

# Raising Concerns & Speaking Out Safely – Policy and Procedure

Version No: 5

## Document Summary:

This policy provides all staff with information and guidance on raising concerns appropriately. (This policy may also be referred to as the “Whistle Blowing policy”).

<b>Document type</b>	Policy
<b>Document number</b>	STHK0022
<b>Approving body</b>	Workforce Council
<b>Date approved</b>	22/03/2023
<b>Date implemented</b>	22/03/2023
<b>Next review date</b>	31/03/2026 <b>Extended until 28/02/2027</b>
<b>Accountable Director</b>	Director of Human Resources
<b>Policy Author</b>	Head of Human Resources
<b>Applies to</b>	All Trust Staff including those employed by the Lead Employer
<b>Key Words</b>	Whistleblowing, Raising Concerns, Sir Robert Francis, Freedom to Speak Up, PIDA 1998, Speak out Safely, Bribery Act 2010

**The intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as “uncontrolled”, as they may not contain the latest updates and amendments.**

## **Quick Reference Guide**

This policy applies to all staff and services within St Helens and Knowsley Teaching Hospital NHS Trust, and includes bank and agency workers, trainees, contracted staff and self-employed NHS professionals.

Lead Employer staff should refer to the Matrix (Appendix 6) for advice on which process and policy should apply when raising a concern

## Version Control

Version	Date Approved	Brief Summary of Changes	Author (Title)
4		See details below	Head of HR
5		Policy extended and so just the date amended	Head of HR Operations

## Document Control

<b>Document Number:</b>		<b>Title:</b>	<b>Raising Concerns &amp; Speaking Out Safely – Policy and Procedure</b>	
<b>Equality analysis completed?</b>	Yes	<b>Sent for 2 week consultation on Trust intranet and to relevant staff:</b>		
<b>Approving Body:</b>	People Council		<b>Date of Approval:</b>	
<b>Author:</b>	Head of Human Resources Operations		<b>Status:</b>	
<b>Brief Description of Amendments (if applicable):</b>				
Amendments made to:				
<ul style="list-style-type: none"> <li>• <b>The introduction-</b> Additional paragraphs from Section 5.6 to Introduction</li> <li>• <b>Section 5.5-</b> Added addition sentence to the beginning of the section</li> <li>• <b>Section 5.12-</b> Changed the first sentence to include ALL staff</li> <li>• <b>Section 5.15-</b> Added Section 5.15-Speaking in Confidence</li> <li>• <b>Section 6.3.1-</b> Ammended second to last paragraph in this section</li> </ul>				
<b>Does the document follow the Trust agreed format?</b>				Yes
<b>Are all mandatory headings completed?</b>				Yes
<b>Does the document outline clearly the monitoring compliance and performance management?</b>				Yes
<b>Approved?</b>				
<b>Approved after minor amendments?</b>				
<i>Any amendments to be submitted to Approving Body Chair for final sign off</i>				
<b>Not Approved?</b>				
<b>Policy Author Signature:</b>		Ngozi Anya		<b>Date: 02/03/2023</b>
<b>Chair of Approving Body</b>	<b>Name / Title:</b>	Work Force Council		<b>Date:</b>
	<b>Signature:</b>			
			<b>Review Date:</b>	March 2023

## Withdrawal of Document

To be completed if a document has been superseded or no longer required

<b>Date Document Withdrawn:</b>		<b>Reason:</b>	No longer required/superseded
<b>Policy Author Signature:</b>		<b>Date:</b>	
<b>Lead Executive Director Signature:</b>		<b>Date:</b>	

## CONTENTS

<b>Item No.</b>	<b>Subject</b>	<b>Page No.</b>
1.	Scope	5
2.	Introduction	5
3.	Statement of Intent	7
4.	Definitions	8
5.	Duties, Accountabilities and Responsibilities	8
6.	Procedure for Raising Concerns	12
7.	Training	15
8.	Monitoring compliance	16
9.	References and Bibliography	17
10.	Related Policies and Procedures	17
11.	Appendices Appendix 1 – Equality Impact Analysis Appendix 2 – Flowchart for raising concerns Appendix 3 - Raising Concerns Form Appendix 4 - Internal Support Appendix 5 - Trade Union & External Support Organisations Appendix 6 - Lead Employer Raising Concerns Responsibility &	18 22 24 27 28 31

## 1. SCOPE

This policy applies to all staff and services within St Helens and Knowsley Teaching Hospital NHS Trust, and includes bank and agency workers, trainees, contracted staff and self-employed NHS professionals. Lead Employer staff should refer to the Matrix (Appendix 6) for advice on which process and policy should apply when raising a concern.

## 2. Introduction

St Helens and Knowsley Teaching Hospitals NHS Trust pledge is to encourage the immediate reporting of concerns and to support staff fully in feeling able to do so.

The aim of this policy is to provide an internal mechanism for reporting, investigating and remedying any wrongdoing in the workplace.

The policy reflects the recommendations made by Sir Robert Francis' 'Freedom to Speak Up' review published in February 2015. The Trust has also committed to the "Speak out Safely" campaign, with the specific purpose of creating a culture that is transparent, supportive and responsive to managing unacceptable behaviour or practice.

It is important for individuals to feel safe and listened to when raising concerns with appropriate support for the individual available. An open approach to raising a concern/whistleblowing promotes the values of openness, transparency and candour and encourages staff to treat patients and services users with dignity, respect and compassion.

Raising a concern is 'making a disclosure in the public interest' and occurs when an employee raises a concern about danger or illegality that affects others, for example members of the public.

