

Freedom to speak up: raising concerns (whistleblowing) policy

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Version Control Sheet			
This must be completed and form part of the document appendices each time the document is updated and approved			
Date dd/mm/yy	Version	Author	Reason for changes
11/05/20	10	Kevin Moynes – HR Director and FTSU Executive Lead Terri Vaselli – Freedom to Speak Up Guardian Jayne Taylor – HR Advisor	General review
08/07/20	10.1		Section 4.2 remove 2nd bullet. Section 4.2.1; remove 'found under 'help for staff'. Section 4.3, new 2nd paragraph and section in 3rd paragraph. Appendix 1, additional new bullet and update postcode.
10/07/20	10.2		Addition of Section 4.4.1
18/08/20	10/03		Section 4.4.1 updated to remove duplicated information

Consultation / Acknowledgements with Stakeholders		
Name	Designation	Date Response Received
	HR Policy Group	
	HR Business Partners Various Trust Managers	
	Trade Union Representatives	

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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 whistleblowing in the NHS, aimed at improving the experience of whistleblowing in the NHS and this policy sets out the actions you can take to raise any concern and the actions we will take.

2 General Principles / Target Audience

This policy applies to all current and ex-employees of Blackpool Teaching Hospital NHS Foundation Trust. It also applies to contractors, volunteers or service providers. Some areas of existing practice carry a duty to report, for example where there are child protection issues. In addition, many professional codes of practice detail a professional duty to raise concerns. This policy builds on existing good practice and invites all staff to feel confident to raise concerns and be assured that they will be dealt with appropriately in accordance with this policy.

3 Definitions and Abbreviations

LCFS Local Counter Fraud Specialist

NHS Constitution

The NHS Constitution establishes the principles and values of the NHS in England. It set our right to which patients, public and staff are entitled.

Protected Disclosure

An issue raised for which there is legal protection

PIDA Public Interest Disclosure Act 1998

4 Policy

4.1 What concerns can I raise?

You can raise a concern about risk, malpractice or wrongdoing that 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

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suspicious of fraud (which can also be reported to our local counter-fraud team: <http://fcsp.xfyldecoast.nhs.uk/C/counterfraud/Pages/default.aspx> Tel: 01253 953232 or mobile: 07827 860249).

- a bullying culture (across a team or organisation rather than individual instances of bullying) – individual concerns should be raised in line with the Prevention of Bullying and Harassment Policy (BTHFT - Procedure, 2018).
- any concerns related to modern slavery / trafficking and child and forced labour

For further examples, please see the [Health Education England video](#).

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 does not matter if you turn out to be mistaken as long as you are genuinely troubled.

This policy is not for people with concerns about their employment that affects only them – that type of concern is better suited to other policies [see Section 5].

4.1.1 Feel safe to raise your concern

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. The Board / Senior Management will ensure that any individual who raises a genuine concern will not be at risk of losing their job or suffer any form of retribution as a result. Members of the Board will not tolerate the harassment or victimisation of anyone raising a genuine concern.

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

4.1.2 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 (anonymity). 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.

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4.1.3 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.

4.2 Who should I raise my concern with?

(see Appendix 1 for contact details, page 11).

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). 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. You may invite your union or professional body to raise the matter on your behalf.

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 and their full details can be found in Appendix 1 (page 11):

- our **Freedom to Speak Up Guardian** - 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
- our **Freedom to Speak up Champions**

If you still remain concerned after this, you can contact:

- our **Executive Director** with responsibility for whistleblowing
- our **Non-Executive Director** with responsibility for whistleblowing
- 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 3.6

If your concern relates to fraud, bribery and/or corruption, then you should immediately contact the Trust's Local Counter Fraud Specialist. In those cases the Local Counter Fraud Specialist (LCFS) will make the decision regarding contact with the Line Manager or Executive Director.

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4.2.1 Advice and support

Details on the local support available to you can be found on the oneHR webpage:

<http://www.bfwh.nhs.uk/onehr/?s=whistleblowing> or on the intranet 'Freedom to Speak up' section.

