

## Freedom to Speak Up & Whistleblowing Policy

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<b>Target audience:</b>	Staff, Volunteers, Students and Contractors.	<b>Equality Analysis:</b>	

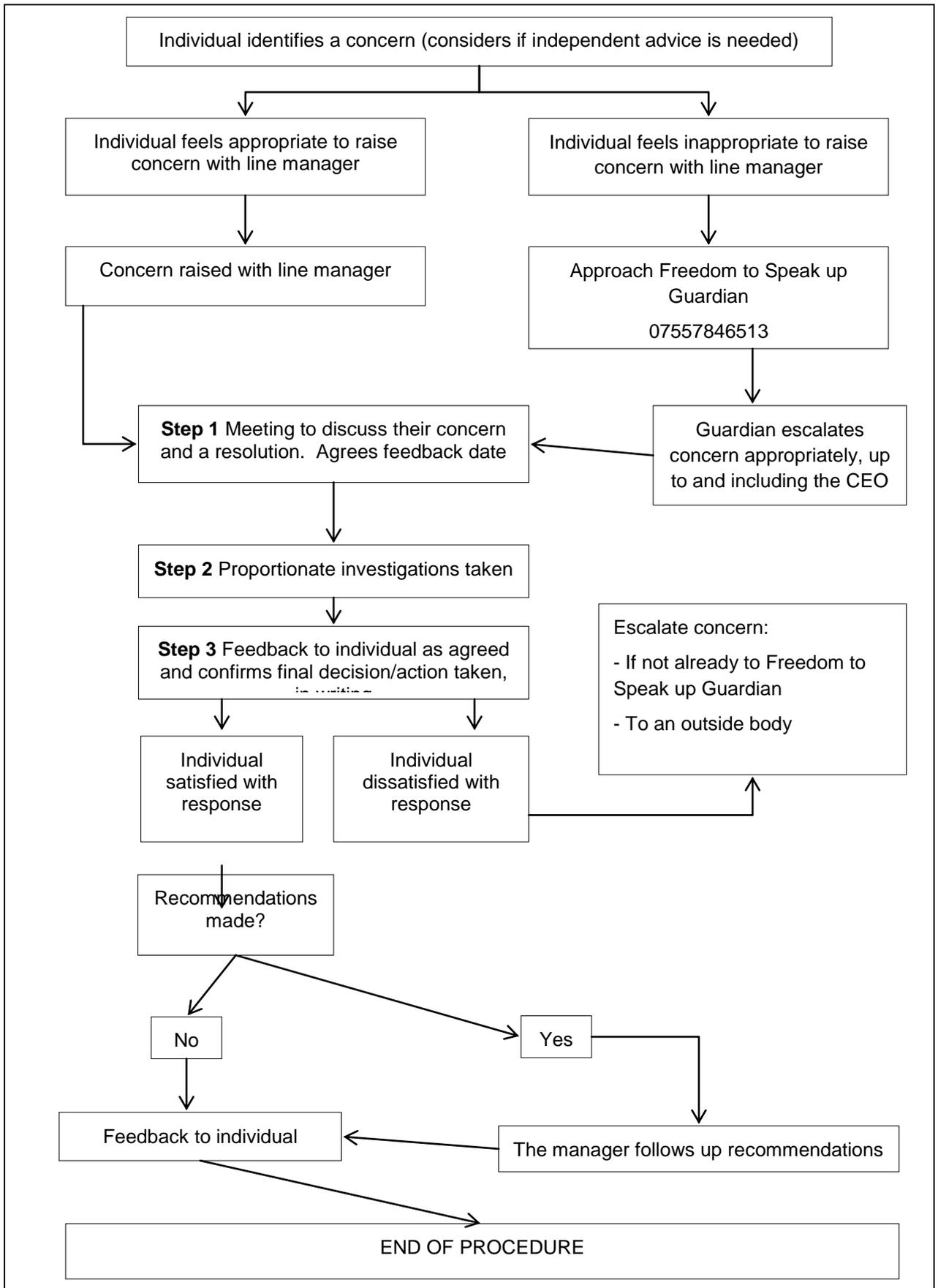
### Key points

- The Trust position on supporting staff to raise concerns
- The procedure for handling concerns

The most recent version of this document is held on the [AireShare Policies page](#).