The rules of patient confidentiality apply and unauthorised disclosure of personal information about any patient, other than the officers identified under **Step 4 Additional Support** will be regarded as a serious matter which may result in disciplinary action.

Fraud or corruption must be reported directly to the **Local Counter Fraud Specialist on 0161 206 8162** or via the **NHS Fraud & Corruption Line on 0800 028 4060** and not to the employees line manager.

Any disclosure to the media of a matter which is relevant to the employees work and responsibilities, without the consent of the Trust, might be seen as damaging the relationship of mutual trust and could represent a potentially serious breach of contract (whether or not there is an express term in the contract of employment).

## NHS Constitution

The NHS Constitution pledges, (March 2013) that the NHS will “*encourage and support all staff in raising concerns at the earliest reasonable opportunity about safety, malpractice or wrongdoing at work, responding to and, where necessary, investigating the concerns raised and acting consistently with the Public Interest Disclosure Act 1998.*”

During your employment with the Trust you are obliged to adhere to the NHS Constitution and its principles and values. You must be aware of your Duty of Candour which means that you must be open and honest during your employment; if you see something wrong you must raise it.

As a worker in healthcare there are also moral, ethical and professional issues to consider in relation to raising concerns. Staff registered with professional regulatory body must make themselves familiar with their registration requirements and obligations.

This policy does not affect existing policies and procedures for dealing with complaints or grievances. Raising a concern is about reporting a concern at work, and the Public Interest Disclosure Act 1998 only applies to workers raising a concern at work. Consequently, the process cannot be used by a service user to make a complaint about poor care – they should ask to see the Trusts complaints procedure.

When an individual raises a concern they should consider whether it is a qualifying whistleblowing issue or whether the matter is a personal employment issue which would be more appropriately dealt with through the Trusts grievance procedure.

## **What the Law Says**

### Public Interest Disclosure Act 1998

The ‘Public Interest Disclosure Act’ 1998 became law in July 1999 (PIDA). It provides legal protection against detriment for workers who raise concerns in the public interest (also known as making a disclosure) about a danger, risk, malpractice or wrongdoing in the workplace which affects others.

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

PIDA details six subject areas under which disclosures have to fit so as to be ‘qualifying disclosures’.

1. Criminal offences
2. Failure to comply with legal obligations
3. Miscarriages of justice

4. Threats to health and safety of an individual
5. Damage to the environment
6. A deliberate attempt to cover up any of the above

Therefore any member of staff who makes a disclosure or raises a concern under the procedure detailed within this policy will be protected if the following are observed:

- You must disclose the information in good faith
- You must believe it to be substantially true
- You must not act maliciously or make false allegations
- You must not seek any personal or financial gain

### **3. Statement of Intent**

This policy will provide a framework to ensure that concerns can be investigated promptly and in a manner which recognises the sensitivity of the issues raised and the rights of all parties involved.

It is designed to enable Trust Staff to raise concerns internally, by following the appropriate channels. Examples of concerns include:

- Malpractice or ill treatment of a patient by a member of staff
- Patients, the public or employees who have been or may be put at unnecessary risk
- A breach of a professional code of conduct/ethics
- Suspected fraud, bribery or corruption
- A criminal offence has been committed, is being committed or likely to be committed in or out of the workplace
- Committing a miscarriage of justice
- Disregard of legislation, particularly in relation to health and safety at work
- Creating health and safety risks or environmental damages
- Showing undue favour over a contractual matter or to a job applicant
- Personal relationships affecting professional performance
- Inappropriate use of IT or social media in relation to a patient
- Inappropriate use of Trust property, equipment or medicines
- Information on any of the above has been, is being, or is likely to be concealed

This list is not exhaustive and there will be other instances where use of this policy is appropriate.

Where there is suspicion of harassment, intimidation or bullying of staff by other staff members the Respect & Dignity at Work policy should be referred to.

## **4. Definitions**

### PIDA 1998

The Public Interest Disclosure Act 1998

### Lead Employer

The contract for the Single Lead Employer Service was awarded to St Helens and Knowsley Teaching Hospitals NHS Trust in 2010. This resulted in the transfer of all Mersey and Cheshire doctors in training from six previous Lead Employer organisations to St Helens and Knowsley NHS Trust. As a Single Lead Employer the Trust is responsible for all Doctors in Training engaged on hospital placements, which also include placements in GP practices, Independent Hospices and with agencies such as the Health Protection Agency.

Trainee's rotate to a number of Host Organisations during their placements ranging across Foundation Trusts to District General Hospitals, GP Practices and public health speciality registrars. Each Host Organisation will manage the day to day requirements of the trainee as though the trainee was theirs however the Single Lead Employer model requires a distinctive set of policies and processes to ensure consistency and equity of application is maintained regardless of where the trainee is placed.

It is important that open channels of communication are maintained with key stakeholders in raising concerns and this policy sets out the framework to facilitate this.

## **5. Duties Accountabilities and Responsibilities**

### **5.1 The Chief Executive**

The Chief Executive is responsible for a decision as to whether there are sufficient grounds to proceed to a formal investigation.

### **5.2 The Trust Board**

The Trust Board recognises the importance of encouraging a climate of openness in which employees can freely express their concerns and will ensure that concerns raised are handled sensitively, promptly and effectively.

### **5.3 The Medical Director**

The Medical Director is the designated Board member with whom concerns from the medical workforce may be raised and a dedicated confidential hotline - **Telephone 1777** (Dr Peter Williams) is in place and checked on a daily basis

## **5.4 Freedom to Speak Up Guardians**

The Freedom to Speak Up Guardians have a role in being independent and impartial, ensure the focus is on the issue that has been raised, investigated and addressed if found to be true. The Guardian also ensures that there are no repercussions for the individual who raised the concern.