However, you can also contact the [Whistleblowing Helpline](#) for the NHS and social care, your professional body or trade union representative.

4.2.2 How should I raise my concern?

You can raise your concern in accordance with this policy with any of the people listed above in person, by phone or in writing (including email). See Appendix 1, for contact details or using the Trust's intranet page (raise a concern's form) or app (<http://fcsp.xfyldecoast.nhs.uk/F/FTSU/Pages/default.aspx>)

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

We recognise that the decision to report a concern can be a difficult one to make, not least because of the fear of reaction from those responsible for the malpractice. We will not tolerate harassment or victimisation and will take action to protect you when you raise a concern.

4.3 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 (see Appendix 2, page 12 – Our vision for raising concerns).

Everyone who raises a concern will be thanked for doing so, providing they have not done so anonymously.

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 14 working days providing you have not raised your concern anonymously (please note that for concerns relating to patient safety, do not delay raising your concern and report the matter immediately through your line management system or incident reporting). The central record will record the date the concern was received, whether you have requested confidentiality (anonymity), a summary of the concerns and dates when we have given you updates or feedback.

4.3.1 Investigation

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

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concern is raised about a patient safety incident, we will usually undertake a single investigation that looks at your concern and the wider circumstances of the incident). 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.

If your concern suggests a Serious Incident has occurred, an investigation will be carried out in accordance with the Serious Incident Framework.

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.

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

If you make a disclosure under this policy during the course of disciplinary proceedings against you, we will normally continue with the disciplinary proceedings whilst investigating your disclosures concurrently.

4.3.2 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).

4.4 How will we learn from your concern?

The focus of the investigation will be on improving the service we provide. Where it identifies improvements that can be made, the relevant executive director for the area of concern will track them to ensure necessary changes are made and are working effectively. The executive director will also ensure lessons are shared with teams across the organisation, more widely, as appropriate. Where appropriate we will share organisational learning through staff newsletters and local staff fora.

4.5 Board oversight

The board will be given high level anonymised 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.

4.6 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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4.7 Raising your concern with an outside body

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

- [NHS Improvement](#) 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](#) for quality and safety concerns
- [NHS England](#) for concerns about:
 - primary medical services (general practice)
 - primary dental services
 - primary ophthalmic services
 - local pharmaceutical services
- [Health Education England](#) for education and training in the NHS
- [NHS Protect](#) for concerns about fraud and corruption.

4.7.1 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 3.6, who you can make a protected disclosure to. To help you consider whether you might meet these criteria, please seek advice from your Trade Union or Professional Organisation, the [Whistleblowing Helpline](#) for the NHS and social care, [Public Concern at Work](#) or a legal representative.

4.8 National Freedom to Speak Up Guardian

The National Guardian 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.

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Appendix 1: Process for raising and escalating a concern

Step one

If you have a concern about a risk, malpractice or wrongdoing at work, we hope you will feel able to raise it first with your line manager, lead clinician or tutor (for students). This may be done orally or in writing. You may invite your union or professional body to raise the matter on your behalf. When a meeting is arranged, you have a right to be accompanied by a member of a recognised negotiating body of the Trust or a work colleague.

Step two

If you feel unable to raise the matter with your line manager, lead clinician or tutor, for whatever reason, you or your representative should raise the matter with our local Freedom to Speak Up Guardian(s):

Terri Vaselli | 01253 951185 | terri.vaselli@nhs.net or bfbwh.ftsug@nhs.net Occupational Health and Staff Wellbeing Centre | Whinacre House | North Park Drive | FY3 8NQ (<http://fcsp.xfyldecoast.nhs.uk/F/FTSU/Pages/default.aspx>)

Freedom to Speak Up Champions and these people have been given special responsibility and training in dealing with raising concerns. They will:

- All workers whose identity is known will be thanked for raising the concern.
- treat your concern confidentially unless otherwise agreed
- ensure you receive timely support to progress your concern
- escalate to the board any indications that you are being subjected to detriment for raising your concern
- remind the organisation of the need to give you timely feedback on how your concern is being dealt with
- ensure you have access to personal support since raising your concern may be stressful.

