



## Raising Concerns at Work Policy and Procedure

Reference Number	Version	Status	Executive Lead(s) Name and Job Title	Author(s) Name and Job Title
300	2.1	Current	Mark Gwilliam, Director of HR and OD	Deborah Wardle, Assistant Head of Employee Relations
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## Associated Documentation:

### Trust Controlled Documents

Incident Management Policy  
Risk Management Strategy and Policy

### External Documentation

### Legal Framework

Employment Rights Act 1996  
Public Interest Disclosure Act 1998

### For more information on this document please contact:-

Human Resources Department

### Version History

Version	Date Issued	Brief Summary of amendments	Owner's Name:
1	05/07/2013	Re-write of Whistle blowing policy (Reference No. 136)	Jane Clawson
2	30/03/2016	Amendment of Raising Concerns at Work Policy and Procedure to incorporate the recommendations of Freedom to Speak Up (Reference No. 300)	Deborah Wardle
2.1	22/07/2016	Removal of the wording 'Appendix 2 is currently in draft' from Appendix 2. Addition of a flow chart on how to raise a concern	Deborah Wardle

**(Please note that if there is insufficient space on this page to show all versions, it is only necessary to show the previous 2 versions)**

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# Executive Summary

## Raising Concerns at Work Policy and Procedure

<b>Document Objectives:</b>	To promote a culture of openness and accountability within the Trust by encouraging reporting of concerns, offering guidance on raising concerns/making disclosures and reassurance as to how the Trust will respond to them.
<b>Group/Persons Consulted:</b>	Staff Partners, LNC, HR, Trust Executive Group, Head of Healthcare Governance, Non-Executive lead for Healthcare Governance, Staff Governors.
<b>Monitoring Arrangements and Indicators:</b>	All concerns raised formally are recorded centrally. Awareness of the arrangements for raising concerns will be monitored through compliance audits across the Trust
<b>Training Implications:</b>	Awareness will be incorporated into existing training programmes such as corporate welcome and local induction arrangements. A training programme for Freedom To Speak Up (FTSU) Directorate Advocates will be developed and implemented.
<b>Equality Impact Assessment:</b>	Attached – see appendix 3
<b>Resource implications:</b>	Awareness sessions and documentation to be produced. Support for the Raising Concerns agenda will be available from within the current infrastructure
<b>Intended Recipients:</b>	All staff groups including agency workers, students, trainees and contractors.
Who should:-	
➤ be <b>aware</b> of the document and where to access it	All staff groups, including full and part time employees, agency workers, students, trainees, volunteers, contractors and staff governors.
➤ <b>understand</b> the document	Executive Directors, Clinical Directors, Nurse Directors, Operations Directors, Operations Board members
➤ have a <b>good working knowledge</b> of the document	Director of Human Resources and Organisation Development, All Trust Managers, Medical HR and the HR Department, Head of Healthcare Governance, Assistant Chief Executive, Freedom to Speak Up (FTSU) Guardian, and FTSU Directorate Advocates

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## **1 STRATEGIC AIMS AND OBJECTIVES**

- 1.1 The overarching aim of the policy is to encourage staff to report specific concerns as soon as possible in the knowledge that these concerns will be taken seriously and investigated appropriately. The concerns reported must fall into the definitions contained in paragraphs 4.5.1 to 4.5.7.
- 1.2 Key strategic objectives are:
  - 1.2.1 To foster an organisational culture of openness and willingness to report matters relating to the issues set out in Section 3 (Purpose).
  - 1.2.2 To ensure there is a clear procedure and that disclosures are dealt with consistently and confidentially.
  - 1.2.3 To reassure staff that they are able to raise genuine concerns without fear of reprisals.

## **2 INTRODUCTION**

- 2.1 The Trust is committed to conducting its affairs with honesty and integrity and actively promotes a culture of openness and accountability between staff and managers to ensure that questions and concerns can be raised and wherever possible quickly resolved. The Trust recognises, however, that staff may wish to raise a concern about a risk, safety, malpractice or wrongdoing which may affect patients, the public, staff or the Trust itself.
- 2.2 The intention of this policy is to empower staff to raise concerns as early as possible to promote an open and positive environment whereby staff who have legitimate concerns are able to raise these without fear of reprisal.
- 2.3 It is the right and duty of staff to raise any concerns that they have regarding matters they consider to be damaging to the interests of patients and to put forward suggestions, which may improve the delivery of care or services provided.
- 2.4 This policy sets out what staff should do if they have concerns that they wish to raise. It takes into account the Public Interest Disclosure Act 1998 and sets out the process which staff should follow if they have legitimate concerns at work.

