

NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS

Meeting Date: 28 October 2015

Title and Author of Paper:

Freedom to Speak Up Guardian Update / Raising Concerns Update
Lynne Shaw, Deputy Director of Workforce and OD.

Paper for Debate, Decision or Information: For Information

Key Points to Note:

The Trust Board of Directors has previously received a paper summarising the background and findings of the Independent Review carried out by Sir Robert Francis.

The government response to this report was published in Summer 2015 and the key areas of note are outlined in this paper, namely:

- Local implementation of the Principles and Actions
- Freedom to Speak Up Guardian Role and Title
- The Independent National Officer Role

Neil Cockling, Chaplaincy Team Leader has been appointed as the local Freedom to Speak Up Guardian. Neil will take up post in early December 2015.

The Trust Action Plan in response to the Independent Review has been agreed by Corporate Decisions Team and is appended for information.

This report also includes an anonymous overview of recent cases although it should be noted that not all of these meet the definition of the public interest disclosure act and are more akin with internal grievances or the informal raising of concerns.

Outcome required: For Information.

Freedom to Speak Up Guardian Update

28 October 2015

Purpose

The purpose of this paper is to provide the Trust Board of Directors with a brief overview of the government response to the Freedom to Speak Up consultation which was published over the Summer. It also provides an update in relation to the appointment of the Trust's Freedom to Speak Up Guardian and proposed model.

Appended to this document is the Trust action plan in response to the Independent Review.

Background

In response to concerns around the reporting culture in the NHS, Sir Robert Francis QC was commissioned to carry out an independent policy review (Freedom to Speak Up), to provide independent advice and recommendations on creating a more open and honest reporting culture in the NHS. The report was published in February 2015 and made two overarching recommendations:

Recommendation 1: All organisations which provide NHS Healthcare and regulators should implement the Principles and Actions as set out in this report in line with the good practice described in this report.

Recommendation 2: The Secretary of State should review at least annually the progress made in the implementation of these Principles and Actions and the performance of the NHS in handling concerns and the treatment of those who raise them and report to Parliament.

As an aide memoire the 5 overarching themes and 20 Principles are included at Appendix A.

The Department of Health accepted the recommendations in principle and consulted on a package of measures to implement them, taking into account that the vast majority of the principles and actions require implementation by local NHS healthcare providers, regulators and oversight bodies. The consultation document considered seven national level policy areas:

- The overall approach to local implementation of the principles and actions.
- The role of national bodies.
- The Freedom to Speak Up Guardian role.
- The title of the local Freedom to Speak up Guardian.
- The Independent National Officer.
- Standard practice in professional codes on how to raise concerns.
- Strengthening legislation.

Key Points to Note

Local implementation of the Principles and Actions

A key theme of the responses was that the implementation of the principles and actions should be handled at a local level, rather than the NHS following a single set of nationally mandated procedures.

It is therefore an expectation that local NHS organisations take forward the actions that are for them in an effective, proportionate and affordable manner and that guidance will be published in due course by the Independent National Officer.

Freedom to Speak Up Guardian Role and Title

The Freedom to Speak Up Guardian role was supported and was thought would have a positive impact on the whistleblowing process overall. There was a strong view for the role to be independent but mixed views as to whether they should have the authority to report a concern directly to the Independent National Officer, or they should report to a Board or Trust CEO.

35% of respondents were in support of the title “Freedom to Speak Up Guardian”.

There was support for training for the Freedom to Speak Up Guardian role to be of national standard and also support for national networking between Guardians.

