

## GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

Title	Raising Concerns
Report date	September 2014
Indicative discussion time required	10 minutes
Please classify the paper as: <ul style="list-style-type: none"> <li>• To note</li> </ul>	To Note
Executive Summary	This document sets out the migration from a 'Whistleblowing Policy' to 'Raising Concerns'
Please describe as appropriate the link to: <ul style="list-style-type: none"> <li>• The Trust Strategic Objectives</li> <li>• The Trust In-Year Objectives</li> <li>• The Trust Mission</li> <li>• The Trust Values</li> </ul>	This approach is inextricably linked to improving patient care and safety.
Please describe how this affects patients/staff/carers etc.	To deliver safe and effective care it is vital that staff are able to raise concerns across a whole range of issues, confident in the knowledge that these concerns will be heard and addressed.
Please describe what stakeholders think about this.	This document has been developed in conjunction with Staff Side who will assist with the launch and cascade.
Please describe how this affects our: <ul style="list-style-type: none"> <li>• performance</li> <li>• quality and safety</li> <li>• cost</li> <li>• activity</li> </ul>	This ensures the responsibility of all staff to act upon concerns and to bring them to the attention of those who can effect improvements.
Is what is described in the paper affordable?	Yes. Funding for the 'Speak in Confidence' Pilot has been obtained from the Charitable Funds Committee
Please explain when you will be able to report progress about this issue.	The Quality Committee will be updated on both the success of implementation as well as key themes/lessons learned
Please identify the risks associated with this issue and describe how they will be dealt with. Please set out in the report in risk register format the risks associated with the issue.	The risk is that staff do not raise concerns at the appropriate time and as a consequence, opportunities to improve are missed. This will be mitigated with a comprehensive communications campaign
Please describe the aspects of this paper that might require wider stakeholder engagement or public consultation, and early engagement with Governors.	All relevant stakeholders have been consulted in the development of this paper
Please identify any other significant impact or outcomes (where applicable) in relation to Financial issues, Equality and Diversity, the NHS Constitution, Legal issues or Sustainable Development.	Failure to agree and implement the plan would impact our ability to meet the requirements of the NHS Constitution as well as those of external regulators.
Recommendation	The Board <b>Note</b> the launch of the policy
Author/Presenting Director	Dave Smith, Director HR&OD, Dawn Cooper/Iestyn Rees, Joint Staff Side Chairs

MAIN BOARD – SEPTEMBER 2014

RAISING CONCERNS

**1. Aim**

To update the Board on the migration from a 'Whistleblowing' policy to one of 'Raising Concerns', identifying the steps to achieve this, positioning it as a core element of the cultural change programme.

**2. Background**

The tragic events which unfolded in Mid Staffordshire NHS Foundation Trust and so comprehensively analysed by Sir Robert Francis QC in the final report from the public enquiry published on the 6<sup>th</sup> February 2013, established the very clear link between the poor standards of care experienced by patients and the leadership of the trust, particularly in terms of 'openness and transparency'. The environment was described as 'toxic' with staff who attempted to alert the trust to the shortcomings in care, being ignored or actively suppressed. At the heart of the recommendations contained in the report (290 in total, the majority of which have been accepted by the government), were how these particular failings could be addressed through a mix of both regulation and consultation.

The 'Francis Report' has received widespread acceptance throughout and beyond healthcare with positive responses to the recommendations from regulators, commissioners and providers, all determined to ensure that such events 'could never happen again'. To ensure continued focus on this issue, a letter was received by all Trust and Clinical Commissioning Group Chairs from the Secretary of State for Health, the Right Honourable Jeremy Hunt, in March of this year, reiterating '*the vital importance of fostering a culture of openness and transparency in the NHS in which concerns about care can be raised, investigated and acted upon*'. This was followed by a further letter in August 2014 confirming the appointment of Sir Robert Francis QC to undertake an independent review – 'Freedom to Speak Up', which would provide advice and recommendations to ensure that;

- NHS workers can raise concerns in the public interest with confidence that they will not suffer detriment as a result
- Appropriate action is taken when concerns are raised by NHS workers and;
- Where NHS whistleblowers are mistreated, those mistreating them will be held to account.

The review, which is currently considering evidence from a whole range of stakeholders including staff, is expected to complete its work in November 2014 and no date has been set as yet for publication of the findings which will include an honest assessment of how supportive current cultures are to open and honest reporting. In a joint opinion piece for the Health Service Journal, Foundation Trust Network Chief Executive Chris Hopson and NHS Confederation Chief Executive Rob Webster write that, once published, the report must be required reading for all board members, commissioners, regulators and system leaders. They say it seems 'wholly appropriate' that the review scrutinises where organisations and the wider system are letting people down, but add it must also consider where organisations are supporting staff who speak up and learn how to make improvements from feedback. They say the stigma attached to whistleblowing should be removed and it should be recognised as an organisational asset rather than a liability. The term 'whistleblowing' as a very generalised description has not been found to be particularly helpful in promoting an open and honest culture as in different contexts, the act itself as well as those deemed to be 'whistleblowers', have not always been presented positively.

### 3. Our Trust Response

In terms of patient safety and the linkages with an open and transparent culture, this did not start with the publication of the original 'Francis Report'. Our trust has had a well-developed safety programme for a number of years and has sought to ensure that the learnings from incidents are shared and acted upon. The recognition that setting out the terms of reference for cultural change (including openness and transparency) was important in order to effect those changes, was also recognised in advance of publication. Notwithstanding this, the 'Francis Report' ensured that all who read it would not suffer from complacency in believing that their organisation had no significant changes to consider or improvements to make. For a number of organisations, it may be said that 'it couldn't happen here (now), **because** it happened there'. The response of our trust Board was to seek assurance from Executive Directors that issues raised in the Francis Report were being addressed. The work of the Cultural Change Steering Committee embraced this work stream with regular reports being provided to the Board.

