

<b>Raising Concerns; Freedom to Speak Up Policy</b>	
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<p><i>Newly developed Trust-wide CBRs will be allocated an eLibrary reference number following Trust approval. Reviewed Trust-wide CBRs must retain the original eLibrary reference number.</i></p> <p><i>The Quality department will progress all new, re-written and reviewed CBRs for final Trust approval.</i></p>	
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<b>Title of Author:</b>	Director of Corporate Affairs
<b>Title of Chief Officer:</b>	Chief Executive Officer
<b>Target Audience:</b>	All Staff
<p><b><i>If printed, copied or otherwise transferred from eLibrary, Trust-wide Corporate Business Records will be considered ‘uncontrolled copies’. Staff must always consult the most up to date PDF version which is registered on eLibrary.</i></b></p> <p><b><i>As a controlled Trust-wide CBR, this record should not be saved onto local or network drives but should always be accessed from eLibrary.</i></b></p>	

<b>Summary of Trust-wide CBR:</b> (Brief summary of the Trust-wide Corporate Business Record)	To provide staff with access to a proper and widely publicised procedure for voicing their concerns when they encounter or suspect wrong-doing or malpractice, safe in the knowledge that they will not suffer personal detriment as a result of having done so.
<b>Purpose of Trust-wide CBR:</b> (Purpose of the Corporate Business Record)	Necessary to ensure that employees have the freedom to raise concerns about patient care or matters of business probity or conduct. It enables the Trust to influence the conduct of its employees and deal with issues that prevent the organisation to operate effectively.
<b>Trust-wide CBR to be read in conjunction with:</b>	Incident Management Policy Code of Conduct
<b>Relevance:</b>	Governance
<b>Superseded Trust-wide CBRs (if applicable):</b>	N/A

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<b>Chief Officer's Name, Title:</b>	Andy Hardy, Chief Executive Officer
<b>Title of Group/Department/Specialty:</b>	Executive Suite

Version	Consulting & Endorsing Stakeholders, Committees/Meetings/Forums etc <i>List all Consulting &amp; Endorsing Stakeholders, this can include direct consultation with individuals, Committees/Forums/Bodies/Groups, refer to guidance pack.</i>	Date
6.0	Chief Officers (virtually)	October 2016
6.0	Audit Committee	14 <sup>th</sup> November 2016
6.0	Partnership & Engagement Forum	12 <sup>th</sup> January 2017
6.0	Trust Board	30 <sup>th</sup> March 2017

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## **1.0 SCOPE**

1.1 Anyone who works (or has worked) in the NHS, or for an independent organisation that provides NHS services can raise concerns. This includes employees of UHCW, agency workers, temporary workers, TSS workers, students and holders of Honorary Contracts with the Trust.

## **2.0 INTRODUCTION -**

### **2.1 SPEAK UP WE WILL LISTEN**

2.1.1 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.

2.1.2 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.

2.1.3 These concerns are usually easily resolved but sometimes, they might be of a nature that it is difficult to know what to do; for example malpractice at work or a danger to patients, the public or colleagues, and this Policy provides advice as to who to contact in these circumstances.

2.1.4 This Policy is primarily for concerns that put the interest of patients, staff, the public or the Trust as a whole at risk. Where a worker raises a concern that relates to terms or conditions of employment that affect only them, the Grievance Policy or Dignity at Work Policy is to be followed as this Policy does not apply to, and cannot be utilised in respect of concerns of this kind.

## **2.2 FEEL SAFE TO RAISE YOUR CONCERN**

2.2.1. Following the publication of the Francis Report the Trust reviewed its former Whistleblowing Policy and renamed it to better reflect the culture that we aspire to. We are clear that we want our staff to feel able to speak up without fear of reprisal or consequence, and this Policy sets out the ways in which staff can do this.

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

2.2.3 We are very clear that the Trust is responsible for investigating concerns that are raised and for taking any disciplinary action, up to and including dismissal of any employee who is found to have harassed or victimised someone that has raised concerns. We will also take action against anyone that knowingly or maliciously makes false allegations under this policy.

2.2.4. Provided you are acting honestly, it does not matter if you are mistaken or if there is an innocent explanation for your concerns.

2.2.5 We will not utilise “gagging clauses” within contracts of employment which actively seek to prevent individuals from speaking out against concerns that they may have in relation to issues of safety, quality or probity

2.2.6 Concerns can be raised at any time; 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 as long as you are genuinely troubled. We would encourage our staff to raise concerns at the earliest opportunity to minimise the impact of the suspected or known malpractice or danger that they are concerned about.