**Uncontrolled if Printed**

## HOW TO RAISE A CONCERN



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## **1.0 Associated Documents**

- [Freedom to Speak up Review](#): An independent review into creating an open and honest reporting culture in the NHS, Sir Robert Francis QC, February 2015
- [Dignity at work Policy](#)
- [Grievance Policy](#)
- [Bribery, corruption and anti-fraud policy](#)

## **2.0 Speak up – we will listen**

Speaking up about concerns you have at work is really important. In fact, it's vital because it helps us keep improving services for patients and the working environment for staff.

If you are worried that something is wrong or dangerous at work, please do not keep it to yourself. Unless you tell us about any concerns you may have about fraud, safety risks, including clinical safety, or other wrongdoing, we may not find out about it until it is too late.

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, you will always have access to the support you need and you should not suffer any detriment as a result of raising a concern.

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

### **2.1 Statement of Intent**

The purpose of this policy is to ensure all staff, agency workers, contractors, students, volunteers or any other individual carrying out paid or unpaid work activities within Airedale NHS Foundation Trust are aware of the appropriate channels for exercising their freedom to speak up and that there is a transparent procedure for investigating concerns raised.

### **2.2 Sustainable Development - EcoawAire**

This document is designed to be used electronically in order to reduce any associated printing costs.

### **2.3 Purpose**

The purpose of this policy is to reassure you that the Trust strives to achieve a culture of openness and dialogue and that it is safe and acceptable to raise concerns. We encourage you to speak up and raise a concern at an early stage.

### 3.0 Definition of terms used within this Document

NHS TDA	NHS Trust Development Authority
Term	Meaning
The Trust	Airedale NHS Foundation Trust
Whistle-blower	An individual raising a concern

### 4.0 Duties

#### 4.1 The Chief Executive

The Chief Executive has the ultimate responsibility to ensure that all staff can raise their views or concerns, and these are considered and dealt with thoroughly and fairly. He/she will be supported in this by his/her Directors and Managers.

#### 4.2 Managers/Executive Directors/Chairperson

All managers regardless of their seniority will ensure their staff are aware of this policy during their induction to the department. Managers will also inform their HR Business Partner of any concerns being handled under this policy, in order that the policy and its implementation can be monitored and reviewed.

#### 4.3 Executive Director of Nursing

This person has overall responsibility for this policy

#### 4.4 Director of Human Resources & Workforce Development

This person is responsible for monitoring the implementation and the development of this policy.

Anyone receiving a concern will refer to the procedure below and will always:

- Take concerns seriously
- Consider them fully and sympathetically
- Recognise that raising a concern can be difficult for some staff
- Seek advice from other suitable people in the Trust where appropriate
- Treat concerns and issues raised in a confidential manner

## 5.0 The Procedure

The procedure below should be followed when raising a concern within this policy (Appendix A).

If you have a concern about a danger, risk, malpractice or wrongdoing at work, we hope that you feel able to raise it with your line manager or lead clinician; this can be verbally, by email or letter. If you feel unable to raise your concern with your line manager for any reason, or if you have already raised it with your line manager and are unhappy with the outcome, please email [raisingconcerns@anhst.nhs.uk](mailto:raisingconcerns@anhst.nhs.uk) or contact:

- Freedom to Speak up Guardian (07557846513)
- Director of Nursing
- Medical Director
- Director of HR and Workforce ( if the concern is employment related)
- CEO

Freedom to Speak up Guardians have an important role identified in [Freedom to Speak up Review](#) to act as an independent and impartial source of advice to any 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. Employees can also seek informal advice from a more Senior Manager or a Non-Executive Director. You are also able to seek confidential advice at any stage of raising a concern, you may contact:

- Your Professional Body or Trade Union
- The independent whistleblowing charity, Public Concern at Work (telephone: 020 7404 6609, or email: [helpline@pcaw.co.uk](mailto:helpline@pcaw.co.uk)). They can talk you through your options and help you raise a concern about malpractice or wrongdoing at work.
- NHS Health & Social Care Whistleblowing Helpline: 08000 724 725.

### 5.1 What concerns can I raise?

You can raise a concern about risk, malpractice or wrongdoing you think is harming the service we deliver. For example (but are no means restricted to):

- Unsafe patient care
- Unsafe working conditions
- Inadequate induction or training for staff
- Lack of or poor, response to a reported patient safety incident
- Suspicions of fraud (which can also be reported to our local counter-fraud team ([Bribery, corruption and anti-fraud policy](#)))
- A bullying culture across a team or organisation (rather than individual instances of bullying)

Remember that if you are a registered healthcare professional you have a professional duty to raise a concern. If in doubt, please raise it. Don't wait for proof. We would like you to raise the matter whilst it is still a concern. It doesn't 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 affect only them; that type of concern is better suited to our grievance policy ([Grievance policy](#)).