The Independent National Officer Role

This was supported and will provide an independent role to review the handling of concerns raised by NHS workers and/or the treatment of the person or people who speak up where there is a cause for concern. The person undertaking this role will:

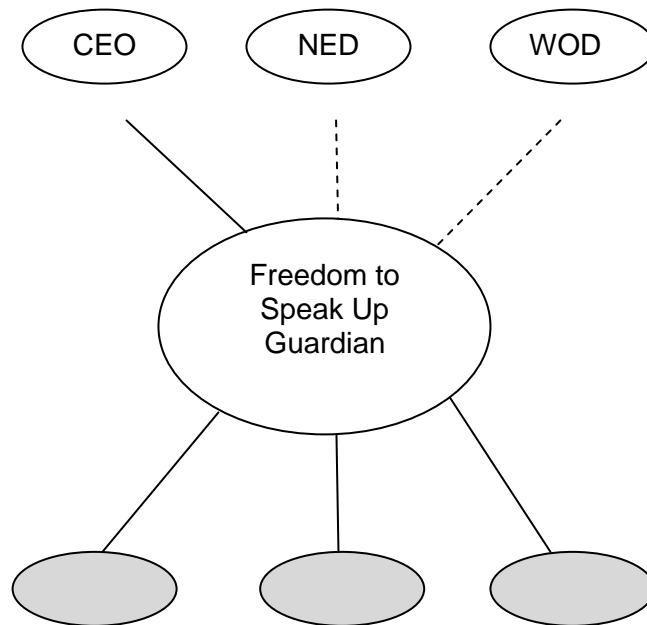
- Advise NHS organisations to take appropriate action where they have failed to follow good practice, or advise the relevant system regulator to make a direction to that effect
- Provide support to the Freedom to Speak Up Guardians
- Provide national leadership on issues relating to raising concerns by NHS workers
- Offer guidance on good practice about handling concerns and
- Publish reports on the office of the Independent National Officer.

The role will sit within the CQC and will be appointed by the end of 2015.

Trust Appointment to Freedom to Speak Up Guardian

Several members of the Trust are linked into the national sharing events in respect of Freedom to Speak Up and following discussions at these events a small number of operating models were explored. The diagram below highlights the preferred model which was agreed by Corporate Decisions Team in August 2015.

The model sees one Freedom to Speak up Guardian working across the Trust, supported by a number of “champions”. The Guardian would act as a genuinely independent figure and will be accountable to the Trust’s Chief Executive. The postholder would also have strong relationship links to the Workforce Directorate. Oversight will be maintained by a Non-Executive Director.



The Chief Executive has recently appointed Neil Cockling, Chaplaincy Team Leader to this role. Neil will take up his new duties at the beginning of December. The network of “Champions” will be appointed over the next few weeks and training will be delivered both for the Guardian and the Champions.

Conclusions

The Trust Board of Directors is asked to note the content of this paper.

Lynne Shaw
Deputy Director of Workforce and OD
19 October 2015

Findings/Themes

There were 5 overarching themes from the findings and 20 Principles under these headings:

- **Culture change**

Principle 1 – Culture of safety

Every organisation involved in providing NHS healthcare should actively foster a culture of safety and learning in which all staff feel safe to raise concerns.

Principle 2 – Culture of raising concerns

Raising concerns should be part of the normal routine business of any well-led NHS organisation.

Principle 3 – Culture free from bullying

Freedom to speak up about concerns depends on staff being able to work in a culture which is free from bullying and other oppressive behaviours.

Principle 4 – Culture of visible leadership

All employers of NHS staff should demonstrate, through visible leadership at all levels in the organisation, that they welcome and encourage the raising of concerns by staff.

Principle 5 – Culture of valuing staff

Employers should show that they value staff who raise concerns, and celebrate the benefits for patients and the public from the improvements made in response to the issues identified.

Principle 6 – Culture of reflective practice

There should be opportunities for all staff to engage in regular reflection of concerns in their work.

- **Improved handling of cases**

Principle 7 – Raising and reporting concerns

All NHS organisations should have structures to facilitate both informal and formal raising and resolution of concerns.

Principle 8 – Investigations

When a formal concern has been raised, there should be prompt, swift, proportionate, fair and blame-free investigations to establish the facts.

Principle 9 – Mediation and dispute resolution

Consideration should be given at an early stage to the use of expert interventions to resolve conflicts, rebuilt trust or support staff who have raised concerns.