### **3.0 POLICY STATEMENT**

3.1 This 'standard integrated policy' was one of a number of recommendations of the Freedom to Speak Up review undertaken by Sir Robert Francis into 'whistleblowing' in the NHS, aimed at improving the experience of 'whistleblowing' 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 normalise the raising of concerns for the benefit of all patients.

3.2 The Trust Board is committed to achieving the highest possible standards of quality, honesty, openness and accountability in line with the UHCW values; integral to this is fostering an open culture whereby it is not only safe and acceptable for all employees to speak up and raise concerns, but where this is actively encouraged.

3.3 The Policy links to our values; specifically 'openness' and also to the Duty of Candour that came into force in October 2014.

3.4 Our local process has been integrated into the policy at section 7 and provides more detail about how we will look into a concern.

3.5 We recognise that our staff are best placed to raise concerns and we welcome the contribution that they can make towards improving safety and standards. There are a number of existing mechanisms in place for staff to raise issues of concern that they encounter on a day-to-day basis. These include reporting incidents through the on-line incident reporting system (Datix), reporting risks that they become aware of and direct conversations or communication that takes place with line managers and other members of the management teams. Concerns raised through these well-established mechanisms are part of normal, good working practices and a culture of reporting.

3.6 We would therefore encourage staff to report concerns to their line manager in the first instance. We know however that this can be difficult in some circumstances and this Policy recognises and acknowledges the difficulties that can arise, and provides an additional safeguard to ensure that all concerns can be raised. It is not intended to override or replace existing arrangements that are in place.

3.7 The Policy exists to allow genuinely held concerns to be raised, and in the same way that we will not tolerate victimisation or attempts at preventing concerns from being raised, neither will we tolerate individuals using the Policy for personal motives, personal gain or with malicious intent. Disciplinary action may therefore follow in the event that the policy is misused and concerns are raised falsely or maliciously.

3.8 This policy is not for people with concerns about their employment that affect only them – that type of concern is better addressed by our Grievance or Dignity at Work Policies.

## **4.0 DEFINITIONS**

### **4.1 Disclosures Protected by Law**

Certain disclosures of information are protected by law in line the Public Interest Disclosure Act 1998 (as amended) and the Enterprise and Regulatory Reform Act 2013.

The law provides protection to workers who provide information which, in the reasonable belief of the worker making the disclosure, is made in the public interest and tends to show one or more of the following:-

- a) A criminal offence has been committed, is being committed, or is likely to be committed.
- b) That a person has failed, is failing, or is likely to fail to comply with any legal obligation to which he/she is subject.
- c) That a miscarriage of justice has occurred, is occurring, or is likely to occur.
- d) That the health or safety of an individual has been, is being, or is likely to be endangered.
- e) That the environment has been, is being, or is likely to be damaged.
- f) That information tending to show any matter falling within one of the preceding paragraphs has been, is being, or is likely to be deliberately.

**4.2 Concerns:** 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)
- A bullying culture (across a team or organisation rather than individual instances of bullying)
- Fraud or other financial irregularity
- Corruption
- Offering or taking bribes
- Dishonesty
- Mis-reporting performance data
- Criminal activity
- Endangering the health and safety of an individual(s)
- Deliberate concealment or destruction of any information relating to a concern
- Damage to the environment.

It should be noted that this list is not intended to be exhaustive and in the event of uncertainty, it is better to report a concern early in order to ensure that both patients and staff are protected.

For further examples please see the Health Education England video:

<https://www.england.nhs.uk/ourwork/whistleblowing/raising-a-concern/>

**4.3 Grievance:** a complaint relating to an employee's own personal terms and conditions or about a decision affecting an employee at work.

## **5.0 DUTIES AND RESPONSIBILITIES**

### **5.1 The Trust Board;**

The Trust Board has overall responsibility for ensuring that the organisation operates in accordance with all applicable statutory and regulatory requirements and will therefore approve this Policy. 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 Trust Board supports staff raising concerns and wants staff to feel free to speak up.



## **5.2 The Chief Executive Officer**

The Chief Executive Officer is responsible for ensuring that mechanisms are in place for staff to report concerns and for bringing these to the attention of the Trust Board where this is warranted. The Director of Corporate Affairs will produce this Policy on behalf of the Chief Executive Officer and will also provide appropriate support.