If an individual does not feel they can approach their line manager or lead clinician about their concern, the following 'Freedom to Speak Up Guardians' have been appointed, Francis Andrews, Consultant in Critical Care and Emergency Medicine, David Graham, Non-Executive, Ann Marr, Chief Executive, Richard Fraser, Chairman, and Rajesh Karimbath, Assistant Director of Patient Safety.

## **5.5 Managers**

All line managers/ward managers have a role in being a 'Raising Concerns Champion'

Managers have a responsibility to ensure that concerns raised are taken seriously and recognise that raising a concern can be a difficult experience for employees. Managers must make an objective assessment of the concern and keep the employee advised of progress. Managers also have a responsibility to ensure that the action necessary to resolve a concern is taken. The above duties will normally be the responsibility of the immediate line manager/clinical supervisor, but where unsure please contact Human Resources for advice.

## **5.6 Staff**

Staff will not be at risk of losing their job or suffering any form of retribution for raising a genuine concern. However, the Trust will not condone abuse of this policy and will not tolerate harassment or victimisation of any of the parties involved and if following an investigation an employee is found to have raised concerns maliciously the matter will be dealt with under the Trust Disciplinary Procedure and may result in termination of contract of employment

All staff have a right and a duty to raise any matter of concern about unacceptable conduct or malpractice within the Trust.

All staff have a duty of confidentiality to patients and also a duty of trust to their employer. These should not inhibit the raising of serious and genuine concerns in accordance with this policy.

Staff must familiarise themselves with this policy by:

- Raising concerns in accordance with this policy
- Providing information and supporting documentation to allow appropriate investigation

Healthcare professionals are also obliged within their professional codes of conduct to report any significant breaches of their professional codes of conduct or areas of major clinical concern.

## **5.7 Human Resources**

Human Resources must ensure that managers are provided with appropriate advice and guidance on this policy and procedure, including training and coaching as required. They must also:

- Provide assistance to all employees who for whatever reason have difficulty preparing written statements if the line manager or Union representative is not able to.
- Provide support to designated persons and managers in individual cases as necessary.
- Ensure that this policy and procedure complies with legislative requirements and good employment practice.
- Alert the appropriate designated persons of any concern that meets the definition of raising concerns.

## **5.8 The Single Lead Employer**

The Lead Employer will ensure that all staff within its employment are managed within this policy and that this policy is an expected requirement as a basis of communication for all staff working in other settings. A responsibility and policy matrix is in Appendix 6 for Lead Employer trainees to refer to in raising concerns.

## **5.9 Risk Management**

Must ensure that incident reports that meet the definition of raising concerns are identified as outlined in **Section 3** and addressed in accordance with this policy and procedure.

## **5.10 Trade Unions/Staff Side & Professional Representation**

The Trust recognises employees may wish to seek advice and be represented by their trade union or professional representation/organisation and acknowledge and endorse this supportive role. They must therefore:

- Familiarise themselves with this policy and procedure
- Advise members in accordance with this policy and procedure.

- If necessary assist an employee in preparing a written statement if required, providing a clear explanation of the concern with supporting evidence wherever possible.
- Agree a reasonable amount of time off to fulfil their responsibility of employee representation.

### **5.11 Health, Work and Well Being**

All staff involved in formally raising a concern and subsequent investigation will be offered support from the Health, Work and Well Being Department and also the Counselling Service if necessary which will be arranged by the Line Manager or the alternative supporting Manager. This support can be sought at any time during the process.

### **5.12 Raising Concerns Champions**

All staff have a role in being a 'Raising Concerns Champion'

The raising concerns champions are available to all employees to provide a point of contact for confidential discussion regarding their concern and the options available to them. Raising Concerns Champions are bound to maintain strict confidentiality; however in circumstances where there is serious concern for safety they are bound by their professional duty to escalate this.

The champions are not intended to replace either the advice provided by trade union representatives or managers or the counselling assistance provided by the Health, Work and Well Being Service but are there to provide another independent option.

### **5.13 Local Counter Fraud Specialist**

The Local Counter Fraud Specialist (LCFS) is responsible for investigating all allegations/suspicions of fraud, bribery and corruption within the Trust.

Following a decision by the LCFS about the monetary value of a case, if it is below the monetary value for a criminal prosecution, the case will be passed to the Trust for a decision about any requirement for internal investigation.

The LCFS may not be able to provide a person who raised a concern with full details of where an investigation is up to as the Data Protection Act (1998) and associated Criminal Law prohibits this.

### **5.14 Whistleblowing Helpline**

The national Whistleblowing Helpline is also available to provide independent confidential advice, the telephone number is 08000 724 725.

## **5.15 Speak in Confidence system**

The Trust has subscribed to an anonymous concern raising system – Speak in Confidence system, to ensure that all staff irrespective of position feel confident that they can raise concerns without risk to self, an anonymous reporting system provides this through browser based interface or text (SMS) service.

All staff can access the system through web link

<http://www.speakinconfidence.com/sthk>

The concern raiser remains anonymous at all times, however the concern receiving manager is able to respond to the concern, to request further information and/or to provide assurances of actions taken to mitigate the risks associated with the concern raised.

## **6 Procedure for raising a concern**

### ***6.1 When should you raise a concern?***

The Trust acknowledges that it is hard to know when to raise a concern. As well as using the list in section 2 you should ask yourself the question below as a guide: -

‘Has the situation caused harm or distress or if you let the situation carry on, is it likely to result in harm or distress?’