## **3 PURPOSE**

- 3.1 This policy is intended to set out the process for staff to raise concerns, without fear of reprisal, where they cannot be dealt with through the other mechanisms available in the Trust and where disclosure (ie raising concerns) is in the public interest. Importantly, this policy also sets out how the Trust will respond to those concerns. The procedure (set out in Appendix 1) is intended to provide staff, managers and staff organisations with a clear mechanism whereby staff can speak out and have their concerns investigated.

## **4 SCOPE**

- 4.1 This policy applies to all staff, including full and part-time employees, agency workers, students, trainees, volunteers, contractors and staff governors.
- 4.2 For the purposes of this policy, these individuals will be referred to as "staff".
- 4.3 This policy does not form part of any employee's contract of employment and it may be amended at any time, as necessary.

- 4.4 This policy is not intended to apply to issues of concern regarding an employee's individual working arrangements, terms and conditions, or treatment by colleagues. Such issues should be addressed through the correct Trust Policy, as appropriate. If you want to tell us something but are not sure which procedure to use, you should contact HR for advice.
- 4.5 The Public Interest Disclosure Act 1998 (the Act) gives protection, in certain circumstances, to staff who raise such concerns at work (known as whistle blowing). A useful [Guide to the Act](#) can be found on the Public Concern at Work website. Under the Act, reporting of concerns related to any of the following are protected (as defined in Section 8 - Staff Safety), when made in good faith:
- 4.5.1 danger to the health and safety of any individual, including patients
  - 4.5.2 systematic failings that result in patient safety being endangered, eg poorly organised systems, or inadequate / broken systems
  - 4.5.3 criminal offences –which are thought to have been committed or likely to be committed
  - 4.5.4 breach of any legal obligation
  - 4.5.5 miscarriage of justice that has or is likely to occur
  - 4.5.6 damage to the environment
  - 4.5.7 deliberately concealing information about any of the above

## **5 RELATIONSHIP WITH OTHER TRUST POLICIES**

- 5.1 This policy is in place to allow members of staff to deal with concerns about Trust business or patient care matters including working practices. Any other matters should be raised under the following policies:
- 5.1.1 The Trust's grievance procedure is in place to allow staff to raise concerns about their own personal position at work;
  - 5.1.2 The Trust's complaints procedure is in place to allow individual's external to the Trust to raise their concerns;
  - 5.1.3 The Trust's accident and incident reporting procedures are for recording details of any incidents occurring in relation to the Trust, including violent incidents;
  - 5.1.4 The Trust's Acceptable Behaviour at Work Policy is in place for staff to report incidences of harassment and bullying to themselves or another work colleague.

## **6 ROLES AND RESPONSIBILITIES**

- 6.1 The Trust Board of Directors is responsible for ensuring the Trust has effective systems in place for raising concerns.
- 6.2 The Chair of the Healthcare Governance Committee is the designated Non-Executive Director with a formal role in raising concerns. This role involves the provision of visible high level leadership in developing and maintaining a culture of safety for staff to raise concerns, and developing formal reporting arrangements to the Trust Board of Directors. Further detail in relation to the role of the lead Non-Executive Director is contained in Appendix 2.