One very specific work stream related to the development of 'whistleblowing' procedures internally, in alignment with openness and transparency. Our trust already had in place a Whistleblowing Policy, in accordance with the provisions of the Public Interest Disclosure Act (1998). This has long been referred to in induction programmes however it was important to examine whether staff understood the procedures and felt comfortable with doing so. There are three questions in the annual staff survey which reference this;

*'If you were concerned about fraud, malpractice or wrongdoing, would you know how to report it?'* 86% of respondents said 'yes', 1% adrift of the national average.

*'Would you feel safe raising your concern?'* 70% of respondents said 'yes', 11% said 'no' and 20% 'didn't know'. The positive responses were again within 1% of the national average.

*'Would you feel confident that your organisation would address your concern?'* 49% said 'yes' (5% below the national average), 16% said 'no' and 35% didn't know.

So the picture emerging was of a policy for which there was a strong level of awareness, a reasonable (but not good enough) feeling of safety but a lack of faith in the response mechanisms to deal with those concerns. This clearly demonstrates that policy and awareness are only part of the issue and that the cultural change required was in terms of increasing both safety and confidence in the procedures. A related strand of cultural development is partnership working with staff and their representatives on a range of issues, including policy development to the degree that certain policies would be 'co-authored' with staff representatives. It was agreed with Staff Side representatives that migrating from a culture of transactional 'whistleblowing' to something more engaging would be a key joint programme of work for the year. In addition to co-authoring the policy, it would be important to consider how this may be fully embedded.

### 4. Policy and Procedures

Early discussions focused on the need to move away from the term 'whistleblowing'. It was felt that this generally referred to acts where serious harm had already taken place and as important as transparent reporting on such instances remains, creating a culture generally where staff at all levels are prepared to speak up on more minor issues (consistent application of which was designed to prevent escalation to more serious issues) would be hugely important. The policy therefore became constructed around 'Raising Concerns', with the emphasis being on *'if you see something, say something'*. Presentation of this as a duty, wrapped around support for those who speak up is also crucial. Again, saying it in a policy is one thing, staff believing it is another. An early draft discussed with the '100 Leaders' group resulted in the suggestion of 'Sharing Concerns'. The steering group considered this however 'Raising Concerns' now appears to be getting traction in a number of organisations

across the NHS as a commonly understood approach for the desired move to greater openness and transparency.

The policy developed (Appendix 1) is due to be launched on October 1<sup>st</sup>. It is in our standard format, with action cards and is like many policies, a reference document. The crucial differences have to be in the launch/cascade of the policy, as well as the monitoring of effectiveness (see below). In detailing the various ways in which staff can 'raise concerns', there is a significant addition to the original portfolio, the piloting of an externally hosted system to facilitate anonymity, where required, until confidence is built in terms of safety and response.

## **5. 'Speak in Confidence'**

The importance of creating a safe environment for staff to raise concerns is widely recognised. Anonymity can be one important aspect to those who may wish to raise concerns though for some reason feel disinclined to reveal their identity.

Speak in Confidence (SIC) is a bespoke commercial product which allows employees to raise concerns, issues and ideas in an anonymous manner. It is an externally hosted web-based product which allows employees to register and create dialogue with the knowledge that they cannot be identifiable, unless they choose to reveal their identity.

To register with the product the individual simply enters his or her work e-mail address. The e-mail address is used by the external provider company (SIC) to register and match the user to our organisation. The user's identity is confidential to the user and the external company provider, with a facility for the user to change his or her registered work e-mail address to an alternative personal address.

This then enables any registered employee to create dialogue with identified managers and others within our organisation. The two-way dialogue continues until both parties to that dialogue determine that the subject matter is closed. Employee confidence, dialogue categorisation and thematic trends are some of the qualitative benefits associated with 'Speak in Confidence'. Quantitative measures include, for example, number of registered users, number of active users, number of dialogues per period and successful and unsuccessful outcomes.

In partnership with the Local Negotiating Committee (LNC) and Staff-Side Representatives, a paper was submitted to our Trust's Charitable Funds Committee in May 2014 requesting financial support for a two-year pilot of the Speak in Confidence product. Our Trust's Raising Concerns Committee (see below) will oversee implementation of the Speak in Confidence product to take effect from November 2014. Specific issues relevant to implementation include apposite policy, communications, reporting and oversight.

In piloting Speak in Confidence it has been decided to restrict initial dialogue to three reporting categories aligned to the Raising Concerns Policy include:

**Patient Care and Safety**  
**Staff Conduct and Behaviour**  
**Suspected Fraud.**

Oversight of Speak in Confidence as one system of reporting concerns will be via our Trust's Raising Concerns Implementation and Monitoring Steering Group.

## **6. Communications**

A comprehensive communications plan (Appendix 2) has been developed to ensure that as one of the most important policy launches this year, we ensure a consistent cascade

throughout the organisation. The aim is to ensure that every single member of staff is aware of the revised policy and procedures.

Communications mechanisms will include a film, global e-mails, articles in Outline and Involve, posters, credit card sized aides and in particular, briefing packs and presentations for managers to use in their team meetings. All of the material has been produced in collaboration with Staff Side colleagues and our Staff Side Chairs, Dawn Cooper and Iestyn Rees, have indicated their willingness to share joint communication platforms with managers, such is their belief in the importance of this subject in creating a safer hospital.

## **7. Implementation and Monitoring**

A Post Implementation Monitoring and Steering Group has been formed (Appendix 3) to ensure that this policy is working effectively. Reporting in to the Quality Committee and chaired by non-executive Director Helen Munro, this group will set out to test the effectiveness of the implementation by pulse checking with staff as well as trying to discern themes and lessons learned from the various information streams regarding incidents and concerns raised by staff. It is not set up to manage those well-established mechanisms for dealing with issues that already have clear governance structures, but to identify those areas where gaps exist and in particular, gaps in feedback mechanisms.