### ***6.2 How we will manage your concern?***

Once you have informed us of your concern, it will be assessed initially to consider what action should be taken. This may involve an informal review, an internal inquiry or an investigation. You will be informed who will manage the matter, how you can contact them and whether your further assistance may be needed.

To reassure you that the matter is being dealt with you will receive as much feedback as possible without infringing the duty of confidentiality.

All documentation (including electronic data) associated with the investigation will be kept in a secure filing or computer system by those staff who are dealing with the concern including designated administrative support staff who require access. Wherever possible, documentation will not identify you as the person who raised the concern.

There may be occasions where the matter cannot proceed without revealing your identity for example if you were required to give evidence in court. In these circumstances you will be assisted and supported throughout the process.

## **6.3 How to raise a concern formally**

### **6.3.1 Step 1 - Informal**

If you have a concern, the Trust hopes you will feel able to raise it with your Line Manager or Lead Clinician in the first instance (this may be done verbally or in writing) except in cases of suspected fraud, bribery or corruption. The Manager or Lead Clinician will decide if the concern can be resolved locally through the incident reporting or risk management procedures.

In cases of suspected fraud, bribery or corruption the employee should always contact Mersey Internal Audit Agency (MIAA) via the Trusts Local Counter Fraud Specialist on 0161 206 8162 or report the matter to the NHS Fraud & Corruption Reporting line on 0800 028 40 60. Employees can also report the matter online at [www.reportnhsfraud.nhs.uk](http://www.reportnhsfraud.nhs.uk)

Your Line Manager or Lead Clinician will treat the disclosure in a confidential and sensitive manner but may need to seek advice from health care professionals where appropriate.

Your Line Manager or Lead Clinician will complete a disclosure form see **Appendix: 3** which is agreed and signed by both parties. In addition, you may be asked to provide a more detailed written statement as part of further investigation in the area/s of concern.

Your Line Manager or Lead Clinician will look into your concern to assess initially what action should be taken. This may involve an informal review, an internal inquiry or an investigation. We will tell you who is handling the matter, how you can contact them and whether your further assistance may be needed.

If you are unable to raise your concern with your Line Manager or Lead Clinician for whatever reason then you should raise it with your Line Managers or Lead Clinicians manager who will follow the same steps as **Step 1**.

The Freedom to Speak Up Guardians' are available to support you in raising a concern if you lack the courage to do so. If an investigation is deemed necessary, it should be noted that anonymous concerns can pose challenges to the investigation and feedback processes. Freedom to Speak Up Guardians do not undertake investigation, but ensure that the concern raised is investigated and addressed if found to be true.

If you are unable to raise it with either your Line Manager or Lead Clinician Manager for whatever reason then you can raise the matter with any of the staff detailed under **Appendix 4 - Additional Support**.

### 6.3.2 Step 2 – Formal

Following receipt of your concern, your Line Manager or alternative supporting Manager will consider the details and an acknowledgment will be sent to you within 3 working days (Monday to Friday) to your home address.

Your Line Manager or alternative supporting Manager will liaise with the Designated Investigating Officer and Human Resources to determine the process for further investigation and should ensure that full details of your concern are obtained.

The Investigating Officer should inform the member of staff against whom the concern is made as soon as is practically possible and will also inform them of the right to be accompanied by a representative from a professional body, a trade union or workplace colleague at any future investigation meeting or hearing.

**Note:** The investigation may need to be carried out under the terms of strict confidentiality i.e. by not informing the subject of the complaint until or if it becomes necessary to do so. This may be appropriate in cases of suspected gross misconduct.

The Investigating Officer should consider the involvement of the Financial Director or the Police and should consult with the Chairman and Chief Executive.

With regard to any alleged breach of professional conduct, the Investigating Officer must inform the Director of Nursing, Midwifery and Governance and/or the Medical Director.

The concerns will be fully investigated by the Investigating Officer with the assistance of Human Resources and other bodies as required.

The Investigating Officer will make a judgement on the concern which will be detailed in a report and will contain the findings of the report and the reasons for the judgement. The report will be passed to the Chief Executive or Chairman as appropriate.

The Chief Executive or Chairman will decide what action to take and if the concern is upheld disciplinary action will be taken under the relevant policy or procedure. This will ensure that any staff implicated by the investigation have the ability to respond appropriately and are treated in a consistent, fair and reasonable manner during the process. This in turn will help to safeguard the interest of the Trust, its patients, clients and staff.

The Investigating Officer, Line Manager or alternative Supporting Manager will keep you informed of the progress of the investigation and if appropriate the final outcome.

### 6.3.3 Step 3 – Following the Investigation

The Investigating Officer will be briefed regarding the outcome. The Investigating Officer will then arrange a meeting with you to give any feedback taken. (This will not include details on any disciplinary action that may have been pursued which will remain confidential to the individual concerned). The feedback will be provided within **one month** of the completion of the investigation.

If you are not satisfied with the outcome of the investigation the Trust recognises your lawful right to make disclosures to approved bodies such as (The Health and Safety Executive or the Audit Commission) or where justified elsewhere.

Following the investigation, the Trust will provide an opportunity for staff to engage in multi-disciplinary reflective practice, lessons learnt and how to prevent reoccurrences in a supportive environment.