- 6.3 The Chief Executive as the Trust's Accountable Officer is ultimately responsible for this policy.
- 6.4 The Assistant Chief Executive has delegated responsibility for ensuring effective systems for raising concerns are in place across the Trust.
- 6.5 The Director of Human Resources and Organisation Development supported by the Assistant Chief Executive is the named Executive Director with a lead role in raising concerns. Further detail in relation to the role of the lead Executive Director is contained in Appendix 2.
- 6.6 The role of the Freedom to Speak Up (FTSU) Guardian is to operate in a genuinely independent capacity, highlight areas of concern, and support staff to speak out. Further detail in relation to the role of the FTSU Guardian is contained in Appendix 2.
- 6.7 The Freedom to Speak Up (FTSU) Directorate Advocates will provide immediate support and sign-posting for staff members raising concerns, determining the best course of action and advising the staff members of their options. It is not envisaged that an Advocate would take on the concern but rather will support the staff member to effectively raise their concern where appropriate or seek an alternative course of action.
- 6.8 Executive Directors and Associate Directors are responsible for ensuring this policy is communicated to all staff and ensuring effective systems for raising concerns, compatible with this policy, are in place within their directorates.
- 6.9 Clinical Directors, Operations Directors and Nurse Directors are responsible for ensuring effective systems for raising concerns, compatible with this policy, are in place within their directorates and ensuring their staff are aware of this policy.
- 6.10 Ward Sisters / Charge Nurses, Service Managers and Departmental Managers are responsible for ensuring effective systems for raising concerns, compatible with this policy, are in place at ward or departmental level.
- 6.11 Staff (including trainees, students, volunteers, governors, contractors and agency staff) must ensure they are familiar and comply with this policy. Individual employees have a responsibility to raise concerns if they believe that wrongdoing (as defined in paragraphs 4.5.2 to 4.5.7) has occurred, or is likely to occur. If staff are personally involved or implicated in the wrongdoing at work, the Trust encourages such staff to tell us about it under this policy. The Trust will take your cooperation into account in deciding on any formal action.

## **7 RAISING CONCERNS PROCESS**

- 7.1 The Trust's Procedure for Raising Concerns under this policy is set out in Appendix 1.

## **8 STAFF SAFETY**

- 8.1 Staff are assured that any concerns raised through the policy will be treated seriously.
- 8.2 It is very important that everyone feels able to raise concerns under this policy without fear of reprisals or recrimination. If a colleague raises an issue under this policy they must not be treated unfavourably in any way. The Trust will not tolerate the harassment or victimisation of any individual raising a genuine concern. Instances of harassment or victimisation of a member of staff who has raised a concern will be dealt with in accordance with the Trust's Acceptable Behaviour and / or Disciplinary policies.

- 8.3 The Trust recognises that staff raising concerns may be anxious and so will be fully supported throughout the process. Members of staff are able to arrange to speak to someone in private for support and advice. Staff should contact their Directorate champion who will help them to identify an appropriate person to meet with.
- 8.4 The Act gives certain categories of concern as protected rights for public disclosure. Any member of staff who discloses information about matters of patient care to the media or the public without recourse to this policy and that is outside the protected rights for public disclosure under the Act may be subject to disciplinary action.

## **9 CONFIDENTIALITY**

- 9.1 Concerns raised by staff will be treated with respect and confidentiality. However, it should be recognised that it would be unrealistic to guarantee that all concerns raised can remain entirely confidential. Therefore, a member of staff considering raising a concern should be aware that they may be asked to present evidence to substantiate their concern and/or make a written statement and/or explain their concerns or allegations at any resulting formal proceedings.
- 9.2 The Trust will however do its utmost to ensure that members of staff do not suffer as a result of raising a concern in good faith. If a member of staff has requested that his/her identity is not disclosed, but the situation arises where the Trust is not able to resolve the concern without revealing their identity (for instance because evidence is needed in court), the matter will be discussed with the individual concerned to determine whether and how the Trust proceeds.
- 9.3 The Trust does not encourage staff to make disclosures anonymously. Proper investigation may be more difficult or impossible if we cannot obtain further information from staff. It is also more difficult to establish whether any allegations are credible. However, if the person raising the concern will only raise their concern if they remain anonymous, it will be much more difficult for the concern to be investigated and for the Trust to protect the individual's position or give feedback. Accordingly, while the Trust will consider what action may be justified by an anonymous report, it is unlikely that the Trust will be able to handle such reports under this policy.
- 9.4 Members of staff have a duty of confidentiality to patients. Subject to the provisions of the Public Interest Disclosure Act, unauthorised disclosure of information about any patient will be regarded as a serious matter warranting disciplinary action. This applies even when staff believe they are acting in the best interests of the patient in raising their concern. Staff should act in a manner which minimises the possibility of any individual patient being identified and seek advice from the Trust's Caldicott Guardian (ie. Medical Director) if there is any doubt.
- 9.5 In making external disclosures, staff should be mindful that they also have an implied duty of confidentiality and loyalty to the Trust as their employer. This implied duty does not override the employee's duty to raise concerns.