## **8. Recommendations**

The Board is asked to;

**Note** the revised procedures for 'Raising Concerns' (incorporating whistleblowing)

**Receive** future reports on themes/trends.

**Authors;** Dave Smith, Director of HR&OD

Dawn Cooper and Iestyn Rees, Joint Staff Side Chairs

**Presenting Director;** Dave Smith

## TRUST POLICY

**RAISING CONCERNS  
(Whistleblowing)**

Any hard copy of this document is only assured to be accurate on the date printed. The most up to date version is available on the Trust Policy Site.

All document profile details are recorded on the last page.

All documents must be reviewed by the last day of the month shown under “review date”, or before this if changes occur in the meantime.

**IMPORTANT NOTES TO EMPLOYEES:**

- If you have a concern, raise it initially with your immediate line manager, or if this is not possible, with an Executive or Non-Executive Director, or a trade union representative
- You may raise your concern initially **anonymously** using ext 5757, Datix Web or the Speak in Confidence confidential system [add hyperlink].
- If the concern is about potential fraud or corruption, contact Counter Fraud
- You are expected to raise concerns outlined within this policy before involving external agencies or the media, but this does not remove your right to raise a concern using the principles of the Public Disclosure Act 1998

**FAST FIND:**

- **To raise a concern under this policy, see action card RC1**
- **For information on the investigation process, see action card RC2**
- **See action card RC3 for information on the SpeakInConfidence system (add hyperlinks)**
- **For information on protection of whistleblowers, see section 6**

**DOCUMENT OVERVIEW:**

- The Trust understands that individuals will have professional standards and ethics, as well as personal standards and views, on moral issues. Any process should enable these to be voiced.
- The Trust also recognises that individuals may be required by professional codes of conduct to identify where the public are being put at risk, or standards are not being adhered to.
- The Trust remains committed to open communications, which should provide an environment where concerns can be aired freely. However, where matters are highly sensitive or concern individuals, there should be a means of maintaining

confidentiality

- This document has been produced in conjunction with the Public Interest Disclosure Act 1998, the NHS Constitution (2012 amendments) and The Speaking Up Charter 2012

**This document may be made available to the public and persons outside of the Trust as part of the Trust's compliance with the Freedom of Information Act 2000**

**RAISING CONCERNS  
(Whistleblowing)**

1. INTRODUCTION
2. DEFINITIONS
3. PURPOSE
4. ROLES AND RESPONSIBILITIES
5. TYPES OF CONCERNS
6. PRINCIPLES
7. HOW TO RAISE CONCERNS
8. INVESTIGATION/INQUIRY
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10. REFERENCE TO OTHER BODIES
11. TRAINING
12. MONITORING OF COMPLIANCE
13. REFERENCES

**Action cards**

RC1	Employee Guide
RC2	Investigation Process
RC3	Speak In Confidence <a href="#">(add hyperlinks)</a>

## RAISING CONCERNS (Whistleblowing)

### 1. INTRODUCTION

Our Trust is committed to achieving the highest possible standards of service and the highest possible ethical standards in public life and in all of its practices. The Trust recognises that those who work for our organisation are in the best position to recognise when something is going seriously wrong within it, and may want to voice concerns.

The Trust actively encourages its employees to raise concerns in a safe environment as often this is the most direct way to prevent harm to patients, users and other Trust staff. Raising concerns provides an opportunity for issues to be addressed in a timely fashion and for both individuals and the Trust to improve practices and procedures in a sustainable way.

This policy is designed to provide guidance and support for all employees and volunteers when raising concerns about issues at work.

We believe that every member of staff has a duty to raise concerns at the earliest possible opportunity about the provision of care or any other poor practice (such as risk to patient safety, fraud, breaches of patient confidentiality etc.) within the Trust where care and/or behaviour/conduct is believed to be inadequate or unacceptable. The Trust understands that individuals may want to raise concerns according to the requirements of their own professional codes of practice and/or personal or moral views.

This policy allows all employees, students and volunteers to raise concerns about their workplace in a way that complies with the Public Interest Disclosure Act 1998. The Public Interest Disclosure Act 1998 gives significant statutory protection to employees who disclose information reasonably and responsibly in the public interest concerning malpractice in the workplace.

This policy also follows the terms of the 'Speaking Up Charter' launched by the NHS employers in October 2012.

### 2. DEFINITIONS

Word/Term	Descriptor
<b>Whistleblowing</b>	The disclosure by a person, usually an employee in a government agency or private enterprise, to the public or to those in authority, of mismanagement, corruption, illegality, or some other wrongdoing.
<b>Anonymous</b>	Person not identified by name
<b>Confidential</b>	Information which is spoken, given or written in private which may not be passed on without appropriate authorisation

### 3. PURPOSE

This document aims to provide an effective process (anonymous where required) by which any employee can raise legitimate concerns (see five types of concerns overleaf). All NHS employees have a **right and a duty** to draw to the attention of their employer any matter which could be damaging to the interests of patients, visitors or staff.

This document will set out the following:

- Types of concerns which may be raised

- Principles by which the Trust will operate
- Processes to follow when raising concerns

#### 4. ROLES AND RESPONSIBILITIES

Post/Group	Details
Trust Board	<ul style="list-style-type: none"> <li>▪ Ensuring this policy is properly enacted when concerns are raised</li> <li>▪ Designating a lead to act on the investigation report (see below)</li> </ul>
(Directors, Non-Executive Directors, Chief Executive or Chair)	<ul style="list-style-type: none"> <li>▪ Receiving concerns</li> <li>▪ Carrying out investigations</li> <li>▪ Presenting investigation reports to the Chief Executive, Trust Board or Trust Chair as appropriate</li> </ul>
HR Department	<ul style="list-style-type: none"> <li>▪ Receiving Concerns</li> <li>▪ Assisting employees and senior managers when concerns are raised</li> <li>▪ Reviewing and monitoring of this policy</li> </ul>
Raising Concerns Implementation and Steering Group	<ul style="list-style-type: none"> <li>▪ Contributing to the review and maintenance of this policy</li> <li>▪ Reviewing data from concerns raised and evaluating internal follow-up</li> <li>▪ Acknowledging concerns</li> <li>▪ Assisting member of staff to progress their concerns</li> <li>▪ Covering issues through appropriate channels</li> </ul>
Staff side representatives	<ul style="list-style-type: none"> <li>▪ Receiving Concerns</li> <li>▪ Supporting staff with concerns</li> </ul>
Employees	<ul style="list-style-type: none"> <li>▪ Raising concerns</li> <li>▪ Exhausting this process before raising issues with external organisations (see exceptions in section 11)</li> </ul>