If you want to raise the matter in confidence, please say so at the outset so that appropriate arrangements can be made.

Step three

If these channels have been followed and you still have concerns, or if you feel that the matter is so serious that you cannot discuss it with any of the above, please contact:

our Executive Director with responsibility for raising concerns Kevin Moynes – kevin.moynes@nhs.net Tele: 07780 968824

or

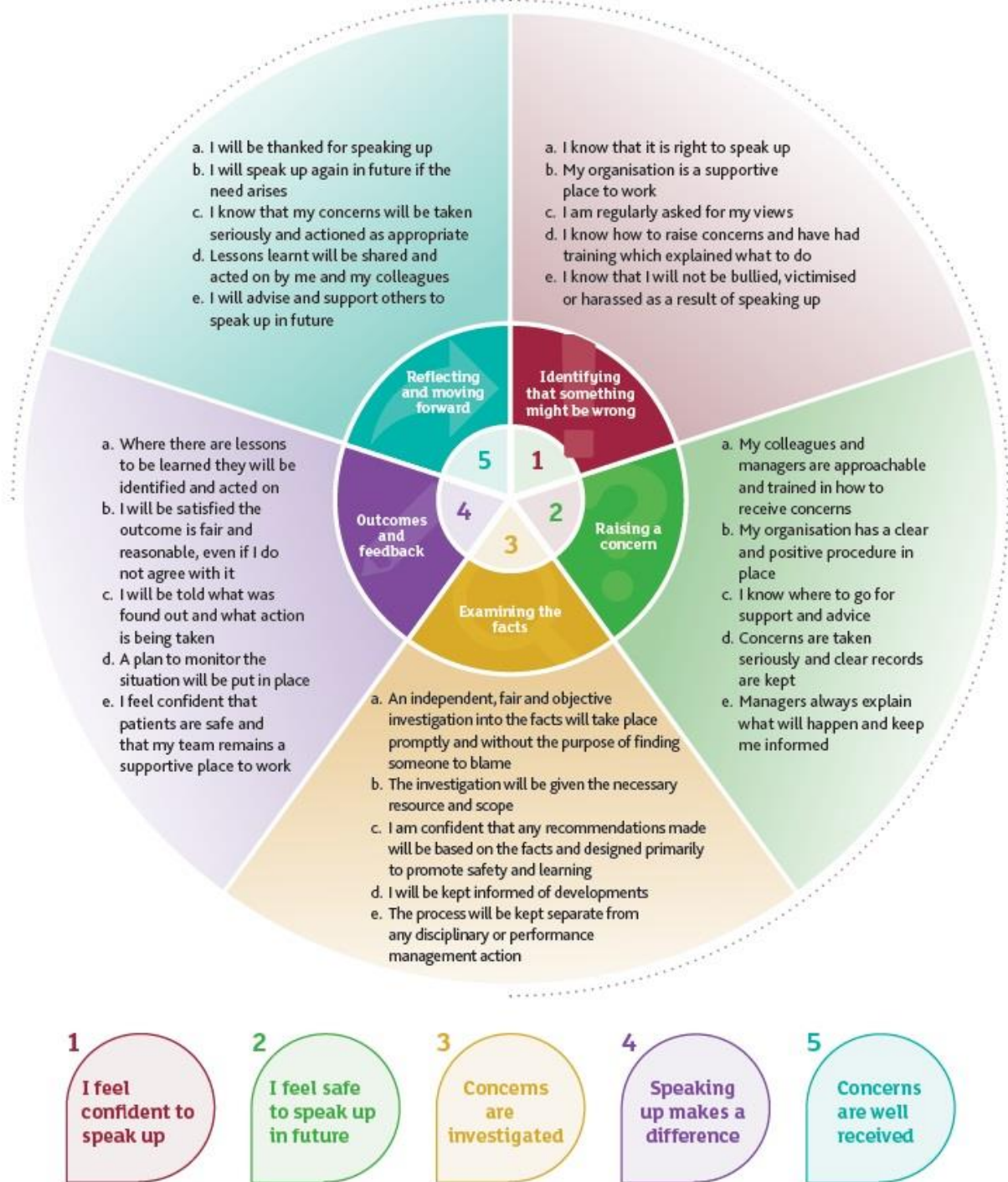
- our non-executive director with responsibility for Freedom to Speak Up and raising concerns, Mary Watt - mary.whyham@nhs.net Tele: 07793047653