- **Measures to support good practice**

Principle 10 – Training

Every member of staff should receive training in their organisation’s approach to raising concerns and in receiving and acting on them.

Principle 11 – Support

All NHS organisations should ensure that there is a range of persons to whom concerns can be reported easily and without formality. They should also provide staff who raise concerns with ready access to mentoring, advocacy, advice and counselling.

Principle 12 – Support to find alternative employment in the NHS

Where a NHS worker who has raised a concern cannot, as a result, continue in their current employment, the NHS should fulfil its moral obligation to offer support.

Principle 13 – Transparency

All NHS organisations should be transparent in the way they exercise their responsibilities in relation to the raising of concerns, including the use of settlement agreements.

Principle 14 – Accountability

Everyone should expect to be held accountable for adopting fair, honest and open behaviours and practices when raising, or receiving and handling concerns.

Principle 15 – External review

There should be an Independent National Officer resourced jointly by national systems regulators and oversight bodies and authorised by them to carry out the functions described in the report.

Principle 16 – Co-ordinated regulatory action

There should be co-ordinated action by national systems and professional regulators to enhance the protection of NHS workers making protected disclosures and of the public interest in the proper handling of concerns.

Principle 17 – Recognition of organisations

CQC should recognise NHS organisations which show they have adopted and apply good practice in the support and protection of workers who raise concerns.

- **Particular measures for vulnerable groups**

Principle 18 – Students and trainees

All principles in the report should be applied with necessary adaptations to education and training settings for students and trainees working towards a career in healthcare.

Principle 19 – Primary care

All principles in the report should apply with necessary adaptation in primary care.

- **Extending the legal protection**

Principle 20 – Legal protection should be enhanced.

Freedom to Speak Up Actions

Recommendation: 1		All organisations which provide NHS healthcare and regulators should implement the Principles and Actions set out in this report in line with the good practice described in this report.			
Recommendation: 2		The Secretary of State for Health should review at least annually the progress made in the implementation of these Principles and Actions and the performance of the NHS in handling concerns and the treatment of those who raise them, and report to Parliament			
Principles and Actions					
Culture Change					
Principle No:	Principles	Actions	Trust Position	Action / Lead/Timeframe	Where monitored?
Principle 1	Culture of safety: Every organisation involved in providing NHS healthcare, should actively foster a culture of safety and learning, in which all staff feel safe to raise concerns.	1.1: Boards should ensure that progress in creating and maintaining a safe learning culture is measured, monitored and published on a regular basis.	Emerging work in relation to the Cultural Barometer.	Meeting to be set up to progress / Exec Director of Nursing and Operations / September 2015.	Quality Improvement Group of CDT.
Principle 2	Culture of raising concerns: Raising concerns should be part of the normal routine business of any well led NHS organisation.	2.1: Every NHS organisation should have an integrated policy and a common procedure for employees to formally report incidents or raise concerns. In formulating that policy and procedure organisations should have regard to the descriptions of good practice in this report.	<ul style="list-style-type: none"> Whistleblowing Policy in place. Values Based recruitment embedded for Nursing and Admin. Whistleblowing is included in: <ul style="list-style-type: none"> Trust Induction Mgt Development 	<p>Whistleblowing Policy to be reviewed (to include identification of vulnerable groups)/ Equality and Diversity Advisor / October 2015.</p> <p>Consider the roll out of VBR for other staff groups / Clinical Leads / end 2016.</p> <p>Review Training (specifically bespoke training re raising concerns for managers and staff) / Head of Training / August 2015.</p> <p>Record of concerns raised and actions taken</p>	Workforce, Training and Development Sub-Committee.