#### 5. TYPES OF CONCERNS

The types of concerns that could be raised may include:

- Treatment which falls below the expected standards of care
- Safeguarding issues concerning children or vulnerable adults
- Inappropriate relationships between a patient and member of staff
- Where a criminal offence has been committed, is being committed, or is likely to be committed
- Concerns about involvement in violent extremism or terrorist activity (NHS PREVENT Strategy – see flowchart for actions in these circumstances)
- Suspected fraud including improper use of public or other funds
- Incidents of suspected bribery
- Disregard for legislation, particularly in relation to health and safety at work
- That the environment has been, or is likely to be damaged
- Breach of standing financial instructions
- Breaches of codes of conduct
- Abuse of authority
- Misconduct or malpractice
- Information on any of the above has been, is being, or is likely to be concealed

This is not an exhaustive list.

#### 6. PRINCIPLES

- Raising concerns can help patients, colleagues and the Trust
- Everyone has a **shared responsibility** to make things work better
- Everyone has an **individual responsibility** where appropriate to raise concerns – someone else might not think of doing it
- The Trust will undertake to give an **open and professional response** when concerns are raised
- **Feedback will be given by managers** where you have given your name; individuals are encouraged to ask for a response if they have not received one

## 6.1 Barriers to raising concerns

There are common feelings or experiences that can be barriers to raising concerns, such as:

- The individual may feel it is none of their business
- There is only a suspicion without hard evidence
- It feels like disloyalty to colleagues, managers or the Trust/the NHS
- Concerns have been raised before, and nothing happened, or it caused trouble
- Fear of intimidation or reprisal
- Lack of time or opportunity
- Someone else may have already raised it; it's unclear who is responsible for raising concerns

## 6.2 Considerations

- The **patient's interests** are paramount – raising concerns can help prevent harm to patients, service users and fellow employees
- **Workplace safety** – this is at the heart of all NHS activities – raising concerns can help protect patients, service users and fellow employees
- **Individual safety** - Staff are able to speak out on serious issues through local processes without fear of being penalised
- Raise concerns **at the earliest opportunity** – it is not necessary to wait for proof, or to attempt to investigate an issue yourself
- Always consider the possibility of what would happen if you **do not** raise a concern. Some questions which may be helpful in reaching this decision can be found in ([add hyperlink to related document](#))

## 6.3 Limits of responsibility

- The person raising a concern is a **witness** not a **complainant**. The role of the person raising the concern is to let the facts speak for themselves and to allow the responsible manager to determine what action to take.
- Employees who are members of a professional regulatory body (e.g. NMC, GMC) have a duty to raise concerns. It is a disciplinary matter for any member of staff to **knowingly** make a false allegation of malpractice in the workplace

## 6.5 Protecting employees' confidences

The Trust will not tolerate the bullying, harassment or victimisation of anyone raising a genuine concern. However, we recognise that you may wish to raise a concern in confidence under this policy. If you ask us to protect your identity by not revealing your name, 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 (for instance if evidence is required in court) we will discuss this with you and make a joint decision on how to proceed.

We will investigate all anonymous reports received but it is more difficult for us to do so. Where possible appropriate action will be taken in accordance with this and other Trust policies, but we will not be able to give any feedback into the outcome of the investigation.

**Important note: where the law has been broken, the Trust has an absolute duty to report an issue to the police and it is not possible for an individual to be anonymous under these circumstances.**

## 6.6 Commitment to protecting those who raise concerns

- Staff are very much encouraged to raise any concerns at the earliest opportunity about safety, poor practice, or wrongdoing at work

- We are committed in supporting all staff (including volunteers) that raise concerns and will respond to and investigate concerns raised
- We will continue to fully support staff even if they are found to be mistaken or their concerns prove not to be founded, unless staff are acting maliciously or in breach of their legal duties.
- We confirm that you are protected under the Public Interest Disclosure Act if you use this policy in accordance with what is set out in it

## 6.7 Providing support

Employees are able to contact their manager, Human Resources staff, trade unions or professional associations for specialist advice on raising concerns or whistleblowing issues. The charitable organisation Public Concern at Work is also able to provide free, confidential advice.

All employees have a statutory right to be accompanied by a representative of a trade union, professional association or a work colleague not acting in a legal capacity when attending any meetings convened under this policy.

## 7. HOW TO RAISE CONCERNS

The Trust has established a process for dealing with concerns raised by employees. See action card RC1 ([add hyperlink](#)) for employees who wish to raise a concern. Staff may raise concerns through one of the following routes:

- In the first instance if employees have concerns they should where possible raise them with their immediate line manager.
- If staff feel unable to approach their immediate line manager for any reason, or have approached them already and not got a satisfactory response, staff are encouraged to raise the matter with their senior manager or divisional lead.
- Trade union representatives may be approached at any time; contact may be made through a union directly or through the staff side chairs or LNC on [staffcommittee@glos.nhs.uk](mailto:staffcommittee@glos.nhs.uk)
- If the above have been followed and/or staff still have concerns or feel that the matter is serious they may approach an Executive Director or the Chief Executive

Other ways of raising concerns:

- Use the 5757 Incident Reporting Line or file an online incident report using Datix Web. Note that anonymous concerns raised through the incident reporting systems cannot be followed up with the individual
- Executive Directors may also be approached during “walkabout” sessions which take place regularly across the Trust
- Where the issue relates to safeguarding, see the Trust’s [Safeguarding Adults](#) and [Safeguarding Children](#) policies
- Concerns about fraud, corruption or bribery may be reported directly to the [Counter Fraud Service](#)
- If staff wish to raise a concern internally but do not feel happy using the normal management chain as outlined above they may also use the Trust’s externally hosted, anonymous Speak in Confidence service; see action card RC3 ([add hyperlink](#)).