## **5.3 Audit Committee;**

The Audit Committee is responsible for reviewing the effectiveness of the arrangements that the Trust has in place for staff to raise concerns and will therefore periodically review this Policy and its effectiveness.

## **5.4 Freedom to Speak Up Guardian**

The Freedom to Speak Up Guardian 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. Contact details can be found in appendix 1.

## **5.5 Designated Officers:**

Designated Officers are responsible for ensuring that all concerns that are raised with them are dealt with in the appropriate way. The following individuals are Designated Officers that can be contacted by any member of staff with concerns that cannot be dealt with more appropriately through other mechanisms:

- Any Chief Officer of the Trust Board (Executive Director)
- Chairman
- Audit Committee Chair (Non-Executive Director lead for Raising Concerns)
- Director of Corporate Affairs
- Local Counter Fraud Specialist

Contact details for the Designated Officers can be found in appendix 1 to this policy. Changes to the Designated Officers may take place from time to time and any such change does not require the Policy to go through the approval process again.

## **5.6 Confidential Contacts**

The Trust has established a network of Confidential Contacts, who are staff from a variety of different roles and levels in the organisation and whose role is to signpost colleagues when they have a concern about any wrongdoing or poor practice. The contacts have been trained to provide this service and the types of concerns Confidential Contacts can listen to, are from people who might feel bullied or harassed or have concerns about the conduct of a colleague impacting on patient/staff safety.

Confidential Contacts allow people to determine how they can best resolve their problem. This may include tackling it themselves, making use of a workplace procedure (such as Grievance or Dignity at Work) or by some other means.

## **5.7 Local Counter Fraud Specialist (LCFS)**

The LCFS is responsible for investigating concerns relating to fraud, bribery or corruption in line with guidance from NHS Protect. Where a concern relates to a potential fraud, bribery or corruption, staff should contact the Trust's Local Counter Fraud Specialist (contact details are set out in appendix 1) or the Trust's Chief Finance & Strategy Officer. Any Manager made aware of possible fraud, bribery or corruption should also contact the Local Counter Fraud Specialist at the earliest opportunity.

## **5.8 Line Managers**

Are responsible for acting upon and investigating all concerns that are brought to their attention, providing advice and support to staff, and for ensuring that this Policy is communicated to the staff that they are responsible for. Line Managers should be aware that raising concerns often takes a great deal of courage and must support staff that do so throughout the duration of the process. The level and type of support required will vary depending on the nature of the concern that is raised but advice should be sought from the Workforce Department and Occupational Health and from other support services as appropriate.

## **5.9 All Employees**

Are responsible for taking immediate action and raising concerns that they may have through the appropriate channels, and for speaking out to safeguard the health and well-being of those in our care.

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

### **5.10 Workforce Business Partners**

Are responsible for guiding and supporting managers and employees in relation to the use of this Policy.

## **6.0 POLICY DETAILS**

### **6.1 Legislative & Governance Framework**

6.1.1 This policy complies with the Public Interest Disclosure Act 1998 (“the Act”), which provides a framework of legal protection against victimisation or dismissal for workers who raise a reasonable and honest suspicion or genuine concerns about wrong doing or malpractice in the workplace, where these concerns are raised in accordance with the provisions of the Act.

6.1.2. There are 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 appendix 2 who you can make a protected disclosure to. To help you consider whether you might meet these criteria please seek independent advice from the Whistleblowing Helpline for the NHS and social care, Public Concern at Work or a legal representative (see section 7.3)

6.1.3. In addition, section 21 of the NHS Agenda for Change Terms and Conditions of Service Handbook states that all employees working in the NHS have both a contractual right and duty to raise any concerns they may have about malpractice, patient safety, financial impropriety or any serious risks that they consider to be in the public interest.

6.1.4 The NHS Constitution makes it clear that staff should aim to raise any genuine concern that they may have about a risk, malpractice or wrong-doing at work (such as a risk to patient safety, fraud or breaches of patient confidentiality), which may affect patients, the public, other staff or the organisation itself, at the earliest reasonable opportunity.

6.1.5 This Policy complements existing guidelines such as the NMC Code of Professional Conduct and GMC Guidance on Contractual Arrangements in Health Care. Staff have a duty under these arrangements to make known areas of concern/unsafe practice in relation to patient care.

## **7.0 LOCAL PROCEDURE**

### **7.1 Raising a Concern**

7.1.1 You can raise your concerns with any of the people listed in section 5 of this policy, by phone or in writing (including email). Whichever route you chose please be ready to explain as fully as you can the information and circumstances that gave rise to your concern.