## **5.2 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 concerns. Any such behaviour is a breach of our RightCare values as an organisation and, if upheld following investigation, could result in disciplinary action.

If you feel that you are being subjected to such treatment or detriment as a result of raising a concern, you should inform the manager dealing with your concern or the Freedom to Speak up Guardian (07557 846513 or [raisingconcerns@anhst.nhs.uk](mailto:raisingconcerns@anhst.nhs.uk)). The Trust will take immediate action including, where applicable, the Trust's disciplinary procedure. Detrimental treatment could include (but is not limited to);

- Failure to promote
- Closer monitoring
- Unrequested assignment or re-allocation
- Reasonable requests for leave or shift swaps not granted
- Suspension
- Bullying or harassment

## **5.3 Support for people raising concerns**

We recognise that making the decision to raise a concern can be extremely difficult and stressful for individuals who may be concerned about the impact on themselves and their colleagues. Below are some additional support mechanisms that you may find useful.

- Freedom to Speak up Guardian – telephone 07557846513 or email [raisingconcerns@anhst.nhs.uk](mailto:raisingconcerns@anhst.nhs.uk)
- The Employee Health and Wellbeing Department – The Employee Health and Wellbeing Services team work together to provide a service that will assist management and staff to “Protect and Promote Health”. Employee Health and Wellbeing Services is open to all Trust staff and they can be contacted on Extension 4401 or email [employeehealth@anhst.nhs.uk](mailto:employeehealth@anhst.nhs.uk).
- [Employee Assistance Programme](#)
- Trade Union and Staff Side organisations
- Public Concern at Work – telephone 0207 404 6609
- NHS Health and Social Care Whistleblowing Helpline – telephone 08000 724 725

#### **5.4 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 staff, agency workers, contractors, temporary workers, students, volunteers or governors.

#### **5.5 Raising Concerns**

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 that you report the concern to; you do not want anyone else to know your identity. Therefore we will keep your identity confidential, unless required to disclose it by law (for example, by the police).

You should understand that there may be times when it is not possible to resolve a concern without revealing your identity, for example, where your personal evidence is essential. In such cases, the investigator should discuss with you whether and how the matter can best proceed (see 5.7 for how an investigator is assigned).

You can also choose to raise your concern anonymously, without giving anyone your name, but that can make it more difficult for us to investigate thoroughly and give you feedback on the outcome.

If you have a concern, then we advise you to act promptly. The sooner it is raised, the sooner it can be dealt with. You should give as much supporting evidence as possible, but you don't need to investigate the concern yourself and lack of evidence should not stop you reporting your concerns.

While we hope this policy gives you the reassurance you need to raise your concern internally with us, we recognise that there may be circumstances where you feel you need to report a concern to an outside body. We would rather this, than you not raise the concern at all. Outside bodies may include;

- The Care Quality Commission
- The Audit Commission
- NHS England
- Report NHS Fraud
- The Health & Safety Executive

#### **5.6 The Media**

You might also contemplate the possibility of disclosing your concern to the media. We would ask that you pause before you do this or seek advice first. Although the media play an important role in our society, we would like to hear about your concerns first so that we can try to put them right.

#### **5.7 Dealing with a Concern**

Once you have told the Trust of your concern we will then assess it and consider what action may be appropriate. This may involve an informal review, an internal inquiry or a more formal investigation. We will let you know who is handling the matter, how you can contact them and what further assistance we may need from you. We will write to you summarising your concerns and setting out how we propose to handle them and provide a timeframe for feedback.

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 and properly trained. This 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. During the investigation, if it is identified that improvements can be made these will be shared across the organisation to enable learning.

Investigations can take some time to reach their conclusion but the Trust will give the person who raised the concern feedback within 30 calendar days. This helps us to identify if we have understood the concern or missed any information and will give you the opportunity to provide feedback. When you raise a concern, it's helpful if you tell us what you think the outcome should be. If you have any personal interest in the matter, we do ask that you tell us at the outset.

Some investigations can be complex and time consuming, we will try and keep you updated in the progress of the investigation and agree how often these updates should be. We will tell you, where appropriate, the outcome of the investigation, unless this would infringe a duty of confidence we owe to another person. Whilst we cannot guarantee that we will respond to concerns in a way that you might wish, we will strive to handle the matter fairly and properly.