Whilst there are a number of external mechanisms for staff to raise concerns, NHS and social care staff may also contact the independent whistleblowing helpline sponsored by the Social Partnership forum and Public Concerns at Work on **08000 724725**. This helpline provides free and independent confidential advice for individuals with concerns ([add hyperlink to website](#) – the Trust is not responsible for the content of external websites).

## 8. INVESTIGATION/INQUIRY

## 8.1 Carrying out the investigation

**Note: See action card RC2 ([add hyperlink](#)) for details of actions that management will take when a concern is received.**

Once you have told us of your concern, we will acknowledge it and look into it to assess initially what action should be taken. This may involve an onward referral, internal enquiry or a more formal investigation. We will tell you who is handling the matter, how you can contact them and whether your further assistance maybe needed. We will write to you summarising your concerns and setting out how we propose to handle it.

Incidents logged through Datix Web, Speak in Confidence and/or 5757 will be investigated according to [Managing, Reporting and Reviewing of Incidents/Accidents, Including Serious Incidents](#).

When you raise the concern you may be asked how you think the matter might best be resolved. If you do have any personal interest in the matter, we do ask that you tell us at the outset. If your concern falls more properly within the Trust Grievance and Disputes procedure ([add hyperlink](#)) we will tell you.

Our Trust will investigate anonymous reports received and ensure the appropriate action is taken in accordance with this and other Trust policies.

## 8.2 Outcomes

If the result of the investigation is that there may be a case to be answered by any individual(s), this will be addressed under the Trust's [Disciplinary Policy](#).

Where there is no case to answer but the employee held a genuine concern and was not acting maliciously, the senior manager who has investigated the issue must ensure that the employee suffers no reprisals from raising the concern.

Where the investigation concludes that false allegations have been made maliciously, the Trust will consider appropriate disciplinary action.

## 8.3 Timelines

- When an urgent concern is raised by an individual openly, we will acknowledge it within three working days
- Resolving a concern which has been raised will depend on the issue; some cases will take longer than others. However, we will ensure that you are updated regularly by the person conducting the investigation
- Any incident reported through Datix Web/5757/Speak in Confidence will be investigated according to the Trust's standard procedures

## 8.4 Feedback

When an investigation has been concluded, we will arrange for you to receive appropriate feedback where possible. It is more difficult to investigate anonymous concerns, and feedback cannot be given to the individual.

However, the Trust aims to take steps to understand the key themes arising from the issues which have been raised, and to take appropriate actions to address them. Information on key themes of concerns which have been raised will also be published, along with their outcomes where it is possible to do this without identifying individuals. This will be done through the Raising Concerns Implementation and Monitoring Steering Committee which will be chaired by a Non-Executive Director.

## 9. CONFIDENTIALITY

The following information from the Trust's policy on Data Protection and Confidentiality ([add hyperlink](#)) relates directly to raising concerns and/or whistleblowing:

- All NHS employees have a duty of confidentiality to patients. Breaches of confidentiality are a serious matter and will normally warrant disciplinary action. Exceptions to this are listed in the Safeguarding Adults and Safeguarding Children Policies ([add hyperlinks](#))
- Employees have a duty of confidentiality to their employer, except if it can be argued that breaching this confidentiality is in the public interest. Staff considering this course of action are strongly advised to take advice (e.g. from professional organisations, trade unions or regulatory bodies) before taking action, as inappropriate breaches of confidentiality may lead to disciplinary action

If you decide to contact an external organisation, **please consider patient confidentiality when disclosing information.**

## 10. REFERENCE TO OTHER BODIES

It is expected that the Trust's internal raising concerns/whistleblowing processes will have been followed before engaging with external organisations or the media. These include:

- **Regulatory organisations** – these include statutory bodies such as the GMC, NMC etc.
- **Health Service Ombudsman** – for complaints made by staff on behalf of patients, when there is nobody more appropriate to act on their behalf
- **Members of Parliament**
- **Counter Fraud Service** – via the Gloucestershire Counter Fraud Unit
- **Media** – staff should consider carefully any information they are considering releasing into the public domain, and must ensure that issues of confidentiality are appropriately addressed. **Specialist advice is strongly recommended before any contact with the media**

**Patient safety is always paramount and there may be an immediate need to contact an external organisation.**

However this doesn't remove an individual's entitlement to raise a concern using the principles of the Public Interest Disclosure Act 1998. The act also lists exceptional circumstances where a concern may be raised directly with an external body. These are:

- Serious misuse of public sector finances – refer to Audit Commission or Charities Commission
- Fraud, bribery and tax irregularities – refer to local Counter Fraud Unit, HM Revenues and Customs
- Serious Health and Safety breaches – refer to Health and Safety Executive or Local Authority
- Environmental dangers – refer to Environment Agency
- Serious concerns of violent extremism or terrorism – refer to Police (see also PREVENT Strategy flowchart – [add hyperlink](#))

## 11. TRAINING

There is no formal training associated with this policy.

## 12. MONITORING OF COMPLIANCE

Criteria (objective to be measured)	Monitoring methodology	Lead responsible	Timescales	Reporting arrangements
Monitoring of concerns raised	Identification of key themes by the Raising Concerns Implementation and Steering Committee ( <a href="#">hyperlink to group's terms of reference</a> )	Named Non-Executive Director	Ongoing	Review by Quality Committee

### 13. REFERENCES

ACAS: Guidance on Whistleblowing. [www.acas.org.uk](http://www.acas.org.uk)

Home Office. PREVENT Strategy. (2011). [www.homeoffice.gov.uk](http://www.homeoffice.gov.uk)

Department of Health (2011) The NHS Constitution and Whistleblowing; consultation report. London: Department of Health.