			<p>Programme</p> <ul style="list-style-type: none"> Equality and Diversity Training Values Training / Workshops held (approximately 90% of staff attended). 	to be published in Quality Accounts and be reviewed on a quarterly basis / Director of Performance. and Assurance/ April 2016	
Principle 3	Culture free from bullying: Freedom to speak up about concerns depends on staff being able to work in a culture which is free from bullying and other oppressive behaviours.	3.1: Bullying of staff should consistently be considered, and be shown to be, unacceptable. All NHS organisations should be proactive in detecting and changing behaviours which amount, collectively or individually, to bullying or any form of deterrent against reporting incidents and raising concerns; and should have regard to the descriptions of good practice in this report.	<ul style="list-style-type: none"> Dignity at work Policy in place Monitored through Capsticks HR Advisory Service Reports Monthly review meetings Included in training. Values Training / Workshops held (approximately 90% of staff attended). 	<p>Policy to be reviewed / Workforce / October 2015</p> <p>Publish specific stories / scenarios if appropriate / Communications September 2015</p>	<p>Workforce Training and Development Sub-Committee</p> <p>Team Prevent Contract Review Meetings</p>
		3.2: Any evidence that bullying has been condoned or covered up should be taken into consideration when assessing whether someone is a fit and proper person to hold a post at director level in an NHS organisation.	The Trust adheres to the principles of the Fit and Proper Person Test for Non-Executives, Executive Directors and other functional specialists		Trust Board

Principle 4	Culture of visible leadership: All employers of NHS staff should demonstrate, through visible leadership at all levels in the organisation that they welcome and encourage the raising of concerns by staff.	4.1: Employers should ensure and be able to demonstrate that staff have open access to senior leaders in order to raise concerns, informally and formally.	<ul style="list-style-type: none"> • There is a range of informal practices in place: <ul style="list-style-type: none"> • Staff engagement • Clinical visits • Observational shifts • Conversations • Speak Easy • Freedom to Speak Up Guardians being explored. 	Freedom to speak Guardians appointed / Exec Director of Workforce and OD/ August 2015 Consider messages from leaders / managers about how they welcome the raising of concerns and how patient care is enhanced when concerns are raised / Communications / September 2015	Corporate Decisions Team
Principle 5	Culture of valuing staff: Employers should show that they value staff who raise concerns, and celebrate the benefits for patients and the public from the improvements made in response to the issues identified.	5.1: Boards should consider and implement ways in which the raising of concerns can be publicly celebrated	Learning is shared as appropriate when lessons are learned.	To consider ways that this can be done in a public way whilst protecting the confidentiality of staff / Executive Directors / September 2015	Executive Directors
Principle 6	Culture of reflective practice: There should be opportunities for all staff to engage in regular reflection of concerns in their work.	6.1: All NHS organisations should provide the resources, support and facilities to enable staff to engage in reflective practice with their colleagues and their teams.	<ul style="list-style-type: none"> • Clinical /management supervision in place • Team Development Sessions held • Staff Engagement • Speak Easy • “Conversations” • Values Training / Workshops held (approximately 90% of staff attended). 	Commence Schwartz rounds / Deputy Medical Director / September 2015 A regular item in 1:1’s / all line managers / September 2015	Corporate Decisions Team Quality Improvement Group Group Business Meeting