### **6.4 Record Retention Period**

Details of all Raising Concerns documentation **MUST** be retained for ten years to ensure that a central record is kept which can be cross referenced with other complaints in order to monitor any patterns of concern and should include:

- Date and nature of the concern
- A copy of the written statement where applicable
- The response
- Action taken and the reasons
- Any subsequent developments

Records must be held in a secure filing or computer system and must be treated as confidential and be retained no longer than necessary in accordance with the record retention periods and the Data Protection Act 1998.

## **7. TRAINING**

Managers should be fully conversant with this Raising Concerns Policy and Procedure and its application.

The Trust acknowledges the importance of awareness training for line managers to ensure the effective dissemination and implementation of this Policy. Working in partnership the Human Resources Department will provide appropriate support utilising various methods of awareness and training.

## 8. MONITORING COMPLIANCE

### 8.1 Key performance Indicators of the Policy

<b>Describe Key Performance Indicators (KPIs)</b> <b>Must reflect</b>	<b>Frequency of Review</b>	<b>Lead</b>
Number of formal concerns raised & investigated	Quarterly (by exception)	Head of Human Resources & Assistant Director of Patient Safety

### 8.2 Performance Management of the Policy

<b>Aspect of compliance or effectiveness being monitored</b>	<b>Monitoring method</b>	<b>Individual responsible for the monitoring</b>	<b>Frequency of the monitoring activity</b>	<b>Group / committee which will receive the findings / monitoring report</b>	<b>Group / committee / individual responsible for ensuring that the actions are completed</b>
Activity and Outcome from the use of the policy	Report of activity	Head of Human Resources	Quarterly	Workforce Council	Workforce Council

## **9. REFERENCES & BIBLIOGRAPHY**

- Public Interest Disclosure Act 1998
- Bribery Act 2010
- SOS (Speak Out Safely) Campaign – The Nursing Times
- Freedom to Speak Up Review – Sir Robert Francis 2015
- Raising Concerns at Work – Whistleblowing guidance for workers and employers in health and social care.
- Data Protection Act 1998
- Equality & Human Rights
- Financial Standing Orders
- NHS Constitution - Duty of Candour
- Royal College of Nursing – Raising Concerns: A Guide for RCN Members

## **10. RELATED TRUST POLICY & PROCEDURES**

- Safeguarding Children & Young Adults Policy and Procedure
- Supporting Staff involved in serious incidents, complaints or grievances Policy
- Complaints Procedure
- Respect at Work Policy and Procedure
- Disciplinary Policy and Procedure
- Grievance Policy and Procedure
- Recruitment and Selection Policy

## 12. Equality Analysis Form

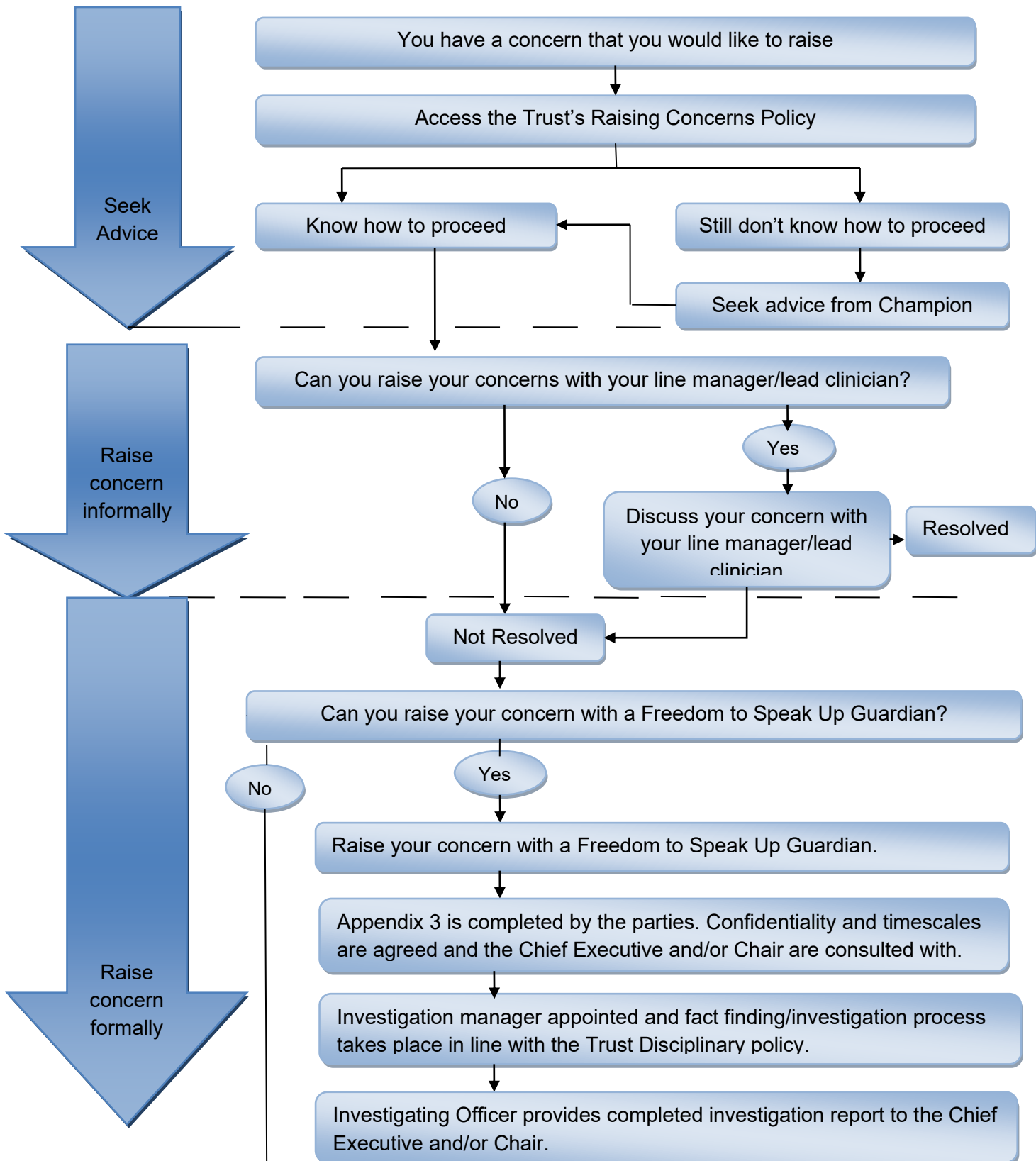
The screening assessment must be carried out on all policies, procedures, organisational changes, service changes, cost improvement programmes and transformation projects at the earliest stage in the planning process to ascertain whether a full equality analysis is required. This assessment must be attached to all procedural documents prior to their submission to the appropriate approving body. As the assessment is related to workforce a copy should be sent to the workforce Equality, Diversity and Inclusion Lead [Laura.Marks@sthk.nhs.uk](mailto:Laura.Marks@sthk.nhs.uk) If this screening assessment indicates that discrimination could potentially be introduced then seek advice from the Head of Patient Inclusion and Experience . A full equality analysis must be considered on any cost improvement schemes, organisational changes or service changes which could have an impact on patients or staff.