NHS Employers (2012). The Speaking Up Charter – a commitment to work together to support those who raise concerns in the public interest. London: NHS Employers.

Social Partnership Forum and Public Concern at Work (2010). Speak up for a Healthy NHS. [www.socialpartnershipforum.org](http://www.socialpartnershipforum.org)

HM Government Command Papers (1998, amended 2010 and 2013). Public Interest Disclosure Act 1998. London: HMSO

### RAISING CONCERNS POLICY – DOCUMENT PROFILE

DOCUMENT PROFILE	
REFERENCE NUMBER	B0312
CATEGORY	Non-Clinical
VERSION	V2.1 (minor amendments)
SPONSOR	Dave Smith, Director of HR and OD
AUTHOR	Mike Seeley, Deputy Director of HR and OD (technical authoring support, Kym Ypres-Smith)
ISSUE DATE	July 2012
REVIEW DETAILS	July 2015 - review by Director of HR and OD
ASSURING GROUP	Trust Policy Assurance Group
APPROVING GROUP	HR Performance Management Group; HR Policy Group; Joint Negotiation Committee
APPROVAL DETAILS	Policy application: July 2012 Policy approval: July 2012, TPAG; minor amendments:
CONSULTEES	HR Performance Management Group, HR Policy Group, Joint Negotiation Committee
DISSEMINATION DETAILS	Upload to Policy Site; global email; cascaded via divisions
KEYWORDS	Whistleblowing, concern
RELATED TRUST DOCUMENTS	Action cards WB1 and WB2 ( <a href="#">add hyperlinks</a> )
OTHER RELEVANT	<a href="#">Disciplinary Policy</a> ; <a href="#">Health and Safety Policy</a> ; Data

DOCUMENTS	Protection and Confidentiality; Counter Fraud, Grievance and Disputes; <a href="#">Standing Financial Instructions</a> ; <a href="#">Safeguarding Adults</a> ; <a href="#">Safeguarding Children</a> ; <a href="#">Resolution of Clinical Disagreements Managing, Reporting and Reviewing of Incidents/Accidents, Including Serious Incidents</a> ; Mandatory Training Policy (add hyperlinks)
EXTERNAL COMPLIANCE STANDARDS AND/OR LEGISLATION	<ul style="list-style-type: none"> <li>▪ NHSLA, standards 2.2 and 2.10</li> <li>▪ Public Interest Disclosure Act 1998</li> <li>▪ NHS Constitution (2012 amendments)</li> <li>▪ The Speaking Up Charter 2012</li> <li>▪ <a href="#">Home Office PREVENT Strategy</a></li> <li>▪ <a href="#">ACAS: Guidance on Whistleblowing</a></li> <li>▪ Bribery Act 2011</li> </ul>

**RAISING CONCERNS / WHISTLEBLOWING POLICY ACTION CARD**

EMPLOYEE GUIDE

RC1

FOR USE BY: All employees

LIAISES WITH: line managers, Designated Officers, HR managers, staff side representatives

Read this document in conjunction with the Trust's Raising Concerns Policy ([add hyperlink](#)), which details the types of concerns which employees may wish to raise. If you fear that there is an **immediate danger** to life or limb, contact the police using 999.

**Cautions:**

- Use the Trust process first before contacting external bodies
- If the issue is a serious concern which is covered by the Public Interest Disclosure Act (see section 10 of policy), it may be appropriate to contact an external body directly – **take advice first**
- Do not use this process for raising grievances, refer to the Trust [Grievance and Disputes Procedure](#) for this purpose
- It is advised that you do not contact external media organisations (e.g. radio, newspapers) without taking specialist advice from a trade union/professional association/Public Concern at Work first

**Raising a Concern:**

- In the first instance, raise with line manager. This may be done verbally or in writing
- Concerns that have not been satisfactorily dealt with or where employees feel that they cannot approach their line manager may be raised directly with a senior manager/ Divisional lead or an Executive Director, Non-Executive Director, Chief Executive or the Trust Chair. Their names are available on the Trust intranet or through the Switchboard. If a concern arises relating to the Chief Executive of the Trust, contact the Trust Chair. If the matter relates to the Trust Chair, contact one of the Non-Executive Directors
- Ensure that any safeguarding adults or children concerns are passed on to a line manager or Duty Lead Nurse
- Concerns may also be raised confidentially using the 5757 Incident Reporting line, filing an incident report using Datix Web or using the external Speak in Confidence service – see action card RC3 ([add hyperlink](#))
- Make contact with a trade union, Professional Association or Public Concern at Work if you feel you need support
- You will be given feedback on your concern after any investigations have taken place if you have given your name. Otherwise, the Trust will periodically publish concerns which have been raised and actions taken.

**Confidentiality:**

- You may raise a concern anonymously if you wish, but it may be more difficult to investigate the issue, and you will not be able to receive any feedback on it
- All information that you raise will be treated in the strictest confidence and your name will not be made known without your permission
- In certain cases, such as if the information you have given will be needed as evidence in court, you will not be able to remain anonymous

**Protection of Employees:**

- The Director of HR and OD will ensure that employees who raise concerns will not suffer any reprisals; if you fear harassment or victimisation, or experience any after raising a concern, make contact with them immediately
- Your identity will only be disclosed with your consent. It may not be possible to keep a matter completely confidential in very serious cases, such as if you are required to give evidence in court
- If you are called to any meetings about the concern that you have raised, you may bring a representative from a Trade Union, Professional Association, or a work colleague from this Trust acting in a non-legal capacity with you