Better Handling of Cases					
Principle 7	Raising and reporting concerns: All NHS organisations should have structures to facilitate both informal and formal raising and resolution of concerns.	7.1: Staff should be encouraged to raise concerns informally and work together with colleagues to find solutions.	<ul style="list-style-type: none"> • There is a range of informal practices in place: <ul style="list-style-type: none"> • Staff engagement • Clinical visits • Observational shifts • Conversations • Speak Easy • Freedom to Speak Up Guardians being explored. 	Freedom to speak Up Guardians appointed / Exec Director of Workforce and OD/ August 2015	Corporate Decisions Team
		7.2: All NHS organisations should have a clear process for recording all formal reports of incidents and concerns, and for sharing that record with the person who reported the matter, in line with the good practice in this report	Robust governance in place relating to incident reporting systems and processes. Also confirmed through external scrutiny.	Record of concerns raised and actions taken to be published in Quality Accounts and reviewed on a quarterly basis / Director of Performance and Assurance / April 2016	Group and Trustwide Quality and Performance Meetings Will also be assessed as part of CQC Inspection.
Principle 8	Investigations: When a formal concern has been raised, there should be prompt, swift, proportionate, fair and blame-free investigations to establish the facts.	8.1: All NHS organisations should devise and implement systems which enable such investigations to be undertaken, where appropriate by external investigators, and have regard to the good practice suggested in this report.	<ul style="list-style-type: none"> • Timeframes outlined in policies. • Disciplinary / grievance issues, complaints and incidents are quality assured in line with timeframes. 	Record of progress and feedback to employee raising concern / Freedom to Speak Up Guardian or Manager dealing with issue / Quarterly from September 2015	Workforce, Training and Development Sub-Committee Group Business Meeting Trust wide Quality and Performance Committee
Principle 9	Mediation and dispute resolution: Consideration should be given at an early stage to the use of expert interventions to resolve conflicts, rebuild trust or	9.1: All NHS organisations should have access to resources to deploy alternative dispute resolution techniques, including mediation and reconciliation	Access to independent mediation in place	Consider internal mediation scheme / Equality and Diversity Advisor / March 2016	Workforce, Training and Development Sub-Committee

	support staff who have raised concerns.	to: <ul style="list-style-type: none"> • address unresolved disputes between staff or between staff and management as a result of or associated with a report raising a concern • repair trust and build constructive relationships 			
Measures to support good practice					
Principle 10	Training: Every member of staff should receive training in their organisation's approach to raising concerns and in receiving and acting on them.	10.1: Every NHS organisation should provide training which complies with national standards, based on a curriculum devised jointly by HEE and NHS England in consultation with stakeholders. This should be in accordance with the good practice set out in this report.	<ul style="list-style-type: none"> • Whistleblowing is included in: <ul style="list-style-type: none"> - Trust Induction - Mgt Development Programme - Equality and Diversity Training • Values Training / Workshops held (approximately 90% of staff attended). 	Review Training (specifically bespoke training re raising concerns for managers and staff)/ Head of Training / July 2015	Workforce Training and Development Sub-Committee
Principle 11	Support: All NHS organisations should ensure that there is a range of persons to whom concerns can be reported easily and without formality. They should also provide staff who raise concerns with ready access to mentoring, advocacy, advice and counselling.	11.1: The Boards of all NHS organisations should ensure that their procedures for raising concerns offer a variety of personnel, internal and external, to support staff who raise concerns including: <ul style="list-style-type: none"> a) a person (a 'Freedom to Speak Up Guardian') appointed by the organisation's chief executive to act in a genuinely independent capacity b) a nominated non-executive director to receive reports of concerns directly from employees (or from the Freedom to Speak 	Freedom to Speak Up Guardians being explored.	Freedom to Speak Up Guardians appointed. Nominated non-executive director to be appointed. Executive Director of Workforce and OD / August 2015 Promote National Helpline / Equality and Diversity Advisor / July 2015 Record of concerns	Corporate Decisions Team