## **10 MALICIOUS ALLEGATIONS**

- 10.1 Whilst the Trust is committed to this policy and positively encourages staff to raise their concerns, the Trust will not tolerate the raising concerns not in good faith with malicious intention (for instance, in order to cause disruption within the Trust) or for personal gains (to get someone you dislike into trouble). Staff raising concerns that are investigated and found to be raised not in good faith and of a malicious nature, will be treated in accordance with the Trust's Disciplinary Policy.



## **11 IMPLEMENTATION AND PROMOTION**

- 11.1 The Raising Concerns at Work policy and procedure is available on the Trust's intranet site. The policy may also be obtained from the Human Resources Department.
- 11.2 All managers are responsible for ensuring that their staff are made aware of the policy.
- 11.3 To ensure its effectiveness and aid awareness it is imperative that all staff are aware of this policy. This should be done systematically via an agreed Implementation Plan, including the following, which is not an exhaustive list:
- Corporate/Local induction
  - Mandatory refresher training
  - Team led discussion and training by managers
  - Posters displayed around the Trust
  - Staff awareness leaflet issued to all staff

## **12 MONITORING AND REVIEW**

- 12.1 The Deputy Director of Human Resources and Organisation Development, and the Head of Medical HR will explore themes and trends arising from reported and investigated cases, which will include at least details of management action taken, and the timeliness of investigations.
- 12.2 The Director of Human Resources and Organisation Development will present an annual report to the Healthcare Governance Committee on the trends, themes and actions arising under this Policy.
- 12.3 The Policy will be reviewed in consultation with appropriate staff organisations every three years. Exceptionally, a request for a review of the policy may be made at any time by either management or staff side where it can be shown that the needs of either the Trust or its employees are not being met.

## Procedure for Raising Concerns

### 12 STAGE 1

- 12.1 If you see something that you feel is wrong, you should consider whether you can tackle this yourself. A firm, polite challenge may be all that is needed. If you do not feel that this is appropriate, you may wish to raise your concern with your manager.
- 12.2 Many concerns are capable of resolution directly *between the individual and their immediate line manager or supervisor*. We hope that in the first instance you will be able to raise any concerns with your line manager or supervisor, either in person or in writing. They may be able to agree a way of resolving your concern quickly and effectively. This may include completing an Incident Report (PD3751).
- 12.3 If further information or investigation is required after you report your concern, your line manager or the next level manager (where appropriate) will arrange a meeting with you as soon as possible to discuss your concern. We will take down a written summary of your concern and provide you with a copy after the meeting. We will also aim to give you an indication of how we propose to deal with the matter. You may be required to attend additional meetings in order to provide further information. The outcome of that investigation will be reported back to you and to the Director of the department in question.
- 12.4 Where disciplinary action is appropriate it will be taken forward under the Trust's Disciplinary Policy. Sometimes the need for confidentiality may prevent us from giving you specific details of the investigation or any disciplinary action taken. You should always treat any information about the investigation as confidential.
- 12.5 If your concerns are not addressed by speaking to your line manager or supervisor, or you feel you cannot raise concerns with your line manager or supervisor, you should raise your concerns with the next level of manager.

### 13 STAGE TWO

- 13.1 If you are not satisfied by the outcome of the initial investigation or you feel unable to raise your concerns with your manager, you should raise your concern in writing to the next level of authority. At this stage, you may also contact the Director of Human Resources and Organisation Development who is the designated officer at the Trust with responsibility under the Act for addressing concerns raised outside the normal management chain for advice on how to proceed.
- 13.2 If further information or investigation is required after you report your concern, the next level manager or HR will arrange a meeting with you as soon as possible to discuss your concern. We will take down a written summary of your concern and provide you with a copy after the meeting. We will also aim to give you an indication of how we propose to deal with the matter. You may be required to attend additional meetings in order to provide further information. The outcome of that investigation will be reported back to you and to the Director of the department in question. Advice and / or involvement of the FTSU Guardian and / or the FTSU Directorate Advocates may be sought during the process.

## **14 STAGE THREE**

- 14.1 If you have a continuing concern after stages 1 and 2, you may approach the Chief Executive of the Trust. At this stage, the Non-Executive Director of the Trust nominated for this purpose by the Board may be contacted for advice and support.
- 14.2 If you have a concern which involves the Chief Executive and/or a Non-Executive Director, this should be raised with the Chairman.
- 14.3 If you have a concern which involves the Chairman, this should be raised with the Senior Independent Director in the first instance. The Senior Independent Director is contactable via the Assistant Chief Executive's office.