If you are dissatisfied with how your concern was handled or with the response, you can escalate your concern. The Trust independent Freedom to Speak up Guardian can provide advice on escalation, up to and including external bodies (email [raisingconcerns@anhst.nhs.uk](mailto:raisingconcerns@anhst.nhs.uk)).

If you have raised a concern anonymously, we will not be able to respond directly or investigate in full without sufficient detail about the area and people involved.

## **5.8 Board of Directors Oversight**

The Board of Directors will be given anonymised information about all concerns raised by our staff through this policy and what is being done to address them on an annual basis; similar anonymised information will appear in our annual report. The Executive Assurance Group (AEG) will receive anonymised figures at each meeting. The Board supports staff raising concerns and wants you to be free to speak up.

## **6.0 Consultation, Approval and Ratification Procedure**

### **6.1 Consultation**

The policy has been agreed by the Airedale Partnership Group.

### **6.2 Approval**

The following groups are required to approve this policy:

- Airedale Partnership Group

### **6.3 Ratification Procedure**

Ratification of this policy is achieved through the Procedural Documentation Ratification Group.

## 7.0 Dissemination and Implementation

### 7.1 Dissemination

The policy will be communicated in the Team and Staff Brief to all employees, which managers are expected to discuss at team meetings. Thereafter, it will be available for all employees to access via AireShare and from Human Resources.

### 7.2 Implementation

Upon final ratification, the policy will be implemented across the Trust. Managers will refer to this document and refer employees to this document as appropriate, following the dissemination explained above. Advice on implementation should normally be sought from the immediate line manager who will contact the HR department or Freedom to Speak up Guardian for further advice should they feel unable to answer any query.

### 7.3 Training/Awareness

Managers will be expected to inform staff of the policy ensuring that staff are aware of their obligations under the policy.

All new starters will be informed about this policy and the procedure for reporting concerns.

## 8.0 Procedure for Monitoring Effective Compliance

Standard to be monitored	Procedure for monitoring  e.g. audit, ongoing evaluation etc.	Frequency  e.g. annually 3 yearly	Person responsible for: undertaking monitoring & developing action plans	Committee accountable for:  review of results, monitoring action plan & implementation	Frequency of monitoring  e.g. monthly, quarterly
Submission of figures to HR prior to each meeting	Audit	Annually	Freedom to Speak up Guardian	EAG	Annually
Frequency of Board	Audit	Annually	Freedom to Speak up	Executive Board of	Annually

Standard to be monitored	Procedure for monitoring	Frequency	Person responsible for:	Committee accountable for:	Frequency of monitoring
	e.g. audit, ongoing evaluation etc.	e.g. annually 3 yearly	undertaking monitoring & developing action plans	review of results, monitoring action plan & implementation	e.g. monthly, quarterly
report			Guardian	Directors	

### 9.0 Record Keeping

This policy will result in the following classes of records being created, which will observe the following retention regimes:

Record Type	Retention period	Disposal method
Employment	As per <a href="#">Employment Records Policy</a>	Confidential Shredding

### 10.0 Equality Analysis

Airedale NHS Foundation Trust is committed to the overarching principles of Equality and Diversity. As such the organisation values and supports its entire staff. We are committed to ensuring all forms of prejudicial, unfair basis and/or actions which result in discriminatory practices are eliminated. The Trust makes this stand based not only on meeting its legislative duties but also a moral strand on ensuring equitable outcomes for all of its staff and patients.

The Foundation Trust is continually working towards eradicating all forms of harassment and discrimination, exclusion, victimisation, harassment and bullying and working to ensure it meets its legal duties by ensuring that:

- Unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010 are eliminated
- Equality of opportunity between people from different groups; is advanced and
- Good relations between people from different groups are fostered.

The Trust treats any concerns it receives very seriously and as such any concern received under this policy or associated policies (in terms of application or adherence) will be investigated by Foundation Trust Staff. The procedure undertaken

will also ensure that complainants, patients, relatives and carers are not discriminated against on the grounds of disability, gender, marital status, sexuality, colour, race, nationality, ethnic origin, religion, belief or age. Additionally, the Trust will ensure that no individual is treated in a detrimental manner as a result of having raised a concern.

The policy will be continually reviewed to ensure that there are no elements within the policy, practice or procedures that are prejudicial on any grounds in respect of the protected equality characteristics mentioned above. Using the guidance produced under the auspices of Equality legislation, this document has also been equality impact assessed and is attached at the end of the document.

An Equality and Diversity Impact Assessment is appended at the end of the document (See Appendix D).