<i>RAISING CONCERNS/WHISTLEBLOWING POLICY ACTION CARD</i>	
<b>INVESTIGATION PROCESS</b>	<b>RC2</b>
<b>FOR USE BY:</b> Designated Officer (Executive Directors, Non-Executive Directors, Chief Executive, Trust Chair)	<b>LIAISES WITH:</b> employees, line managers, HR managers, staff side representatives, Trust Board
<p><b>Read this document in conjunction with the Trust’s Raising Concerns Policy <a href="#">(add hyperlink)</a>.</b></p> <p><b>Processing concerns when they are received:</b>            There are numerous ways in which employees can raise their concerns and how these are dealt with will depend on how they are reported.</p> <ul style="list-style-type: none"> <li>• Concerns received directly by managers will be initially investigated by them and reported on using the template <a href="#">(add hyperlink)</a> unless it feeds into a formal procedure (e.g. Disciplinary). Details of the concern will be passed on to the Employee Relations Manager, who will either allocate a senior manager to investigate further, or refer to the Director of HR and OD</li> <li>• Concerns received through the 5757 Incident Reporting line or Datix Web are dealt with initially by the Risk Department and referred on to the Employee Relations Manager</li> <li>• Concerns raised through the Speaking in Confidence system will be dealt with according to action card WB3 <a href="#">(add hyperlink)</a></li> <li>• Issues relating to the Chief Executive or Trust Chair - concerns raised about the Chief Executive will be referred to the Trust Chair; concerns raised about the Trust Chair will be referred to a Non-Executive Director</li> </ul> <p><b>Process on receiving a concern:</b>            Where the employee(s) has raised a concern directly, the initial steps to be taken are:</p> <ul style="list-style-type: none"> <li>• Arrange for a confidential interview with the employee raising the concern (with a staff side representative or colleague to support them if they wish)</li> <li>• Ask the employee whether they wish their identity to be kept confidential as far as possible</li> <li>• Reassure the employee about protection from reprisals or victimisation</li> <li>• Ask the employee whether they wish to make a verbal statement</li> <li>• Write a brief summary of the interview, to be agreed by both parties</li> <li>• Prepare initial report using the template <a href="#">(add hyperlink)</a> and pass to the Employee Relations Manager</li> </ul> <p><b>Following initial meeting:</b>            The Employee Relations Manager will:</p> <ul style="list-style-type: none"> <li>• Report to the Chief Executive/Trust Chair/Non-Executive Director who will be responsible for the commission of any further investigation</li> <li>• Ensure that any urgent issues are dealt with quickly (these may include concerns about safeguarding, violent extremism/terrorism, serious criminal offences)</li> <li>• Brief local managers to understand communication and/or support needs in the case, and how to manage speculation</li> </ul> <p><b>Investigation:</b>            The senior manager will:</p> <ul style="list-style-type: none"> <li>• Ensure the investigation is carried out in strict confidence (do not inform the subject of the complaint until it becomes necessary to do so) <b>UNLESS</b> the allegation concerns ill-treatment of patients</li> <li>• If there is a danger to patient care, discuss options with HR managers (which may include exclusion) – <b>patient care is paramount</b>. Involve the Trust Performance Panel where appropriate</li> <li>• Ensure that any interviews with Counter Fraud or the Police are held off-site in a neutral place</li> <li>• Keep appropriate records of the investigation process</li> <li>• Prepare investigation report for presentation to Chief Executive/Trust Chair/nominated Non-Executive Director</li> <li>• Ensure the whistleblower is informed about the investigations and its outcome (excluding the details of any action taken regarding individuals).</li> </ul>	

**RAISING CONCERNS/WHISTLEBLOWING POLICY ACTION CARD**

**INVESTIGATION PROCESS**

**RC2**

**FOR USE BY: Designated Officer (Executive Directors, Non-Executive Directors, Chief Executive, Trust Chair)**

**LIAISES WITH: employees, line managers, HR managers, staff side representatives, Trust Board**

Contd.

**Inquiries:**

- If the investigation raises a very serious or complex issue, an inquiry may be held
- The Chief Executive/Trust Chair/nominated Non-Executive Director will decide is an inquiry panel is to be established and the appropriate membership
- Ensure trade unions are informed of the scope and details of the inquiry

**Following outcome of investigation/inquiry:**

- The Chief Executive/Trust Chair/nominated Non-Executive Director will brief the senior manager as to the outcome of the investigation
- Where a concern has been raised directly, the senior manager will arrange a debriefing meeting with the employee who raised the concern, to give feedback on any action taken (this will not include details of any disciplinary action, as this is confidential)
- Feedback will be provided within two weeks of the outcome of the investigation
- Ensure any public communications about the outcome do not identify the whistleblower
- Give thanks in confidence to the staff involved
- Where a concern has been raised anonymously, the information will be passed to the Raising Concerns Implementation and Monitoring Steering Group for inclusion in the next published report about concerns raised across the Trust.

**Concerns raised anonymously:**

- All complaints will be reviewed and addressed by the Raising Concerns Steering Group
- There can be no individual response, but themes will be logged and published in Outline or on the Trust intranet site
- Responses to issues raised through Speak in Confidence – will be monitored by the Raising Concerns Steering Group [see RC3].

**ALWAYS ENSURE ALL RELEVANT ACTIONS ARE DOCUMENTED!**

**RAISING CONCERNS/WHISTLEBLOWING POLICY ACTION CARD**

SPEAK IN CONFIDENCE

RC3

FOR USE BY: All employees

LIAISES WITH: Senior managers/staff side personnel

**How the system works:**

SpeakInConfidence enables employees to communicate anonymously with the Trust through a third party organisation.

You can create a dialogue with senior management/HR/Staff Side and know that your identity is secure.

**Important note to all:**

**You are asked to use the system responsibly – this is not an opportunity to abuse others! The system allows abusive reports to be logged and the company will take action which can include giving a warning or suspending you from the system.**

**Registering to use the system:**

- All employees will be able to register with the externally hosted SpeakInConfidence system; they will ask for your email address, but this will **NEVER** be shared with the Trust

**Using the system:**

**Note: there is a full online user guide for the system available at [www.speakinconfidence.com/user-guide/](http://www.speakinconfidence.com/user-guide/)**

- You can choose who to send your concern to and this individual will receive an email stating that there is a message for them. They do not know who has sent it
- You can choose a category for the issue you are raising – these include: Patient Care and Safety; Staff Conduct and Behaviour; and Suspected Fraud.