		<p>Up Guardian) and to make regular reports on concerns raised by staff and the organisation's culture to the Board</p> <p>c) at least one nominated executive director to receive and handle concerns</p> <p>d) at least one nominated manager in each department to receive reports of concerns</p> <p>e) a nominated independent external organisation (such as the Whistleblowing Helpline) whom staff can approach for advice and support.</p>		<p>raised and actions taken to be published in Quality Accounts and reviewed on a quarterly basis / Director of Performance and Assurance / April 2016</p>	
		<p>11.2: All NHS organisations should have access to resources to deploy counselling and other means of addressing stress and reducing the risk of resulting illness after staff have raised a concern.</p>	<ul style="list-style-type: none"> • Counselling and Occupational Health support in place. • Monthly monitoring through Contract Review Meetings 	<p>Further promote services / Workforce / August 2015 Including promoting access to national whistle blowing helpline to all staff</p>	<p>Workforce Training and Development Sub-Committee</p>
Principle 12	<p>Support to find alternative employment in the NHS: Where a NHS worker who has raised a concern cannot, as a result, continue in their current employment, the NHS should fulfil its moral obligation to offer support.</p>	<p>12.2: All NHS organisations should actively support a scheme to help current and former NHS workers whose performance is sound to find alternative employment in the NHS</p>	<p>Informal arrangements in place to support staff who have raised concerns.</p>	<p>Review other ways to support staff who have raised concerns to find alternative employment / Deputy Director of Workforce and OD / September 2015.</p>	<p>Workforce, Training and Development Sub-Committee</p>
Principle 13	<p>Transparency: All NHS organisations should be transparent in the way they exercise their responsibilities in relation to the raising of concerns, including the use of</p>	<p>13.1: All NHS organisations that are obliged to publish Quality Accounts or equivalent should include in them quantitative and qualitative data describing the number of formally reported concerns in addition to</p>	<p>Complaints and Patient Safety information is published in Quality Accounts.</p>	<p>To review scope of reports for next Quality Accounts / Executive Director of Performance and Assurance / March 2016</p>	<p>Corporate Decisions Team</p>

	settlement agreements.	incident reports, the action taken in respect of them and feedback on the outcome.			
		13.2: All NHS organisations should be required to report to the National Learning and Reporting System (NLRS), or to the Independent National Officer described in Principle 15, their relevant regulators and their commissioners any formally reported concerns/public interest disclosures or incidences of disputed outcomes to investigations. NLRS or the Independent National Officer should publish regular reports on the performance of organisations with regard to the raising of and acting on public interest concerns; draw out themes that emerge from the reports; and identify good practice.	Not currently reported.	Review current reporting / Executive Director of Nursing and Operations / September 2015	
		13.3: a) CEOs should personally review all settlement agreements made in an employment context that contain confidentiality clauses to satisfy themselves that such clauses are genuinely in the public interest. b) All such settlement agreements should be available for inspection by the CQC as part of their assessment of whether an organisation is well-led. c) If confidentiality clauses are to be included in such settlement agreements for which Treasury approval is required, the trust should be	Process is in place to enable CEO to review all settlement agreements. Settlement Agreements are centrally recorded and filed. Process in place and can be evidenced.		Not currently monitored. Not currently monitored.

		required to demonstrate as part of the approval process that such clauses are in the public interest in that particular case.			
Principle 14	<p>Accountability: Everyone should expect to be held accountable for adopting fair, honest and open behaviours and practices when raising or receiving and handling concerns. There should be personal and organisational accountability for:</p> <ul style="list-style-type: none"> • poor practice in relation to encouraging the raising of concerns and responding to them • the victimisation of workers for making public interest disclosures • raising false concerns in bad faith or for personal benefit acting with disrespect or other unreasonable behaviour when raising or responding to concerns • inappropriate use of confidentiality clauses. 	14.1: Employers should ensure that staff who are responsible for, participate in, or permit such conduct are liable to appropriate and proportionate disciplinary processes.	<ul style="list-style-type: none"> • Various workforce Policies in place (eg, dignity at work, whistleblowing etc) • Values Based recruitment • Trust values embedded 		Workforce, Training and Development Sub-Committee
		14.2: Trust Boards, CQC, Monitor and the NHS TDA should have regard to any evidence of responsibility for, participation in or permitting such conduct in any assessment of whether a person is a fit and proper person to hold an appointment as a director or equivalent in accordance with the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014 regulation 5.	The Trust adheres to the principles of the Fit and Proper Person requirement for Non-Executives, Executive Directors and other functional specialists	To be evidenced and monitored / Board Secretary / September 2015	Trust Board

Raising Concerns Update

Introduction

Following receipt of a year-end report relating to raising concerns within the closed section of the Board of Directors, members asked for further information relating to the wider raising of concerns by the workforce. In the spirit of being open, honest and transparent, this anonymous information relating to closed cases, is provided for the first time, in the public board.