## 11.0 References

<https://www.gov.uk/whistleblowing>  
[Freedom to Speak up Guardians](#)  
[Whistle blowing and raising concerns guidance](#)  
[Whistleblowing to the CQC](#)  
<https://www.england.nhs.uk/?s=whistleblowing>  
[Freedom to Speak up Review](#)  
[Dignity at work Policy](#)  
[Grievance Policy](#)  
[Bribery, corruption and anti-fraud policy](#)

## 12.0 Version Control

Version	Date	Author	Status	Comment
1	24.11.15	Faeem Lal	Draft	
2	07.12.15	Faeem Lal	Draft	
3	16.12.15	Faeem Lal	Draft	
4	31.12.15	Faeem Lal	Draft	
5	14.01.16	Faeem Lal	Final	
With the introduction of the Freedom to Speak up Guardian role this policy has been renamed and aligned with national guidance for Whistle blowing and Freedom to Speak up policies.				
0.1	24.05.17	Sarah Broadhead-Crofts	Draft	Section 5 rewritten to incorporate National Whistleblowing policy and Freedom to Speak up Guardian role
0.2	03.07.17	Sarah Broadhead-Crofts	Draft	Minor changes made on advice of PDRG
0.3	04.07.17	Helen Kelly	Draft	Re-formatted & flow chart added at the start of the document

## **13.0 Document Control**

### **13.1 Procedural Document Register**

### **13.2 Archiving Arrangements**

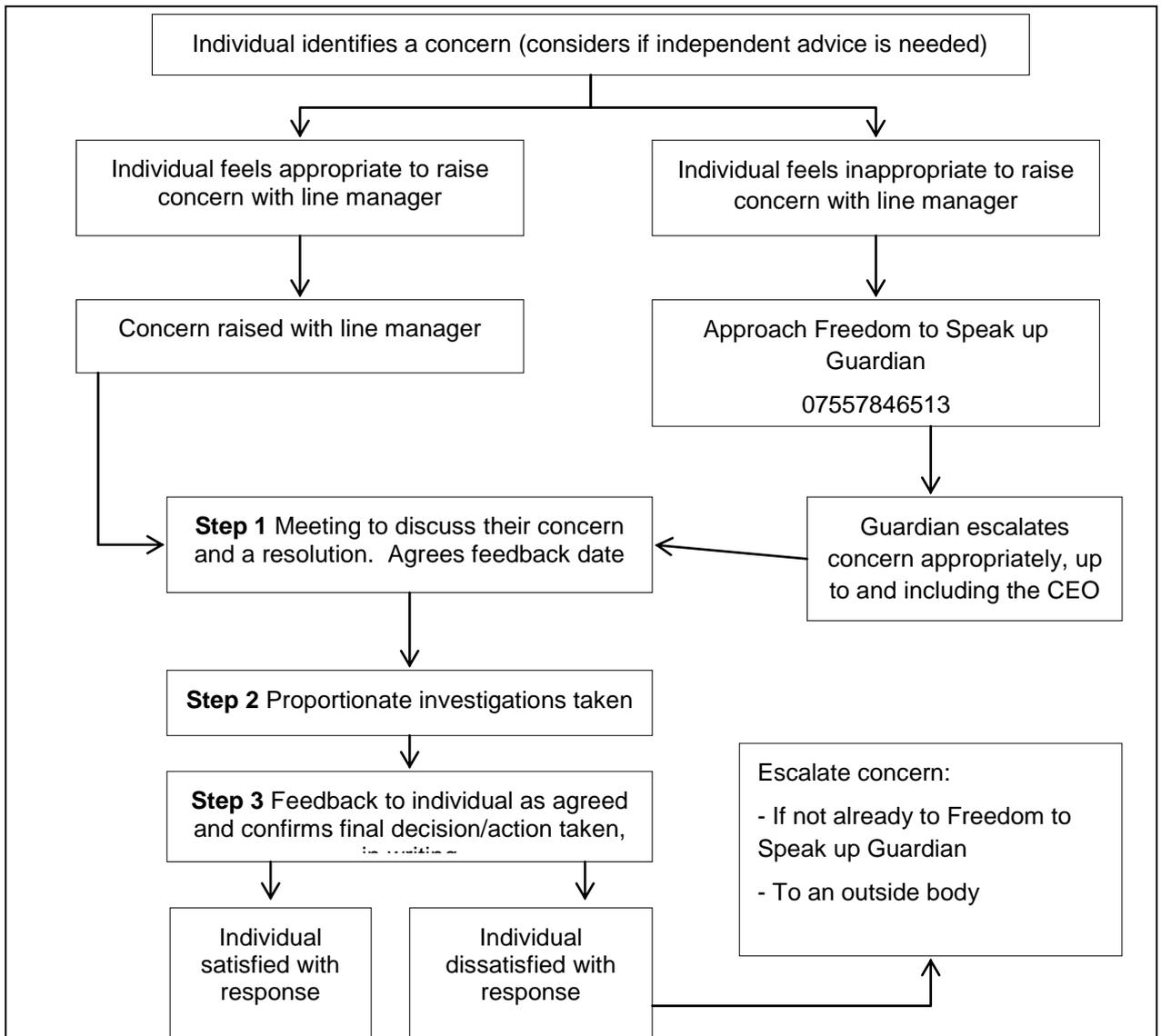
Electronic copies of current and previous versions of procedural documents will be retained in line with best practice outlined in the Department of Health, Records Management: NHS Code of Practice Part 1 (2006) and Part 2 (2009).