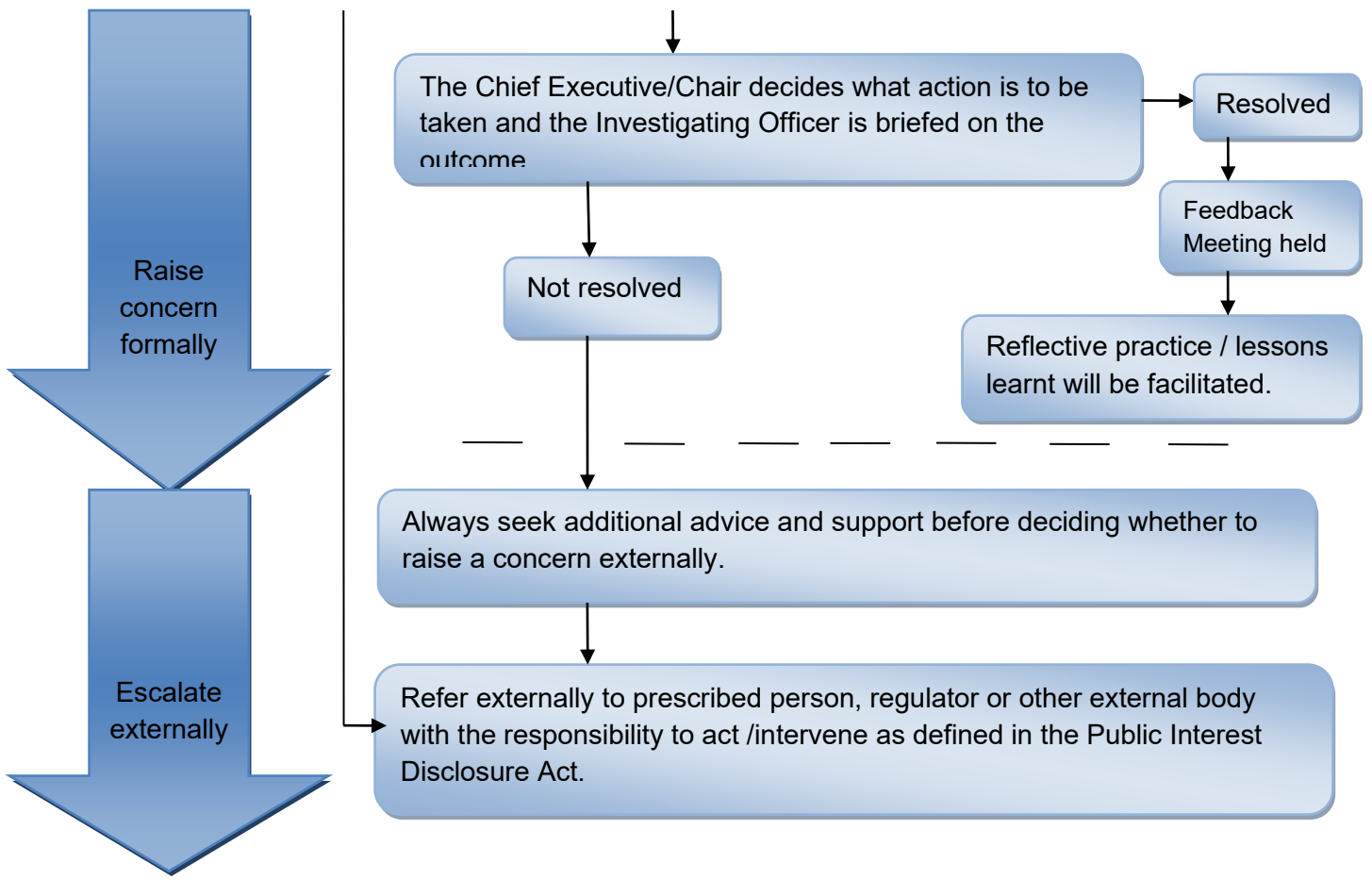
Equality Analysis			
<b>Title of Document</b>		Raising Concerns Policy and Procedure	
<b>Date of Assessment</b>		1 <sup>st</sup> March 2023	<b>Name of Person completing assessment /job title:</b> Diana Lewis HR Business Partner
<b>Lead Executive Director</b>		Director of Human Resources	
<b>Does the proposal, service or document affect one group more or less favourably than other group(s) on the basis of their:</b>			<b>Yes / No</b>
<b>1</b>	Age		No
<b>2</b>	Disability (including learning disability, physical, sensory or mental impairment)		No
<b>3</b>	Gender reassignment		No
<b>4</b>	Marriage or civil partnership		No
<b>5</b>	Pregnancy or maternity		No
<b>6</b>	Race		No
<b>7</b>	Religion or belief		No
<b>8</b>	Sex		No
<b>9</b>	Sexual Orientation		No
<b>Human Rights – are there any issues which might affect a person’s human rights?</b>			<b>Yes / No</b>
<b>1</b>	Right to life		No
<b>2</b>	Right to freedom from degrading or humiliating treatment		No
<b>3</b>	Right to privacy or family life		No
<b>4</b>	Any other of the human rights?		No
<b>Lead of Service Review &amp; Approval</b>			
<b>Service Manager completing review &amp; approval</b>		Ngozi Anya	
<b>Job Title:</b>		Head of Human Resource Operations	