## **15 STAGE 4 - RAISING CONCERNS EXTERNALLY**

- 15.1 The aim of this procedure is to provide an internal mechanism for reporting, investigating and remedying wrongdoing in the Trust. In most cases you should not find it necessary to report the concern to anyone externally.
- 15.2 The Trust recognises that there may be circumstances where you have exhausted the Trust procedures or where it is appropriate for you to report your concerns to an external body such as a regulator, the Police, or the NHS Fraud Hotline (NHS Protect). If you are contemplating raising your concern this way we strongly recommend that you seek further advice from the Assistant Chief Executive, the Director of Human Resources & Organisational Development the Freedom to Speak Up (FTSU) Guardian or your FTSU Directorate Advocate. Alternatively, you could seek guidance from a Trade Union Representative or Staff Side Representative.
- 15.3 The Trust also recognises that staff may, after taking account of advice, wish to continue to raise their concerns using external organisations, which may include MPs. It will very rarely be appropriate to alert the media. Staff should only raise concerns externally if they do not believe that the issues can be resolved internally, and should remain mindful to the potential harm done by a loss of public confidence in the Trust's services.
- 15.4 If your concerns remain unaddressed using the above methods, or you feel you cannot raise concerns using the above methods, you may wish to report concerns by:
- speaking externally to a charity called Public Concern at Work, who offer help and advice to those wanting to raise a concern in the workplace, on 0171 404 6609 or at <http://www.pcaaw.org.uk>;
  - calling the NHS Fraud Hotline on free phone 0800 028 40 60 or to NHS Protect online at <https://www.reportnhsfraud.nhs.uk>
  - contacting the Care Quality Commission (CQC). You can do this by calling them on 61, emailing [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or writing to CQC, National Correspondence, Citygate, Gallowgate. Newcastle-Upon-Tyne, NE1 4PA.
  - calling the Whistleblowing Helpline for NHS and Social Care, on 08000 724 725 for free, independent and confidential advice.
  - calling the Advice, Conciliation and Arbitration Service – ACAS – on 08457 474747

### Roles and Responsibilities

#### The Role of the Freedom to Speak Up Directorate Advocate

1. To ensure that the Trust has a legitimate means of assurance that the system works for staff raising concerns.
2. FTSU Directorate Advocates will provide immediate support and signposting for staff members raising concerns, determining the best course of action and advising the staff member of their options. It is not envisaged that the FTSU Directorate Advocate would take on the concern but rather will support the staff member to effectively raise their concern where appropriate, or seek an alternative course of action.
3. There is a regular case discussion between the Freedom to Speak Up Guardian and the Freedom to Speak Up Directorate Advocates, suggested to be on a quarterly basis, and that the anonymised learning from this is shared with the wider organisation.
4. FTSU Directorate Advocates will link to staff side colleagues in order to gain support and improve resolution results.
5. The FTSU Directorate Advocates will work at arm's length from the organisation, ie, they will work on behalf of the staff rather than reporting to the organisation, although learning will be shared on a wider basis.

#### The Role of the Freedom to Speak Up Guardian

1. The Freedom to Speak Up Guardian (FTSU Guardian) will work closely with the lead Non-Executive Director (NED) and lead Executive Director (ED) to develop a robust governance and assurance process including reporting mechanism to the Trust Board of Directors and its formal sub-committees such as the Healthcare Governance Committee and the Finance, Performance, and Workforce Committee.
2. The FTSU Guardian will act in an independent capacity and provide support and supervision to the Advocates, and ensure they are receiving the correct level of support, giving the correct advice, and have the ability to escalate issues they do not feel personally equipped to resolve.
3. The FTSU Guardian will attend the nationally arranged network of Freedom to Speak Up Guardians and bring best practice and learning back to the Organisation.
4. The FTSU Guardian will be accountable for bringing regular reports on concerns raised for the Trust Board of Directors through the appropriate formal sub-committees to consider.
5. The FTSU Guardian will lead on the creation of the material to share with the wider organisation and with support from the Communications and Learning and Development Departments will ensure that a learning organisation culture is developed.