7.1.2 We would encourage any individual reporting a concern and any manager receiving a report of a concern to keep an accurate record of any action that they take as a result.

### **7.2 How to Raise a Concern**

7.2.1 In many circumstances the easiest way to get your concern resolved will be to raise it formally or informally with your line manager (or lead clinician or tutor) as set out in option 1 below. But 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.

#### **7.2.2 Option 1**

Raise your concern with your line manager; he or she will assess the concern and decide what action to take or if further information or advice is required.

#### **7.2.3 Option 2**

If you feel that you cannot raise the concern with your line manager then you can speak to one of the senior managers within your department or Group i.e. Group Manager or Head of Department or one of the Trust's Confidential Contacts. Advice on who to report your concern to can also be obtained from the Workforce Department.

#### **7.2.4. Option 3**

If you feel that you cannot use option 1 or option 2 then you can raise your concern with any of the following:

1. Associate Directors of Nursing
2. Matrons
3. Clinical Directors
4. Associate Directors of Quality

#### **7.2.5 Option 4**

If you have tried options 1-3 but feel that your concern has not been addressed or if the matter is so serious that it cannot be discussed with any of these persons then you should speak to the Freedom to Speak Up Guardian or one of the Designated Officers set out in appendix 1.

### **7.3 Communicating with You**

7.3.1 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).

### **7.4 Reporting to External Bodies**

We have taken great care to ensure that this Policy provides a full range of options for reporting concerns internally, and that it provides access to the most senior individuals within the Trust. In order to ensure that public confidence in the Trust is not undermined unnecessarily, we therefore expect anyone wishing to raise a concern to do so internally in the first instance before referring matters to the media, the Police, the Care Quality Commission, Members of Parliament or other external agencies.

Contacting external bodies should only be considered if all of the internal procedures have been tried and the concern has not been dealt with properly but If however you have exhausted options 1-4 and you still feel that your concern has not been properly dealt with then you can contact the bodies known as prescribed bodies as listed in appendix 2.

## 7.5 Independent Advice

If you would like some impartial and independent advice on how to raise a concern then this can be sought from the following:

1. NHS Whistleblowing helpline; 08000 724 725 (weekdays between 0800 and 1800 – out of hours answering service on weekends and public holidays) or [www.wbhelpline.org.uk](http://www.wbhelpline.org.uk)
2. Public Concern at Work: 020 7404 6609 or refer to [www.pcaw.co.uk](http://www.pcaw.co.uk) (their lawyers can give independent confidential advice, at any stage, about raising concerns)
3. National Guardian Freedom to Speak Up:  
<http://www.cqc.org.uk/content/national-guardians-office>
4. National Fraud and Corruption Reporting Line **0800 028 40 60** (all calls to this line are treated in confidence.)
5. ACAS [www.acas.org.uk](http://www.acas.org.uk)
6. Professional bodies
7. Trade Union Representatives

## 7.6 What will we do?

7.6.1 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 (see appendix 3).

7.6.2 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 acknowledgment within 2-working days. The central record will record the date the concern was received, whether you have requested confidentiality, a summary of the concern and dates when we have given you updates or feedback.

## 7.7 Investigation

7.7.1 Where you have been unable to resolve the matter quickly (usually within a few days) with your line manager, we will carry out a proportionate investigation – using someone suitably independent (usually from a different part of the organisation) and properly trained – and we will reach a conclusion within a reasonable timescale (which we will notify you of). Wherever possible we will carry out a single investigation (so, for example, where a concern is raised about a patient safety

incident, we will usually undertake a single investigation that looks at your concern the wider circumstances of the incident. If your concern suggests a Serious Incident has occurred then an investigation will be carried out in accordance with the Serious Incident Framework. The investigation will be objective and evidence based and will produce a report that focuses on identifying and rectifying any issues, and learning lessons to prevent problems recurring.

7.7.2. We may decide that your concern would be better looked at under another process; for example, our process for dealing with bullying and harassment. If so, we will discuss that with you.

7.7.3 Any employment issues (that affect only you and not others) identified during the investigation will be considered separately.

## **7.8 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.

## **8.0 CONFIDENTIALITY**

8.1 We hope you will feel comfortable raising our 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 your name, but that may make it more difficult for us to investigate thoroughly and give you feedback on the outcome.