## Appendix 2-Flowchart for raising concerns

You should seek to highlight your concern within your organisation informally where possible.

Advice and support is available throughout this process. You can contact your trade union, HR, professional regulator, professional body or alternatively independent advice can be sought through the National Whistleblowing Helpline on 0800 072 4725





**Raising a public interest (whistleblowing) concern.**

**A public interest concern may include where:**

- Someone's health and/or safety has been put in danger because of an action or inaction;

**Raising Concerns Disclosure Form**

**STRICTLY CONFIDENTIAL**

This form is to be completed by the individual responsible for dealing with the initial Raising Concerns Issue/s which should also be agreed and signed with the individual who has raised it.

Does the individual wish to remain anonymous? YES / NO

If No, go to Section 1.

If Yes, please advise whilst serious consideration will be given to their concern, it will be a challenge to progress matters in accordance with this policy and provide feedback and go straight to Section 2.

**Section 1 – Details of the person raising the concern**

Name:.....

Home Address:.....

.....  
.....

Home contact number/mobile:.....

Work Address:.....

.....  
.....

Work contact number/mobile:.....

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

Home address / Work address (please delete as appropriate)

Date disclosure submitted:.....

**Section 2 – Details of the Disclosure**

What is the concern about? (please tick)

- Patient / service user care
- Patient / service user safety
- Conduct (including malpractice, unethical conduct)
- Criminal Offence/legal obligation
- Professional / clinical practice or competence

Other (please state).....

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

.....

.....

.....

.....

Describe what has happened/ what the individuals think will happen. Provide as much details as possible (use additional sheets of paper as needed and attached to this form):

.....

.....

**Section 3 – Personal Involvement/Personal Interest**

Please ask the individual to declare any personal interest they may have in this matter (i.e. does the outcome of this matter have the potential to affect the individual raising the concern in any way?)

.....

.....

Has the individual witnessed this before? YES / NO

If yes, please outline previous occasions:

.....

.....

Has the individual been involved in this matter previously? YES / NO

If yes, please outline involvement:

.....  
.....

**Section 4 – Expressed Preferences**

Does the individual raising the concern wish their identity to be kept confidential (bearing in mind that, depending upon the nature of the investigation or disclosure, it may become necessary to disclose their identity)? YES/NO

Does the individual wish to access the Trust Health, Work & Well Being Department and support services? YES / NO

(Please ensure contact details and Employee Assistance Programme information is provided to the individual regardless of above answer)

**Declaration:**

I confirm that to the best of my knowledge the concern/s I am raising are genuine and that are of a serious nature and should be investigated by St Helens and Knowsley Teaching Hospitals Trust in terms of the public interest.

Signature:.....Date: .....

Print Name .....Date: .....

Signature of Manager/Lead Clinician/Champion/Guardian:

.....

Print Name: .....

Job Title: .....

Date: .....

**APPENDIX 4**

**Internal Support**

Confidential Hotline (Raising Concerns)	0151 430 1777
Freedom to Speak Up Guardians	
Francis Andrews, Consultant in Critical Care and Emergency Medicine	ext. 1175 email: <a href="mailto:raisingconcerns.medicaldirector@sthk.nhs.uk">raisingconcerns.medicaldirector@sthk.nhs.uk</a>
David Graham, Non-Executive	ext. 1242 email: <a href="mailto:raisingconcerns.nonexecutivedirector@sthk.nhs.uk">raisingconcerns.nonexecutivedirector@sthk.nhs.uk</a>
Ann Marr, Chief Executive	ext. 1242 email: <a href="mailto:raisingconcerns.chiefexecutive@sthk.nhs.uk">raisingconcerns.chiefexecutive@sthk.nhs.uk</a>
Richard Fraser, Chairman	ext. 1242 email: <a href="mailto:raisingconcerns.chairman@sthk.nhs.uk">raisingconcerns.chairman@sthk.nhs.uk</a>
Rajesh Karimbath, Assistant Director of Patient Safety.	ext. 1564 email: <a href="mailto:raisingconcerns.quality@sthk.nhs.uk">raisingconcerns.quality@sthk.nhs.uk</a>
Risk Management	0151 430 1065
Local Counter Fraud Specialist	0161 206 8162
NHS Counter Fraud & Corruption Line	0800 028 40 60
Confidential Hotline (Respect at Work)	0151 430 1645
Human Resources	0151 430 1008
Health, Work & Well Being Service	0151 430 1387
UNISON – Local Representative	0151 430 1852
RCN – Local Representative	0151 430 1359
UNITE – Local Representative	0151 728 2200

