

Raising Concerns Policy and Procedure

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”).

DOCUMENT NUMBER	STHK0022
APPROVING COMMITTEE	Workforce Council
DATE APPROVED	January 2016
DATE IMPLEMENTED	January 2016
NEXT REVIEW DATE	February 2018
ACCOUNTABLE DIRECTOR	Director of Human Resources
POLICY AUTHOR	Head of Human Resources
TARGET AUDIENCE	All Trust Staff including those employed by the Lead Employer
KEY WORDS	Whistleblowing, Raising Concerns, Sir Robert Francis, Freedom to Speak Up, PIDA 1998, Speak out Safely, Bribery Act 2010

Important Note:

The Intranet version of this document is the only version that is maintained.

Any printed copies should therefore be viewed as “uncontrolled” and, as such, may not necessarily contain the latest updates and amendments.

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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.

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. In addition in 2016 the Lead Employer became responsible for employing Student Physician Associates who are placed for their academic placements at the University of Central Lancashire, the University of Liverpool and the University of Manchester and for their clinical placements at sponsoring organisations across the North West of England. Trainee's/SPA's rotate to a number of Host Organisations/Sponsoring Organisations

or their Universities during their placements ranging across Foundation Trusts to District General Hospitals, GP Practices and public health speciality registrars. Each Host Organisation/Sponsoring Organisation or University will manage the day to day requirements of the trainee/SPA as though the trainee/SPA 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/SPA 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 Kevin Hardy) 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 safety 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, lead clinician or raising concerns Champion about their concern, the following 'Freedom to Speak Up Guardians' have been appointed, Francis Andrews, Consultant in Critical Care and Emergency Medicine, Bill Hobden, Non-Executive, Ann Marr, Chief Executive, Richard Fraser, Chairman, and Neal Jones, Assistant Director of Safety & Governance.

5.5 Managers

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.

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).

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 line managers/ward managers 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.

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

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 Raising Concerns 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.

If you are unable to raise it with either your Line Manager or Lead Clinician for whatever reason then you can raise the matter with any of the staff detailed under **Step 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. The Supporting Staff in serious Incidents, Complaints or Grievances Policy and Checklist will be used to guide this process.

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.

1. 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

Describe Key Performance Indicators (KPIs) Must reflect	Frequency of Review	Lead
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

Aspect of compliance or effectiveness being monitored	Monitoring method	Individual 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
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

“St Helens and Knowsley Teaching Hospitals NHS Trust is committed to creating a culture that promotes equality and embraces diversity in all its functions as both an employer and a service provider. Our aim is to provide a safe environment, free from discrimination, and a place where all individuals are valued and are treated fairly. The Trust adheres to legal requirements and seeks to mainstream the principles of equality and diversity through all its policies, procedures and processes.

The Trust takes a zero tolerance approach to all forms of discrimination, harassment and victimisation and will make every effort to ensure that no patient or employee is disadvantaged, either directly or indirectly, on the basis that they possess any of the “protected characteristics” as defined by the [Equality Act 2010](#) . The protected characteristics are as follows: - race; disability; sex; religion or belief; sexual orientation; gender reassignment; marriage and civil partnership; pregnancy and maternity; and age.

This policy will be implemented with due regard to these commitments.

All authors of policy documents must include a completed equality analysis Stage 1 screening. Policy authors must refer to the Trust [Equality and Diversity Policy 2011](#) and the equality analysis toolkit and associated guidance documents (Stage 1 and Stage 2) available on the intranet.

Equality Analysis for this Policy

<u>Equality Analysis Stage 1 Screening</u>		
1	Title of Policy:	Raising Concerns Policy and Procedure
2	Policy Author(s):	Head of Human Resources
3	Lead Executive:	Director of Human Resources
4	Policy Sponsor	Deputy Director of Human Resources
5	Target Audience	All Trust Staff
6	Document Purpose:	This policy provides all staff with information and guidance on raising concerns appropriately.
7	Please state how the policy is relevant to the Trusts general equality duties to: <ul style="list-style-type: none"> • eliminate discrimination • advance equality of opportunity • foster good relations 	N/A
8	List key groups involved or to be involved in policy development (e.g. staff side reps, service users, partner agencies) and how these groups will be engaged	

NB Having read the guidance notes provided when assessing the questions below you must consider,

- Be very conscious of any indirect or unintentional outcomes of a potentially discriminatory nature
- Will the policy create any problems or barriers to any protected group?
- Will any protected group be excluded because of the policy?
- Will the policy have a negative impact on community relations?