Archived electronic documents form part of the Trusts database, which is maintained by the Health Information Specialist on a shared drive on the intranet. This person and key members of the quality and safety team are the only individuals approved to access this drive. The documents will be archived using AireShare version control.

### **13.3 Procedure for Retrieving Archived Documents**

Archived documents can be retrieved by contacting the Health Information Specialist.

## Appendix A – Raising a Concern Flowchart



## Appendix B - Procedural Document Development Checklist

Prior to submitting a procedural document for initial ratification or following a review, the following checklist should be completed and appended by the author to the document.

TITLE OF DOCUMENT: Freedom to Speak up & Whistleblowing Policy	Recommendations made?	√ or X	Comments
	No		
Front page	Feedback to individual table		The manager follows up recommendations
Is the title clear and unambiguous?		✓	
Is it clear where	END OF PROCEDURE		

Is the document reference table completed?	✓	
Is the review date identified?	✓	
Is the frequency of review identified? If so, is it acceptable?	✓	
<b>Contents Page &amp; Associated Trust documents</b>		
Are the contents page and page numbers accurate?	✓	
Are all associated Trust documents hyperlinked?	✓	
<b>Introduction</b>		
Has an equality impact assessment been completed?	✓	
Have the Trust's EcoAwaire ideals been considered?	✓	
Are the intention, purpose and scope of the document made clear?	✓	
<b>Definitions</b>		
Are all terms clearly defined?	✓	
<b>Duties</b>		
Are all roles and responsibilities made clear?	✓	
<b>Developing a new procedural document</b>		
Has the Trust procedural document template been used and all sections completed?	✓	
Have any training needs been identified?	✓	
If so, has the Education & Training been consulted?	x	
<b>Reviewing an existing procedural document</b>		
Does the document comply with the current Trust procedural document template?	✓	
<b>Consultation, approval and ratification procedure</b>		
Is the consultation procedure explicit?	✓	
Has the patient and carer panel been consulted?	x	
Does the document identify which committee/group will approve it?	✓	
Is this document used to evidence CQC or NHSLA standards (if yes has Compliance Manager been consulted)	✓	

<b>Dissemination &amp; Implementation</b>		
Is there an outline/plan to identify how this will be done?	✓	
Does the plan include the necessary training/support to ensure compliance?	✓	
Have resources implications been considered and documented?	✓	
<b>Version Control</b>		
Does the document have a clear version number?	✓	
Are minor amendments clearly documented on the version control page?	✓	
<b>Procedure for Monitoring compliance</b>		
Are there measurable standards or KPIs to support monitoring compliance of the document?	✓	
Is there a plan to review or audit compliance with the document?	✓	
Is it clear which committee or group is responsible for monitoring compliance with the policy?	✓	
<b>Overall Responsibility for the Document</b>		
Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?	✓	





**Appendix C Equality Impact Analysis Form**

**Trust Headquarters, Airedale General Hospital, Skipton Road Steeton, KEIGHLEY West Yorkshire BD20 6TD Telephone: 01535 292731**

**Please ensure that the completed Equality analysis form is forwarded with the associated document being assessed to the Head of Equality and Diversity**

***In carrying out the Impact Analysis please check for statements, conditions, rules or requirements which when applied could exclude or cause an adverse impact upon patients and/or staff in respect of the “protected characteristics” – (Race, Gender, Disability, Sexual Orientation, Age, Religion/ Faith, Trans). The procedure will help in identifying;***

- Overall improvements required to ensure the service is provided equitably***
- Those areas the service needs to address and / or improve, which have an impact upon patients and members of staff***
- Specific actions needed to ensure equitable provision for all concerned.***