### **8.2 Anonymity**

8.2.1 We would rather concerns be raised anonymously than not at all, but doing so does create difficulties, and it is for that reason that we do not encourage concerns to be raised in this way. It is more difficult to investigate a concern when it is raised anonymously, because for example we cannot seek further information when it is

needed. We are also unable to protect the person raising the concern or give feedback if we do not know who they are.

8.2.2 In the spirit of an open culture, we will not presume that a concern is raised confidentially unless the individual raising it states that they wish this to be the case. In the event that confidentiality is requested and it becomes necessary for us to disclose identity or other relevant information for regulatory or statutory purposes we will inform the individual beforehand in order that we can offer support.

8.2.3 In considering whether to raise allegations in confidence, it is also important to realise that where concerns have previously been raised on an open basis, other staff may assume that the same individual is the source, whether or not this is the case. Although we are clear that we will not tolerate victimisation or harassment as a result of raising concerns and will take action accordingly, we cannot prevent other staff from making assumptions, and this is another reason why we encourage raising concerns in an open way.

### **8.3 Patient Confidentiality**

8.3.1. People that are in our care have a right to confidentiality and the right to expect that we will only use the information that we hold about them for the purpose for which they gave it to us. In order to preserve confidentiality, the general rule is that information should only be discussed with someone outside of the healthcare team if the person has given his or her consent.

8.3.2 There are however very limited exceptions to this which allow staff to pass on information without permission, if they believe that someone is at risk of harm and sharing the information would be in their best interest. These decisions will by their very nature always be complex and as such, staff are advised to seek advice before revealing the identity of a patient or service user.

## **9.0 SAFEGUARDING CONCERNS**

Safeguarding the health and wellbeing of those in our care means these people should not be exposed to abuse. Please refer to the Trust policies and guidance documents for any Safeguarding concerns, i.e. the Trust Safeguarding Reporting Flowchart and the Trust Policy on Protection of Adults at risk and any procedures relating to Safeguarding Children.



## **10.0 DISSEMINATION AND IMPLEMENTATION**

10.1 This policy will be available to all employees on the Trust's intranet site.

10.2 The re-launch of the newly named policy will be communicated via the Trust's internal communications mechanisms.

## **11.0 MONITORING COMPLIANCE**

11.1 The use of this Policy will be monitored via the annual NHS Staff Survey and by local surveys such as Staff Impressions

11.2 The effectiveness of the Policy will also be reviewed by the Audit Committee on an annual basis as one of the key systems of internal control

### **11.3 Monitoring Table**

Aspect of compliance or effectiveness being monitored	Monitoring method	Individual department responsible for the monitoring	Frequency of the monitoring activity	Group / committee which will receive the findings / monitoring report	Group / committee / individual responsible for ensuring that the actions are completed
Use of policy	Referrals	CEO/DOCA	Annually	Audit Committee	CEO

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

## **12.0 STAFF COMPLIANCE STATEMENT**

All staff must comply with this Policy and failure to do so may be considered a disciplinary matter leading to action being taken under the Trusts Disciplinary Procedure. Actions which constitute breach of confidence, fraud, misuse of NHS resources or illegal activity will be treated as serious misconduct and may result in dismissal from employment and may in addition lead to other legal action against the individual/s concerned.

A copy of the Trust's Disciplinary & Appeals Procedure is available from the eLibrary.

### **13.0 EQUALITY & DIVERSITY STATEMENT**

Throughout its activities, the Trust will seek to treat all people equally and fairly. This includes those seeking and using the services, employees and potential employees. No-one will receive less favourable treatment on the grounds of sex/gender (including Trans People), disability, marital status, race/colour/ethnicity/nationally, sexual orientation, age, social status, their trade union activities, religion/beliefs or caring responsibilities nor will they be disadvantaged by conditions or requirements which cannot be shown to be justifiable. All staff, whether part time, full-time, temporary, job share or volunteer; service users and partners will be treated fairly and with dignity and respect.