If in any doubt please consult with the Patient and Workforce Equality Lead

9 Does the policy **significantly** affect one group **less** or **more** favourably than another on the basis of: answer 'Yes/No' (please add any qualification or explanation to your answer particularly if you answer yes)

		Yes/No	Comments/ Rationale
	• Race/ethnicity	No	
	• Disability (includes Learning Disability, physical or mental disability and sensory impairment)	No	
	• Gender	No	
	• Religion/belief (including non-belief)	No	
	• Sexual orientation	No	
	• Age	No	
	• Gender reassignment	No	
	• Pregnancy and Maternity	No	
	• Marriage and Civil partnership	No	
	• Carer status	No	
10	Will the policy affect the Human Rights of any of the above protected groups?	No	
11	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?	N/A	
12	If you have identified a negative impact on any of the above-protected groups, can the impact be avoided or reduced by taking different action?	N/A	
13	How will the effect of the policy be reviewed after implementation?	The policy will be audited at least annually in line with the key performance indicators	

If you have entered yes in any of the above boxes you **must** contact the Patient and Workforce Equality Lead (0151 430 1042/ Annette.craghill@sthk.nhs.uk) to discuss the outcome and ascertain whether a **Stage 2 Equality Analysis Assessment** must be completed.

Name of manager completing assessment: (must one of the authors)	Yvonne Malkin
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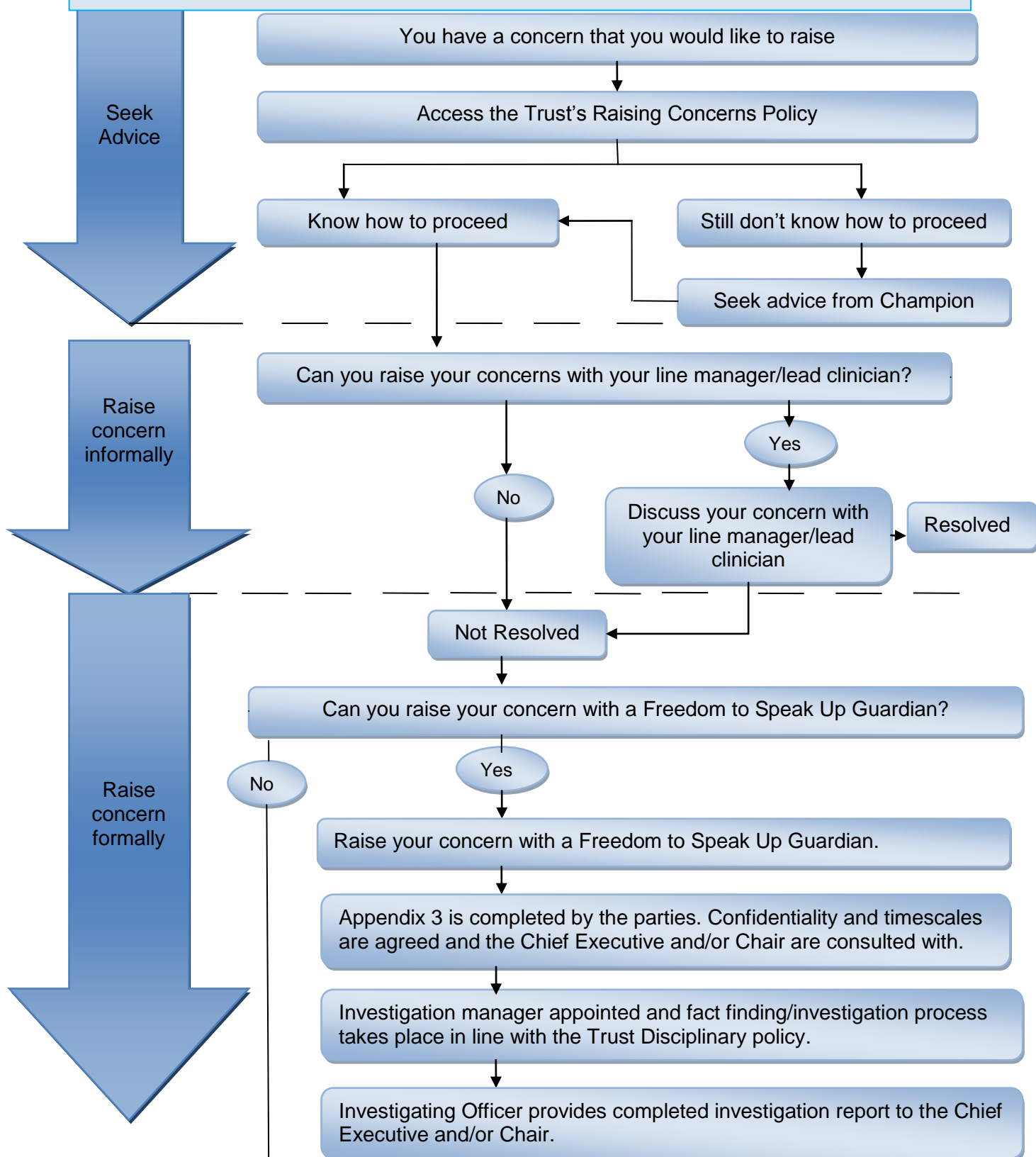
Job Title of Manager completing assessment	HR Business Partner
Date of Completion:	5 th January 2015