<b><i>Name of Document</i></b>	<b>Freedom to Speak Up &amp; Whistleblowing Policy</b>		
<b><i>Department</i></b>	<b>Human Resources</b>		
<b><i>Effective From</i></b>	<b>1 June 2017</b>	<b><i>Review date</i></b>	<b>1 June 2020</b>

***Which elements of the document being assessed pertain to the NHS Constitution? Please indicate number /s in the box***

*below.*

1. The NHS provides a comprehensive service, available to all.
2. Access to NHS services is based on clinical need, not an individual's ability to pay.
3. The NHS aspires to the highest standards of excellence and professionalism.
4. NHS services must reflect the needs and preferences of patients, their families and their carers.
5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.
6. The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.
7. The NHS is accountable to the public, communities and patients that it serves.

3 and 7

**Which of the following elements does the document being assessed pertain to? (Please ✓ as appropriate)**

<i>Function of the service</i>	x	<i>Policy</i>	x	<i>Procedure</i>		<i>Strategy</i>		<i>Other (please state)</i>
--------------------------------	---	---------------	---	------------------	--	-----------------	--	-----------------------------

**Are there any conditions within the document being assessed where issues may impact directly upon Mental Capacity Act**

From the document being assessed are there any issues whereby the Mental Capacity Act	YES		NO	x
---	-----	--	----	---

needs to be evoked?				
If YES please indicate date/s when this will be / was undertaken				

Does the document being assessed impact: (Please ✓ as appropriate)							
Directly upon staff	x	Indirectly on staff		Directly upon patients		Indirectly on patients	x

In relation to the assessment of this document which EDS Goals will be addressed? Click on following link for the EDS. <a href="http://www.airedale-trust.nhs.uk/About/equalitydiversity/edframework.pdf">http://www.airedale-trust.nhs.uk/About/equalitydiversity/edframework.pdf</a>			
Objective 1 x	Objective 2 x	Objective 3	Objective 4

***Please provide brief details of the main aims, objectives and intended outcomes/benefits from the document being assessed***

Most individuals have concerns about what is happening at work at some time or another, and usually these concerns are easily resolved. However, when they are about unlawful conduct, financial malpractice or dangers to the public, colleagues or environment or about other serious misbehaviour at work, it can be difficult to know what to do. To make it easier for individuals to exercise their freedom to speak up, the Trust has adopted this policy. The policy aims to reassure individuals that it is safe and

acceptable to speak up and to enable them to raise any concern at an early stage when they have a genuine concern (not necessarily with proof) and that they do so in the right way. The Trust encourages individuals to speak up when they see something that is wrong.

***From the document being assessed and taking into consideration the EDS goal/s who will benefit and in what way***

This policy applies to all employees and ex-employees of the Trust, bank and agency workers, volunteers, students, trainees and contractors.

Concerns covered by this policy may include the following, although this list is not exhaustive, and is intended as guidance only:

- Malpractice or ill treatment of a patient/service user by any member of staff
- Repeated ill treatment of a patient/service user, despite a complaint being made
- A criminal offence has been committed, is being committed or is likely to be committed
- Suspected fraud, bribery or corruption
- Disregard for legislation, particularly in relation to health and safety at work
- The environment has been, or is likely to be, damaged
- Breach of standing financial instructions
- Miscarriage of justice
- Showing undue favour over a contractual matter or to a job applicant
- Information on any of the above has been, is being, or is likely to be concealed

***What consultation was/has been undertaken in relation to the document being assessed. Please also list operational / policy groups where the document has been tabled.***

The Airedale Partnership Group has been consulted in relation to the development of this Policy.

***Bearing in mind the NHS constitution above and the EDS Goals, what evidence can be provided to demonstrate show that application of information within the document being assessed does not have any detrimental impact in respect of each of the protected characteristic mentioned below. Please do not just type in N/A.***