Step four

You can raise concerns formally with external bodies – see this webpage for the full list: [List of prescribed bodies](http://fcsp.xfyldecoast.nhs.uk/F/FTSU/Pages/default.aspx). <http://fcsp.xfyldecoast.nhs.uk/F/FTSU/Pages/default.aspx> .

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Appendix 2: Our Vision for Raising Concerns



Source: Sir Robert Francis QC (2015) Freedom to Speak Up: an independent report into creating an open and honest reporting culture in the NHS.

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Appendix 3: Equality Impact Assessment Form					
Department	HR and OD	Service or Policy	CORP/POL/214	Date Completed:	February 2017
GROUPS TO BE CONSIDERED					
Deprived communities, homeless, substance misusers, people who have a disability, learning disability, older people, children and families, young people, Lesbian Gay Bi-sexual or Transgender, minority ethnic communities, Gypsy/Roma/Travellers, women/men, parents, carers, staff, wider community, offenders.					
EQUALITY PROTECTED CHARACTERISTICS TO BE CONSIDERED					
Age, gender, disability, race, sexual orientation, gender identity (or reassignment), religion and belief, carers, Human Rights and social economic / deprivation.					
QUESTION	RESPONSE		IMPACT		
	Issue	Action	Positive	Negative	
What is the service, leaflet or policy development? What are its aims, who are the target audience?	to ensure that employees or former employees are able to raise concerns as soon as possible to the right people.				
Does the service, leaflet or policy/ development impact on community safety • Crime • Community cohesion	No				
Is there any evidence that groups who should benefit do not? i.e. equal opportunity monitoring of service users and/or staff. If none/insufficient local or national data available consider what information you need.	No				
Does the service, leaflet or development/ policy have a negative impact on any geographical or sub group of the population?	No				
How does the service, leaflet or policy/ development promote equality and diversity?	No				
Does the service, leaflet or policy/ development explicitly include a commitment to equality and diversity and meeting needs? How does it demonstrate its impact?	No				
Does the Organisation or service workforce reflect the local population? Do we employ people from disadvantaged groups	No				
Will the service, leaflet or policy/ development i. Improve economic social conditions in deprived areas ii. Use brown field sites iii. Improve public spaces including creation of green spaces?	No				
Does the service, leaflet or policy/ development promote equity of lifelong learning?	No				
Does the service, leaflet or policy/ development encourage healthy lifestyles and reduce risks to health?	No				
Does the service, leaflet or policy/ development impact on transport? What are the implications of this?	No				
Does the service, leaflet or policy/development impact on housing, housing needs, homelessness, or a person's ability to remain at home?	No				
Are there any groups for whom this policy/ service/leaflet would have an impact? Is it an adverse/negative impact? Does it or could it (or is the perception that it could exclude disadvantaged or marginalised groups?	No				
Does the policy/development promote access to services and facilities for any group in particular?	No				

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Appendix 3: Equality Impact Assessment Form				
Does the service, leaflet or policy/development impact on the environment	No			
<ul style="list-style-type: none"> • During development • At implementation? 				
ACTION:				
Please identify if you are now required to carry out a Full Equality Analysis		Yes	No	(Please delete as appropriate)
Name of Author:	Eleanor Palmer Rigby does this name need updating to Jayne Taylor with 2020 date?		Date Signed:	February 2017
Signature of Author:				
Name of Lead Person:			Date Signed:	
Signature of Lead Person:				
Name of Manager:			Date Signed:	
Signature of Manager:				

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