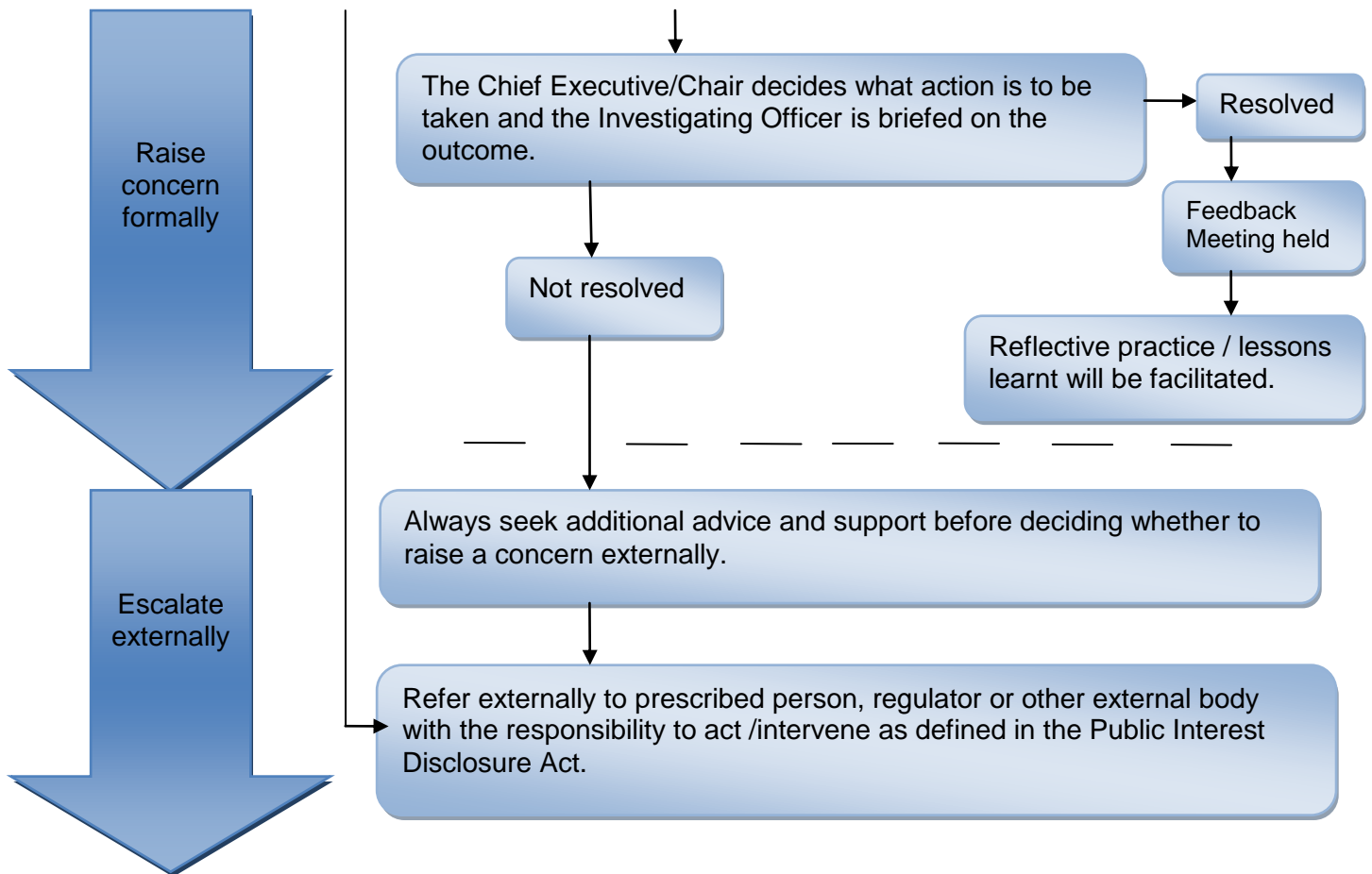
The Trust has a duty as a public body to publish all completed Equality Analysis Screening and Assessments. Please forward a copy of your completed proforma to Annette.craghill@sthk.nhs.uk

The Patient and Workforce Equality Lead will conduct an audit on all completed Screening and Assessments every six months.