### **The Role of the Lead Executive Director**

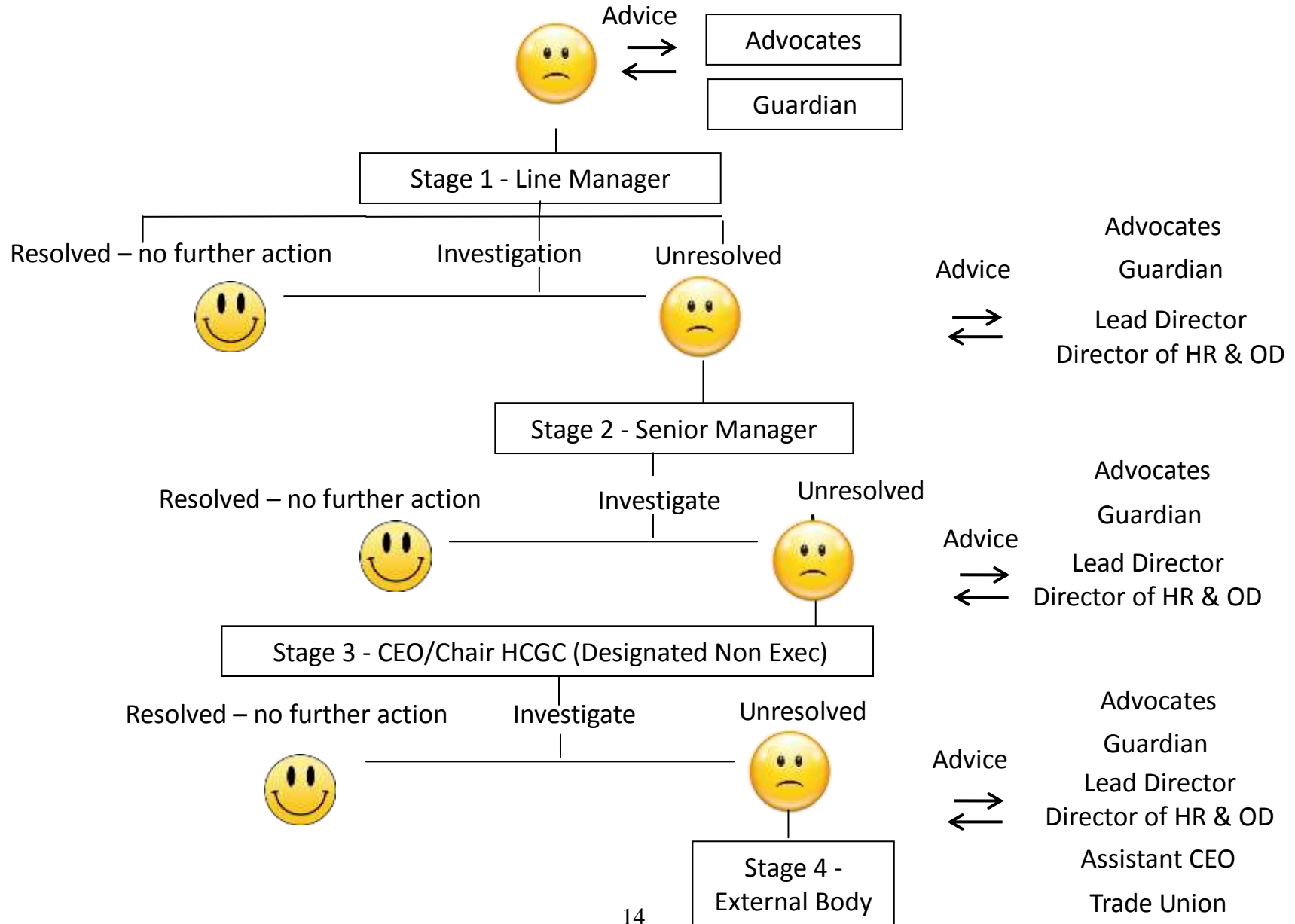
1. This role will work closely with the lead Non-Executive Director and the Freedom to Speak Up Guardian to develop the formal reporting arrangements to the Trust Board of Directors and Council of Governors, including the approach to monitoring and scrutiny.
2. Staff will be able to go directly to the Executive lead, should they wish to raise a concern directly, and bypass the other arrangements.
3. The Executive lead will work closely with the Freedom to Speak Up Guardian and hold them to account on the timely resolution of the issues raised, the incident reporting rates and the development of the Organisation's culture.
4. The Executive lead will ensure that FTSU Directorate Advocates are being given adequate time to perform their functions and will take steps to remedy any operational issues that may occur.