### **14.0 REFERENCES AND BIBLIOGRAPHY**

Public Interest Disclosure Act 1998 (as amended)

The Enterprise and Regulatory Reform Act 2013

NHS Employers, Speaking Up Charter

<http://www.nhsemployers.org/your-workforce/retain-and-improve/raising-concerns-at-work-whistleblowing/speaking-up-charter>

Nursing Times Speak Out Safely Campaign

<http://www.nursingtimes.net/opinion/speak-out-safely>

Whistleblowing Arrangements Code of Practice

<http://www.pcaw.org.uk/bsi>

NHS Employers Raising Concerns at Work

<http://www.nhsemployers.org/your-workforce/retain-and-improve/raising-concerns-at-work-whistleblowing>

Francis Report Recommendations:

<http://www.midstaffspublicinquiry.com/report>

### **15.0 UHCW ASSOCIATED RECORDS**

Grievance & Dispute Procedure

Dignity at Work Policy

Incident Management Policy

Code of Business Conduct Policy

## Appendix 1

- Any Chief Officer of the Trust Board
- Chairman
- Audit Committee Chair (Non-Executive lead for Raising Concerns)
- Director of Corporate Affairs
- Local Counter Fraud Specialist

<b>Chief Officers</b>	<b>Contact No</b>
Andy Hardy, CEO	Ext. 27614
David Moon, CFO	Ext. 27610
David Eltringham, COO	Ext. 27611
Nina Fraser, Interim CNO	Ext. 27615
Meghana Pandit, CMO	Ext. 27612
Karen Martin, CWIO	Ext. 27757
<b>Chairman</b>	
Andy Meehan	Ext. 27599
<b>Audit Committee Chair</b>	
David Poynton	david.poynton@uhcw.nhs.uk
<b>Freedom to Speak Up Guardian</b>	C/O Ext 27615
Rebecca Southall/Rita Stewart	
<b>Director of Corporate Affairs</b>	
Rebecca Southall	Ext. 27607
<b>Local Counter Fraud Specialist</b>	
Lisa Hines	Lisa.Hines@cwaudit.org.uk

## Appendix 2

External Bodies (prescribed bodies)<sup>1</sup> with whom concerns can be raised in the event that they have not been properly dealt with by the Trust:

**Care Quality Commission** about matters relating to the regulation and provision of health and social care.

CQC National Customer Service Centre  
Citygate  
Gallowgate  
Newcastle upon Tyne NE1 4PA  
Tel: 03000 616161  
[www.cqc.org.uk](http://www.cqc.org.uk)

**General Medical Council**

about matters relating to the registration and fitness to practise of a member of a profession regulated by the General Medical Council.

General Medical Council  
Fitness to Practise Directorate  
3 Hardman Street  
Manchester M3 3AW  
Tel: 0161 923 6602  
Email: [practise@gmc-uk.org](mailto:practise@gmc-uk.org)

**General Pharmaceutical Council**

about matters relating to the registration and fitness to practise of a member of a profession regulated by the General Pharmaceutical Council.

Investigating Team  
General Pharmaceutical Council  
25 Canada Square  
London E14 5LQ  
Tel: 020 3365 3603  
Email: [concerns@pharmacyregulation.org](mailto:concerns@pharmacyregulation.org)

**Health and Care Professions Council**

about matters relating to the registration and fitness to practise of health and care professional.

Health and Care Professions Council  
Park House  
184 Kennington Park Road  
London SE11 8BU  
Tel: 0845 300 6184  
[www.hpc-uk.org](http://www.hpc-uk.org)

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<sup>1</sup> <https://www.gov.uk/government/publications/blowing-the-whistle-list-of-prescribed-people-and-bodies--2>

**National Health Services Improvement**

about the performance of English NHS trusts, including clinical quality, governance and management of risk.

Wellington House  
133-155 Waterloo Road  
London  
SE1 8UG

T: 020 3747 0000

Email: [nhsi.enquiries@nhs.net](mailto:nhsi.enquiries@nhs.net)

Website: [improvement.nhs.uk](http://improvement.nhs.uk)

**Nursing and Midwifery Council**

about matters relating to the registration and fitness to practise of a registered nurse or midwife and any other activities in relation to which the Council has functions.

Nursing and Midwifery Council  
23 Portland Place  
London W1B 1PZ  
Tel: 020 7637 7181  
Email: [whistleblowing@nmc-uk.org](mailto:whistleblowing@nmc-uk.org)  
[www.nmc-uk.org](http://www.nmc-uk.org)

**NHS England**

For concerns about:

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

NHS England London,  
Skipton House,  
80 London Road,  
London, SE1 6LH

0203 182 4994

**Health Education England**

for education and training in the NHS

Health Education England  
1st Floor  
Blenheim House  
Duncombe Street  
Leeds  
LS1 4PL

**NHS Protect**

For concerns about fraud and corruption

<http://www.reportnhsfraud.nhs.uk/>

**0800 028 40 60** (between 8am and 5pm, Monday to Friday).

## Appendix 3

### Vision for raising concerns in the NHS