**APPENDIX 5**

**Trade Union & External Support Organisations**

Organisation	Website	Telephone Contact Details:
<b>TRADE UNIONS</b>		
Royal College of Nursing (RCN)	<a href="http://www.rcn.org.uk/raisingconcerns">www.rcn.org.uk/raisingconcerns</a>	Whistleblowing Hotline: 0345 772 6300
Royal College of Midwives (RCM)	<a href="http://www.rcm.org.uk">www.rcm.org.uk</a>	0300 303 0444
UNISON	<a href="http://www.unison.org.uk">www.unison.org.uk</a>	0845 355 0845
UNITE	<a href="http://www.unitetheunion.org">www.unitetheunion.org</a>	0161 848 0909
British Medical Association (BMA)	<a href="http://www.bma.org.uk">www.bma.org.uk</a>	020 7387 4499
Chartered Society of Physiotherapy	<a href="http://www.csp.org.uk">www.csp.org.uk</a>	
Royal Pharmaceutical Society of Great Britain (RPSGB)	<a href="http://www.rpsgb.org.uk">www.rpsgb.org.uk</a>	020 7735 9141
Managers in Partnership	<a href="http://www.miphealth.org.uk">www.miphealth.org.uk</a>	
GMB	<a href="http://www.gmb.org.uk">www.gmb.org.uk</a>	
British Dietetic Association	<a href="http://www.bda.uk.com">www.bda.uk.com</a>	
British Orthoptic Society	<a href="http://www.orthoptics.org.uk">www.orthoptics.org.uk</a>	
Federation of Clinical Scientists	<a href="http://www.acb.org.uk">www.acb.org.uk</a>	
Hospital Consultants and Specialist Association	<a href="http://www.hcsa.com">www.hcsa.com</a>	
Society of Radiographers	<a href="http://www.sor.org">www.sor.org</a>	
British Association of Occupational Therapists	<a href="http://www.cot.co.uk">www.cot.co.uk</a>	

## EXTERNAL SUPPORT ORGANISATIONS

Whistleblowing Helpline	<a href="http://www.wbhelpline.org.uk">www.wbhelpline.org.uk</a>	08000724 725
Public Concern at Work	<a href="http://www.pcaw.co.uk">www.pcaw.co.uk</a>	020 7404 6609
Patients First	<a href="http://www.patientsfirst.org.uk">www.patientsfirst.org.uk</a>	
Local Counter Fraud Specialist	<a href="http://www.reportnhsfraud.nhs.uk">www.reportnhsfraud.nhs.uk</a>	0151 285 4507
NHS Fraud and Corruption Reporting Line	<a href="http://www.reportnhsfraud.nhs.uk">www.reportnhsfraud.nhs.uk</a>	0800 028 40 60
The Audit Commission	<a href="http://www.audit-commission.gov.uk">www.audit-commission.gov.uk</a>	0844 798 1212 or 020 7828 1212
Equality and Human Rights Commission	<a href="http://www.equalityhumanrights.com">www.equalityhumanrights.com</a>	0845 604 6610
Health and Safety Executive	<a href="http://www.hse.gov.uk">www.hse.gov.uk</a>	HSE Infoline 0845 345 0055
NPSA – National Patient Safety Agency	<a href="http://www.npsa.nhs.uk">www.npsa.nhs.uk</a>	020 7927 9500
ACAS	<a href="http://www.acas.org.uk">www.acas.org.uk</a>	08457 47 47 47
Department of Health	<a href="http://www.dh.gov.uk">www.dh.gov.uk</a>	020 7210 4850
Care Quality Commission	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>	Telephone: 03000 616161 Fax: 03000 616171
Health Professions Council (HPC)	<a href="http://www.hpc-uk.org">www.hpc-uk.org</a>	44 20 7582 0866
General Medical Council (GMC)	<a href="http://www.gmc-uk.org">www.gmc-uk.org</a>	Contact Centre: 0161 923 6602
Nursing & Midwifery Council (NMC)	<a href="http://www.nmc-uk.org">www.nmc-uk.org</a>	General Enquires 020 7333 9333 Professional Advice 020 7333 6550

## Lead Employer Raising Concerns Responsibility & Policy Matrix for Guidance

## Appendix 6

NHS employee who has the concern or to whom a concern is being raised by a patient etc.	The organisation which is the subject of the concern raised	Concern raised under whose Raising Concern Policy?	If the concern needs to be escalated under whose policy is this processed?
Trust Member of Staff (including LE Trainee) working at StHK	StHK	StHK	StHK
Trust Member of Staff (including LE Trainee) working at StHK	Another NHS Organisation	The relevant NHS Organisation	The relevant NHS Organisation
Trust Member of Staff (including LE Trainee) working in another NHS Organisation e.g. Host	StHK	StHK	StHK
Trust Member of Staff (including LE Trainee) working in another NHS Organisation e.g. Host	The NHS Organisation in which they are working	The NHS Organisation in which they are working	The NHS Organisation in which they are working
Trust Member of Staff (including LE Trainee) working in another NHS Organisation e.g. Host	Another NHS Organisation (not StHK)	The relevant NHS Organisation	The relevant NHS Organisation
NHS Member of Staff from another NHS Organisation	StHK	StHK	StHK