This report aims to give an overview of cases reported centrally to the workforce team and it should be acknowledged that additional concerns are raised and dealt with at an informal, local level by operational managers.

Not all matters raised become subject to formal investigation under whistleblowing or grievance policies, an approach which was welcomed by Sir Robert Francis in his Freedom to Speak up Review.

Members are asked to consider if this information is helpful and any suggestions for future format are welcomed.

Concerns raised

The Trust has long since had clear and defined processes for recording of all cases that fall within the scope of a policy such as grievance, whistleblowing or disciplinary. However, there are a number of cases which are received and looked into which may be raised anonymously and in a more informal way. These concerns do not always meet the definition of matters in the public interest or need formal (and sometimes lengthy), investigation.

For these situations the workforce directorate has developed a separate recording category called 'raising concerns' which aims to capture cases raised and looked into but for which do not formally fall into one of the policies in place in the organisation (or are at least unknown to at the time the case is raised).

This report includes cases known to the organisation either formally or via the aforementioned 'raising concerns' route. It is anticipated that a greater number of concerns will have been raised over the same period of time but have not been of a significant nature and therefore dealt with locally at ward/team or department level. This is to be encouraged but also balanced against a wider desire to greater understand any themes or emergent trends across services and the Trust.

Allegations received anonymously about an individuals' behaviour should be dealt with as a grievance in the first instance albeit the Trust does not know who has raised it; anonymity does not change the complainant's status to that of a whistle-blower.

The motivation for the individual raising concerns is inconsequential; a number of cases arise when employees are involved in ongoing disciplinary or grievance processes and inevitably this can lead

to a complex employment situation. This should not deter the organisation from investigating these issues and treat them with the seriousness in which they deserve.

It is acknowledged that there can be a lot of crossover between whistleblowing and making allegations under another policy and therefore HR advice should be sought when any concern that requires investigation is received.

Conclusion

The Trust is committed to creating a positive culture when it comes to raising concerns of any nature; however managers receiving concerns should do their best to ascertain the most appropriate route for dealing with an issue.

This central reporting will continue and the more informal raising of concerns will continue to be monitored and any trends or themes identified.

Group/Locality	Timescale	Status	Summary of concern	Key people involved
Specialist	Concern received November 2014 with feedback to employee in January 2015	Closed – Employee continues to choose to seek employment elsewhere in the Trust and is being supported to do so.	Member of staff raised concerns with regard to admin practices and immediate manager at one site within the Group. Investigation was carried out and found to be no issues of concern. Employee and wider team have received feedback and no further issues identified. Service manager actively involved in overseeing.	Investigation by out of Group Service Manager and HR Manager. Director of Workforce oversight as matter had been raised with CEO office and had significant role in supporting individual. Director of Nursing and Operations regularly briefed. No Non-Executive Director appointed as dealt with informally.
Specialist	June 2015 - locum doctor left organisation and raised concerns about management style of operational managers	Case closed – doctor did not wish to have feedback or further contact.	Group looked into concerns raised however the doctor did not wish to be contacted about the issues highlighted and therefore little information was able to be obtained other than what had been stated in the doctor's letter. The concerns were not of a patient or public interest nature but there were some cultural concerns that the group were able to address.	Operational Director, Specialist Services. Director of Nursing and Operations maintained oversight. No Non-Executive Director appointed as dealt with informally.
Specialist	Anonymous concerns received July 2015 regarding staffing and use of bank staff at an identified unit	Case closed – feedback provided to whole team as not known who raised concerns.	Concerns raised about unfairness of off duties and use of bank shifts. The concerns were looked into but unfounded however a sliding shift system has been recommended to be implemented	Senior Clinical Nurse from out with unit led investigation. Operational Director, Specialist Services. Director of Nursing and Operations maintained oversight. No Non-Executive Director appointed as dealt with informally.
Specialist	Concerns raised during 3 day Leadership Course in July 2015 about unsafe clinical	Case closed - Gary O'Hare reviewing concerns with management in group and report	No further detail available – awaiting report to Executive Team.	Specialist Care Triumvirate. Director of Nursing and Operations regularly briefed and maintaining oversight.

