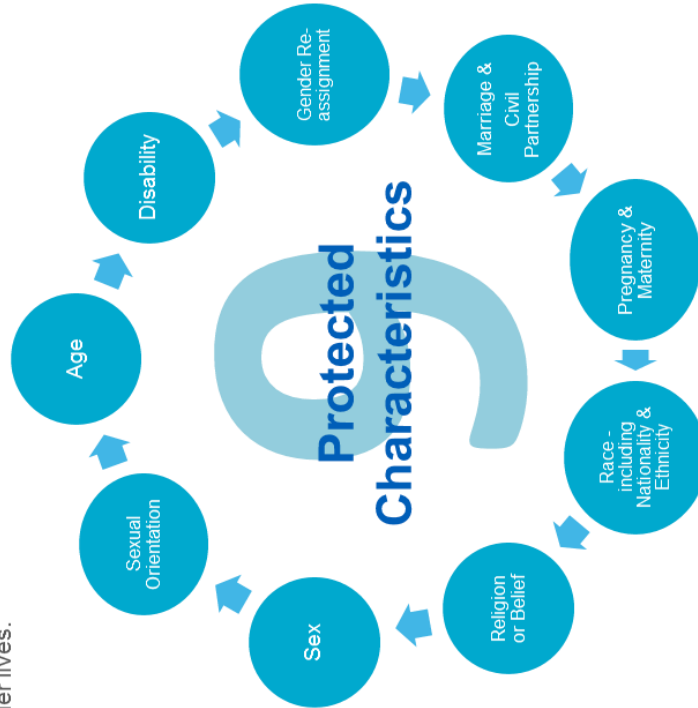
Consider if your document/proposal affects any persons (Patients, Employees, Carers, Visitors, Volunteers and Members) with protected characteristics? Back up your considerations by local or national data, service information, audits, complaints and compliments, Friends & Family Test results, Staff Survey, etc.

If an adverse impact is identified what can be done to change this? Are there any barriers? Focus on outcomes and improvements. Plan and create actions that will mitigate against any identified inequalities.

If the document upon assessment is identified as having a positive impact, how can this be shared to maximise the benefits universally?

Our Vision

Working together with our partners in health and social care, we will deliver accessible, personalised and integrated services for local people whether at home, in the community or in hospital empowering people to lead independent and healthier lives.



Trust Equality and Diversity Objectives

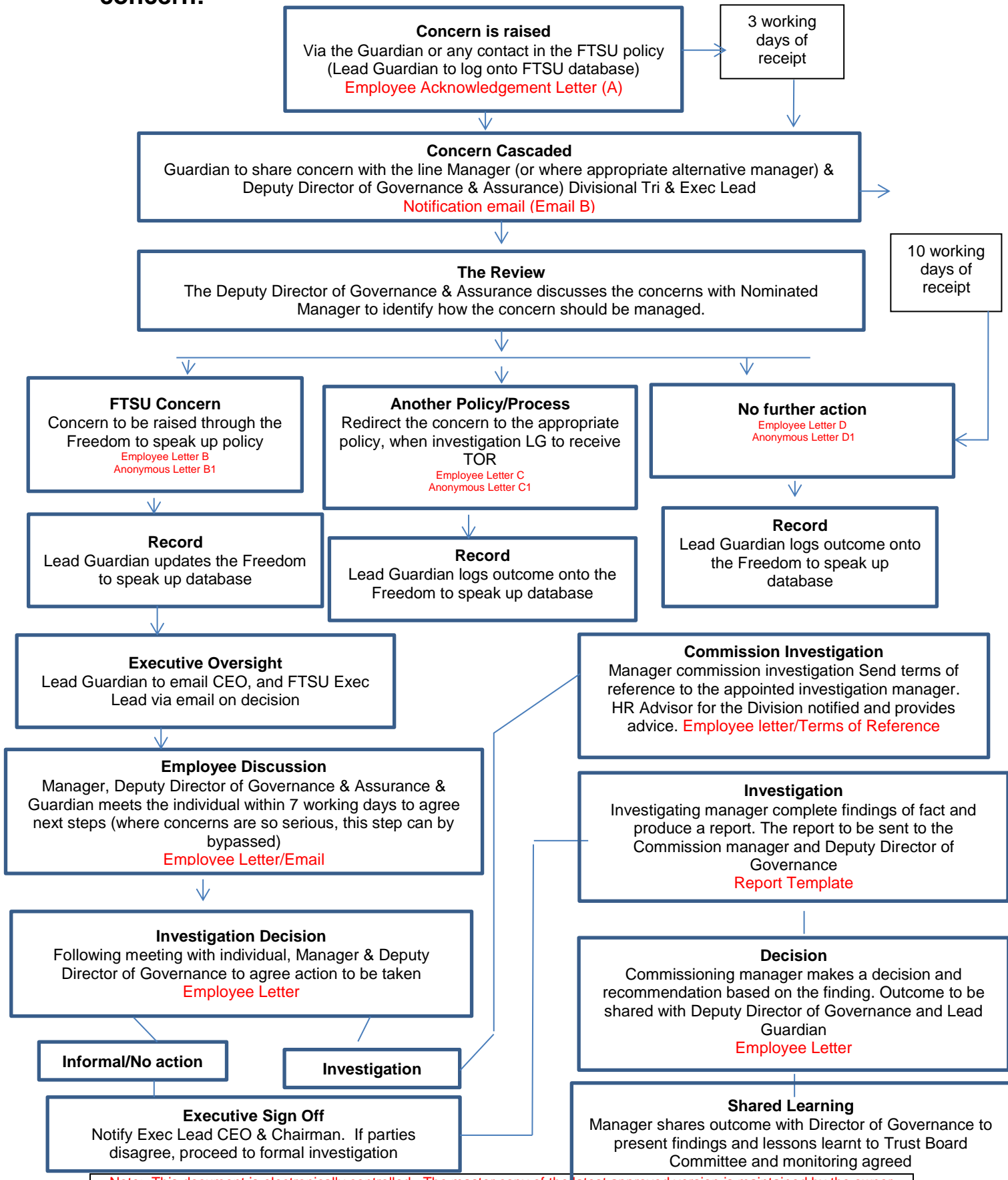
Better health outcomes for all

Improved patient access & experience

Empowered engaged & included staff

Inclusive leadership at all levels

Appendix B – Example process for raising and escalating a concern:



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Appendix C – A Strategy and Vision for Raising Concerns in the NHS

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Staff feel safe to speak up in any situation, including those situations where concerns might feel more difficult to address such as where concerns are more complex, long standing and embedded or they might involve a number of individuals.



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