	<b>Y</b>	<b>N</b>	<b><i>Any possible adverse impact upon patients</i></b>	<b><i>Any possible adverse impact upon staff</i></b>
<b>1.Race</b>		X	There is no evidence to suggest that any of aspect of this policy could potentially exclude or have a differential impact against patients in respect of race.	There is no evidence to suggest that any of aspect of this policy could potentially exclude or have a differential impact against staff in respect of race. However Lord Robert Francis QC has recognised that individuals from a BME background feel more vulnerable.
<b>2.Gender</b>		X	There is no evidence to suggest that any of aspect of this policy could potentially exclude or have a differential impact against patients in respect of Gender.	There is no evidence to suggest that any of aspect of this policy could potentially exclude or have a differential impact against staff in respect of gender.
<b>3.Disability</b>		X	There is no evidence to suggest that any of aspect of this policy could potentially exclude or have a differential impact against patients in respect of	There is no evidence to suggest that any of aspect of this policy could potentially exclude or have a differential impact against staff in respect of disability. There is however clarity needed in ensuring that

			disability.	when and if the policy is invoked appropriate language / terminology is used for any individual who may consider themselves to be Disabled.
<b>4. Sexual Orientation</b>		X	There is no evidence to suggest that any of aspect of this policy could potentially exclude or have a differential impact against patients in respect of sexual orientation.	There is no evidence to suggest that any of aspect of this policy could potentially exclude or have a differential impact against staff in respect of sexual orientation. Clarity will be sought in respect of any incident and appropriate language / terminology to be utilised.
<b>5. Age</b>		x	There is no evidence to suggest that any of aspect of this policy could potentially exclude or have a differential impact against patients in respect of age.	There is no evidence to suggest that any of aspect of this policy could potentially exclude or have a differential impact against staff in respect of age.
<b>6. Religious Belief</b>		X	There is no evidence to suggest that any of aspect of this policy could potentially exclude or have a differential impact against patients in respect of religious belief.	There is no evidence to suggest that any of aspect of this policy could potentially exclude or have a differential impact against staff in respect of religious belief.
<b>7. Dependents / Caring Responsibilities</b>		X	There is no evidence to suggest that any of aspect of this policy could potentially exclude or have a differential impact against patients in respect of dependents or caring responsibilities.	There is no evidence to suggest that any of aspect of this policy could potentially exclude or have a differential impact against staff in respect of dependents or caring responsibilities.
<b>8. Transgender or Transsexual</b>		X	There is no evidence to suggest that any of aspect of this policy could potentially exclude or have a differential impact against patients in respect of	There is no evidence to suggest that any of aspect of this policy could potentially exclude or have a differential impact against staff in respect of

			transgender or transsexual.	Transgender or Transsexual.
<b>9. Students</b>		x	There is no evidence to suggest that any of aspect of this policy could potentially exclude or have a differential impact against patients in respect of students.	There is no evidence to suggest that any of aspect of this policy could potentially exclude or have a differential impact against staff in respect of students however it is important to note that Lord Robert Francis QC has recognised that during his research for the Freedom to Speak Up Review students reported having difficulties subsequent to reporting concerns. Students have specifically been added to this Equality Impact Assessment to highlight the importance of recognising this.

<b><i>If there has been a differential impact identified above, could this lead to an adverse impact in the delivery of the service in respect of the document being assessed? (please tick)</i></b>	<b>Y</b>	<b>N</b>
		<b>x</b>
<b><i>Comments (Irrespective of “Yes” or “No” please explain)</i></b>		
As outlined above BME staff and Students feel particularly vulnerable when reporting concerns however there is no evidence to suggest that this is the case at Airedale NHS Foundation Trust and there is no evidence that this policy has any detriment towards BME staff or students.		
<b><i>Please indicate if there any actions that need to be undertaken to mitigate risks, minimise any adverse impact and ensure</i></b>		

**equity for all equality groups indicated above**

Data will be collected in respect of how the policy is applied and utilised. Information collected will be analysed to ascertain if there has been any disproportionate impact in respect of the Protected characteristics mentioned above and appropriate actions put into place.

Whistleblowers are protected by legislation which provides additional assurance.

<b>Proposed action in relation to the equality strands above</b>	<b>Timeframe</b>	<b>Resource implications</b>	<b>Lead</b>
As the policy stands at present, there is nothing to indicate there could be any detrimental impact. If, however, any issues are brought to the attention of the Trust, which suggest there may well be an impact in respect of equality and diversity – especially whereby a discriminatory act is perceived to have taken place (in terms of application of the policy) then appropriate action will be taken immediately.  Undertake an assessment of existing training to ensure the principles of this policy are addressed	<b>As required.</b>       <b>Ongoing</b>	Unknown	Head of HR and Workforce Development       Training and development
<b>Completed by and Date of Impact Assessment</b>	<b>Sarah Broadhead-Crofts 28.02.17</b>		
<b>Date approved by Head of Equality and Diversity</b>			

**Please attach this assessment with the document being Assessed.**

***Signed (completing officer)***

***Signed: Head of Equality and Diversity***

**K Sohanpal**