### **The Role of the Lead Non-Executive Director**

1. This role will work closely with the lead Executive Director and the Freedom to Speak Up Guardian to develop the formal reporting arrangements to the Trust Board of Directors.
2. The NED lead is supported through all the governance arrangements, as outlined above.
3. Staff will be able to go directly to the NED lead, should they wish to raise a concern directly, and bypass the other governance arrangements.
4. The NED lead will hold the Executive lead and the Freedom to Speak Up Guardian to account on the timely resolution of the issues raised, the incident reporting rates and the development of the Organisation's culture.

EMPLOYEE CONCERN

Appendix 3



## Oversight Arrangements

Individual Cases with Outcome /  
Trends and Patterns



Lead NED and Lead Director and  
Freedom to Speak Up Guardian



Healthcare Governance Committee



Board of Directors

**Equality Impact Analysis Screening Tool – Raising Concerns at Work Policy and Procedure**

	<p>- Is there a potential or actual negative impact associated with this policy on people or individuals who share a 'protected characteristic'? ie, does this policy directly or indirectly discriminate?                      - Can this policy be used to promote equality between people who share a protected characteristic and people who do not</p>	<p><b>NOTES</b>                      changes/additions/ further information or advice needed</p>
<b>RACE</b>	Neutral	This Policy is designed to promote a culture of openness and accountability by encouraging the reporting of concerns, and supporting staff who do raise concerns, irrespective of their race or ethnicity. There is a potential impact on staff whose first language is not English.
<b>SEX (I.E. MALE / FEMALE )</b>	Neutral	This Policy is designed to promote a culture of openness and accountability by encouraging the reporting of concerns, and supporting staff who do raise concerns, irrespective of their gender.
<b>GENDER REASSIGNMENT</b>	Neutral	This Policy is designed to promote a culture of openness and accountability by encouraging the reporting of concerns, and supporting staff who do raise concerns, irrespective of whether they are transgender, or undergoing gender reassignment.
<b>DISABILITY (including consideration of the impact on carers of a disabled person)</b>	Neutral	This Policy is designed to promote a culture of openness and accountability by encouraging the reporting of concerns, and supporting staff who do raise concerns irrespective of disability status.
<b>RELIGION OR BELIEF</b>	Neutral	This Policy is designed to promote a culture of openness and accountability by encouraging the reporting of concerns, and supporting staff who do raise concerns, irrespective of their religion or religious belief.



SEXUAL ORIENTATION	Neutral	This Policy is designed to promote a culture of openness and accountability by encouraging the reporting of concerns, and supporting staff who do raise concerns, irrespective of their sexual orientation.
AGE	Neutral	This Policy is designed to promote a culture of openness and accountability by encouraging the reporting of concerns, and supporting staff who do raise concerns, irrespective of their age.
PREGNANCY or MATERNITY	Neutral	This Policy is designed to promote a culture of openness and accountability by encouraging the reporting of concerns, and supporting staff who do raise concerns, irrespective of pregnancy or maternity status.
	<b>Does this Written Policy or Guidance impact on the following areas?</b>	<b>NOTES</b> changes/additions/ further information or advice needed
HUMAN RIGHTS i.e. Fairness Respect Equality Dignity Autonomy	Positive	This Policy is designed to promote a culture of openness and accountability by encouraging the reporting of concerns, supporting staff who do raise concerns and offering anonymity and reassurance to staff in respect of confidentiality and reprisal and / or recrimination.
SOCIAL DEPRIVATION / TACKLING HEALTH INEQUALITY	Neutral	This Policy is designed to promote a culture of openness and accountability by encouraging the reporting of concerns, and supporting staff who raise concerns, and does not impact upon social deprivation and / or health inequality.

### **ACTION**

Have you identified any action that is required in addition to any changes made to the policy during policy development? Please note in brief below for reference

ACTION	LEAD	DEADLINE
Consider how staff whose first language is not English are accommodated by this Policy	Assistant Head of Employee Relations	TBC
Ensure that the Policy is included in the team briefing process to accommodate staff with reading or learning difficulties	Assistant Head of Employee Relations	TBC
Develop a system to monitor cases by ethnicity, disability, gender, etc	Assistant Head of Employee Relations	TBC
Carry out a full review and rewrite of Policy if necessary, with particular attention paid to any new legislation	Deputy Director of HR and OD	Three Years (October 2018)