	care in an identified unit due to staffing issues and similar issues raised in a letter from a member of staff leaving service.	due to Executive Team in near future.		No Non-Executive Director appointed as dealt with informally.
In Patient	Anonymous letter received October 2014 and closed in January 2015	Case Closed.	<p>Allegations of patient abuse in an identified ward. This was not the first time this has happened on this unit and concerns cover a range of issues. Investigation carried out and completed although no feedback can be provided to complainant due to anonymous way in which concern was raised.</p> <p>The person to whom the concerns related to was met with and fed back the outcome.</p> <p>Nothing found to substantiate concerns.</p>	<p>Service Manager for the area investigated with support from Capsticks HR Advisory service.</p> <p>Director of Nursing and Operations maintained oversight.</p> <p>No Non-Executive Director appointed as dealt with informally.</p>
In Patient	Further anonymous letter received December 2014 regarding identified unit (as above). Disciplinary hearing held March 2015.	Case closed – disciplinary hearing held March 2015.	Allegations of patient abuse – physical and verbal, in same identified ward as above. Raised anonymously and sent to the CQC but concerns investigated under Trust disciplinary policy as opposed to Whistleblowing policy.	<p>Service Manager for the area investigated with support from Capsticks HR Advisory service.</p> <p>Director of Nursing and Operations maintained oversight.</p> <p>No Non-Executive Director appointed as dealt with informally.</p>
Community	Anonymous concerns raised to CEO in Jan 2015 about an identified manager in terms of management style	Case closed; feedback given March 2015.	<p>Investigation carried out in way that protected member of staff's identity.</p> <p>Allegations focussed on one manager in particular and a comparison in style to</p>	<p>Investigation by out of Group Service Manager and HR Manager.</p> <p>Director of Workforce oversight as matter had been raised with CEO office and had significant role in supporting individual.</p>

			the previous manager. Team had recently undergone significant change. A number of staff were interviewed but nothing was identified as a concern. Development needs identified for manager. Feedback provided to complainant.	Director of Nursing and Operations regularly briefed. No Non-Executive Director appointed as dealt with informally.
Corporate Services	Concerns raised to Director of Workforce as part of resignation process in June 2015.	Case closed by July 2015.	Individual had concerns about identified team they had been working within and had sought opportunity out with Trust. Agreed to formal exit interview and shared concerns with Executive Directors. Identified Director has taken forward management development and team review as part of Transforming Corporate Services.	Director of Workforce and OD and Deputy CEO.
Corporate Services	Concerns raised to CEO through June 2015 Speak Easy sessions. Concluded September 2015.	Case closed. Alternative employment identified and accepted by individual.	Concerns raised about the process in which employee has found themselves in the TED process and way in their employment situation has been managed. Concerns about the length of time taken to source alternative employment.	Director of Workforce oversight as matter had been raised with CEO office. TED Team, local managers and Head of HR.
Corporate Services	Concern first raised February 2013. Concluded summer 2015.	Case closed. Issue was investigated during 2013 but individual continued to raise concerns up to and including 2015.	This originated as a complex cross organisation issue which was part investigated by NTW and part by another NHS Trust. Original Grievance, relating to NTW employment matters, was partly upheld and feedback provided to employee. An action	Deputy Directors led internal processes. Director of Workforce and OD had significant role in supporting individual. Deputy CEO maintained oversight.

			<p>plan was put in place with regard to the team concerned and the employee was successfully re-deployed into a new within NTW, with external coaching support.</p> <p>Concerns regarding ongoing feedback, robustness of actions continued to be raised. Capsticks were asked to complete an independent review of the investigation and found no issues of concern.</p> <p>Identified Executive Director has continued to make themselves available to individual and agreement that matters were concluded was reached in summer 2015.</p>	
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