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 regular, 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;
- Damage has been caused to the environment;
- A criminal offence has been committed;
- An employer fails to obey the law (such as not having appropriate insurance);
- A malpractice or wrong-doing has been covered up.

Raising Concerns Disclosure Form

APPENDIX 3

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 NameDate:

Signature of Manager/Lead Clinician/Champion/Guardian:

.....

Print Name:

Job Title:

Date:

NOTES

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: raisingconcerns.medicaldirector@sthk.nhs.uk
Bill Hobden, Non-Executive	ext. 1477 email: raisingconcerns.nonexecutivedirector@sthk.nhs.uk
Ann Marr, Chief Executive	ext. 1242 email: raisingconcerns.chiefexecutive@sthk.nhs.uk
Richard Fraser, Chairman	ext. 1242 email: raisingconcerns.chairman@sthk.nhs.uk
Neal Jones, Assistant Director of Safety & Governance.	ext. 5171 email: neal.jones@sthk.nhs.uk
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:
TRADE UNIONS		
Royal College of Nursing (RCN)	www.rcn.org.uk/raisingconcerns	Whistleblowing Hotline: 0345 772 6300
Royal College of Midwives (RCM)	www.rcm.org.uk	0300 303 0444
UNISON	www.unison.org.uk	0845 355 0845
UNITE	www.unitetheunion.org	0161 848 0909
British Medical Association (BMA)	www.bma.org.uk	020 7387 4499
Chartered Society of Physiotherapy	www.csp.org.uk	
Royal Pharmaceutical Society of Great Britain (RPSGB)	www.rpsgb.org.uk	020 7735 9141
Managers in Partnership	www.miphealth.org.uk	
GMB	www.gmb.org.uk	
British Dietetic Association	www.bda.uk.com	
British Orthoptic Society	www.orthoptics.org.uk	
Federation of Clinical Scientists	www.acb.org.uk	
Hospital Consultants and Specialist Association	www.hcsa.com	
Society of Radiographers	www.sor.org	
British Association of Occupational Therapists	www.cot.co.uk	
EXTERNAL SUPPORT ORGANISATIONS		
Whistleblowing Helpline	www.wbhelpline.org.uk	08000724 725
Public Concern at Work	www.pcaw.co.uk	020 7404 6609
Patients First	www.patientsfirst.org.uk	
Local Counter Fraud Specialist	www.reportnhsfraud.nhs.uk	0151 285 4507
NHS Fraud and Corruption Reporting Line	www.reportnhsfraud.nhs.uk	0800 028 40 60
The Audit Commission	www.audit-commission.gov.uk	0844 798 1212

		or 020 7828 1212
Equality and Human Rights Commission	www.equalityhumanrights.com	0845 604 6610
Health and Safety Executive	www.hse.gov.uk	HSE Infoline 0845 345 0055
NPSA – National Patient Safety Agency	www.npsa.nhs.uk	020 7927 9500
ACAS	www.acas.org.uk	08457 47 47 47
Department of Health	www.dh.gov.uk	020 7210 4850
Care Quality Commission	www.cqc.org.uk	Telephone: 03000 616161 Fax: 03000 616171
Health Professions Council (HPC)	www.hpc-uk.org	44 20 7582 0866
General Medical Council (GMC)	www.gmc-uk.org	Contact Centre: 0161 923 6602
Nursing & Midwifery Council (NMC)	www.nmc-uk.org	General Enquires 020 7333 9333 Professional Advice 020 7333 6550

Appendix 6 Lead Employer Raising Concerns Responsibility & Policy Matrix for Guidance

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?	Option of Raising Grievance - under whose policy it raised?
Trust Member of Staff (including LE Trainee/SPA) working at StHK	StHK	StHK	StHK	StHK/LE
Trust Member of Staff (including LE Trainee/SPA) working at StHK	Another NHS Organisation/their University	The relevant NHS Organisation/their University	The relevant NHS Organisation/their University	StHK/LE
Trust Member of Staff (including LE Trainee/SPA) working in another NHS Organisation (e.g. Host/Sponsoring Organisation) or University	StHK	StHK	StHK	StHK/LE
Trust Member of Staff (including LE Trainee/SPA) working in another NHS Organisation (e.g. Host /Sponsoring Organisation) or University	The NHS Organisation /University in which they are working	The NHS Organisation /University in which they are working	The NHS Organisation /University in which they are working	StHK/LE
Trust Member of Staff (including LE Trainee/SPA) working in another NHS Organisation (e.g. Host /Sponsoring Organisation) or University	Another NHS Organisation/University (not StHK)	The relevant NHS Organisation/University	The relevant NHS Organisation/University	StHK/LE
NHS Member of Staff from another NHS Organisation or University	StHK	StHK	StHK	The employing NHS Organisation/University