**Getting a response:**

- The lead person you have chosen to contact will receive an email informing them that there is a message on the system, and then will log in to retrieve it
- If the lead does not respond with a certain time, they will receive reminders until they log in to see the message
- All responses will be handled through this system and there can be a two-way dialogue until your issue is resolved

**Closing down the issue:**

- When you and the lead person are satisfied that the issue has been resolved, the lead person can log the issue as “closed” on the system
- Users can give agreement for the issue and the response to be published, although it is the lead person’s choice to whether information is published

**ALWAYS ENSURE ALL RELEVANT ACTIONS ARE DOCUMENTED!**

## Raising Concerns Communications Strategy September 2014

### 1. Introduction

As part of the Culture Change project and following the Mid Staffordshire Francis Inquiry, the Trust is reviewing the Whistleblowing policy and has set up a short life working group to do this and to agree the communication of this project.

### 2. Aims

This strategy describes how the communications will help the short life working group to inform staff about the policy and the many different ways in which they can raise concerns.

#### 2.1 Key Objectives

- **Internally (at GHNHSFT)**  
To develop a programme of communications to:
  - Develop** an understanding of the need to raise concerns internally
  - Challenge** the view that we do not do anything about these concerns when raised
  - Explain** the ways in which staff can raise concerns and how they will hear updates
  - Engage** staff in the process – taking actions forward
- **Externally (media and web)**  
To demonstrate we are an open and accountable organisation which encourages staff to feedback concerns without fear of reprisal.

#### 2.2 Key messages

- Raising concerns can help patients, colleagues and the Trust
- Everyone has a **shared responsibility** to make things work better
- Everyone has an **individual responsibility** where appropriate to raise concerns – someone else might not think of doing it
- The Trust will undertake to give an **open and professional response** when concerns are raised
- **Feedback will be given by managers** where you have given your name; individuals are encouraged to ask for a response if they have not received one

### 3. Audiences & Methods

This will link in with the overarching Culture Change programme and will target:

- All staff
- Managers

**4.2** The following summarises the main channels through which the messages will be disseminated **internally**

- Outline
- Involve
- Intranet
- Poster
- Global email
- Credit card
- Emails to managers from our Staff Side and HR Director
- Direct contact for departments and target staff groups/ face to face briefings
- Short video on intranet

#### 4. Key challenges

- Resistance/ antipathy from staff
- To demonstrate that staff are valued and being listened to
- To encourage people to engage with the process
- Tight timescale for launch

#### 4. Monitoring and Evaluation

When developing and carrying out the action plan, the Communications Team will assess its effectiveness and amend where necessary.

This assessment should consider the following:

- Whether activities are reaching the right audiences
- Whether knowledge/awareness is increasing
- Whether perceptions have changed

#### 5. Timescales

DATE	ACTION	LEAD	PROGRESS
September '14	Collateral amended		Done
	Posters and cards sent to print		In progress
	Coming Soon article placed in Sept edition of Outline based on previous month's article.		Done
	Intranet slider		To follow
	Involve article placed		Done
	Dave Smith to present to Main Board 26 <sup>th</sup> September		To follow
	Posters and cards to be sent out		In progress

	across Trusts (sent to wards and departments)		
<b>October '14</b>	<p>Launch 1<sup>st</sup> October:</p> <ul style="list-style-type: none"> <li>• Policy Release</li> <li>• Intranet page</li> <li>• Global email</li> <li>• Outline article placed</li> <li>• Involve article placed</li> <li>• Briefing materials for Divisional/ department leads (developed by Mike Seeley)</li> </ul> <p>Dave Smith to present at TMT 8<sup>th</sup> October</p>		<p><b>To follow</b></p> <p><b>To follow</b></p>
<b>November '14</b>	<p>Speak in Confidence to be operational</p> <ul style="list-style-type: none"> <li>• Intranet page to be updated</li> <li>• Global email</li> <li>• Outline article placed</li> <li>• Involve article placed</li> </ul>		<b>Date to be confirmed</b>
<b>December '14</b> <b>Onwards</b>	<p>Review launch &amp; address gaps</p> <p>Reminder articles bi-monthly in Outline Magazine.</p>		<p><b>To follow</b></p> <p><b>To follow</b></p>

## Raising Concerns – Implementation and Monitoring      Terms of reference

**Frequency:** Quarterly  
**Lead:** Helen Munro

**Membership:**  
 Helen Munro (NED), Dave Smith (HRD), Dawn Cooper/Gill Bliss (Joint Staff Side Chairs), Andrew Seaton (Director of Safety), Heather Beer (Head of Patient Experience, Maggie Arnold (Nursing Director), Sean Elyan, (Medical Director), Sarah Brown (Comms), Glyn Matthews, Lynn Webb, Kym Ypres-Smith, Nicola Turner

**PURPOSE:** To review the effective implementation of the policy and to understand the key themes arising from the concerns/issues raised

**OBJECTIVES:**

1. To establish methodologies for reviewing the effectiveness of implementation ('pulse tests', 'focus groups' etc)
2. To review data on volumes, themes and responses
3. To consider changes/amendments to processes to improve effectiveness
4. To inform the Quality Committee/Board/senior managers of themes arising from the issues raised
5. To inform staff of key themes and ensure profile remains high in the organisation

**Outputs:**

1. Improvement in patient outcomes
2. Improvement in staff survey scores on questions relating to raising issues and staff being listened to.
3. Quarterly report to Quality Committee/JSCC including key themes
4. Annual work plan (subject to data review)

**Ground rules:**

1. Focus on understanding issues/themes and effective responses
2. Willingness to challenge existing processes/procedures