

Cover Sheet

Trust Board: Wednesday 9 November 2022

TB2022.098

Title: Stress Management in the Workplace Policy and Freedom to Speak Up Policy

Status: For Decision
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Trust Management Executive 27 October 2022 (TME2022.332a and TME2022.332b)

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Confidential: No
Key Purpose: Policy

Executive Summary

1. This paper presents two revised Trust policies: the Stress Management in the Workplace Policy and the Freedom to Speak Up Policy.
2. The policies have been considered and are supported by the People and Communications Committee and Trust Management Executive. Prior to consideration by the People and Communications Committee the policies were circulated for Trust-wide consultation.
3. Implementation of both policies will be supported by comprehensive communication plans.

Recommendations

4. The Trust Board is asked to approve the revised Stress Management in the Workplace Policy and Freedom to Speak Up Policy.

Stress Management in the Workplace Policy and Freedom to Speak Up Policy

1. Purpose

1.1. This paper presents two revised policies for consideration by the Trust Board:

- 1.1.1. Stress Management in the Workplace Policy.
- 1.1.2. Freedom to Speak Up Policy.

2. Background

2.1. Stress Management in the Workplace Policy

2.1.1. The [Health and Safety at Work etc. Act 1974](#) requires employers to secure the health (including mental health), safety and welfare of employees at work. The [Management of Health and Safety at Work Regulations 1999](#) require employers to carry out a suitable and sufficient assessment of the health and safety risks to which their employees are exposed to whilst they are at work. This includes the requirement to assess the risk of stress related ill health arising from work activities and to take measures to control the identified risk.

2.1.2. The [Health and Safety Executive \(HSE\)](#) defines work related stress as “The adverse reaction people have to excessive pressures or other types of demand placed on them at work” and their Management Standards identify six key areas of work design that, if not properly managed, are associated with poor health, lower productivity and increased accident and sickness absence rates. The Management Standards are:

2.1.2.1. Demands – this includes issues such as workload, work patterns and the work environment.

2.1.2.2. Control – how much say the person has in the way they do their work.

2.1.2.3. Support – this includes the encouragement and resources provided by the organisation, line manager and colleagues.

2.1.2.4. Relationships – this includes promoting positive working to avoid conflict and dealing with unacceptable behaviour.

2.1.2.5. Role – whether people understand their role within the organisation and whether the organisation ensures they do not have conflicting roles.

2.1.2.6. Change – how organisational change (large or small) is managed and communicated in the organisation.

2.1.3. Stress affects people differently – what stresses one person may not affect another. Occupational stress poses a risk to businesses and can result in higher sickness absence

2.1.4. It is well recognised that excessive or sustained work pressure can lead to stress and the rewritten Stress Management in the Workplace Policy enables a proactive approach to be taken towards stress management, focussing on prevention and early intervention wherever possible through the completion and regular review of departmental/team stress risk assessments.

2.2. Freedom to Speak Up Policy

2.2.1. To fulfil the general conditions of the [NHS Standard Contract](#)¹, all trusts must comply with [Guidance](#)² issued by [The National Guardian's Office - Freedom to Speak Up](#) [NGO – FTSU] which includes the requirements to:

- appoint one or more FTSU Guardians, with sufficient ring-fenced time to meet the needs of staff in relation to raising concerns; and
- have policy and procedures to ensure that staff can speak up about any concerns.

2.2.2. In June 2022, NHS England published an [updated national model FTSU policy](#) and joined with the NGO – FTSU to produce [updated guidance and a reflection and planning tool](#).

2.2.3. The aim of the updated guidance is to ensure that every trust contributes to delivery of the NHS-wide People Promise, through ensuring that everyone has a voice that counts.

2.2.4. All trusts are required to adopt the minimum standards contained in the national model policy, and every trust must ensure that they have an updated policy in place by no later than 31 January 2024.

2.2.5. Review of the OUH FTSU Policy was already well underway, taking into account the [Report on Key Findings of the OUH FtSU Review 2021](#) (for which the Trust has been shortlisted for an HSJ Award in the Freedom to Speak Up category), as well as recommendations made in KPMG's internal audit report on FTSU (July 2021) which provided an assurance rating of "significant assurance with minor improvement opportunities".

2.2.6. The NHSE/NGO guidance is designed to help senior leaders develop a culture where:

- leaders and managers encourage everyone to speak up; and
- where matters raised by staff drive learning and improvement.

¹ See section 5.10 of the [NHS Standard Contract](#)

² NGO [Guidance for Boards](#) and [Supplementary information](#) (2019)

2.3. Both policies were circulated for consultation to staff side colleagues, divisional management teams and HR colleagues between 6 July and 5 August 2022. Copies of the draft policies were also available on the Trust intranet in the 'Policy and Procedure Review' folder on the HR intranet.

3. Stress Management in the Workplace Policy

- 3.1. The health and wellbeing of all staff is a priority for the Trust and the Trust is committed to promoting a culture in which stress is not seen as a sign of weakness, or a reflection of capability, and in which staff are able to speak freely about stress and seek appropriate help and support.
- 3.2. The re-written Stress Management in the Workplace Policy (provided in full at **Appendix One**) enables a proactive approach to be taken towards stress management, focussing on prevention and early intervention wherever possible.
- 3.3. The Policy applies to all staff across the Trust and outlines the overall responsibilities of the Trust, line managers and individual staff to identify workplace stress risk factors and implement strategies to reduce these risks to as low a level as is reasonably practicable.
- 3.4. It outlines the common sources of workplace stress and strategies to address them. Guidance is provided on completing departmental/team stress risk assessments (to be reviewed at least annually and after any significant changes to work or a case of work-related stress in a member of the team) and individual stress risk assessments, when required.
- 3.5. The Policy also provides sources of information and support for both staff and managers.
- 3.6. Implementation of the updated Stress Management in the Workplace Policy is supported by a comprehensive Communication Plan (provided in full at **Appendix One A**) which aims to ensure all staff, at all levels of the organisation, are aware of the updated Policy, including responsibilities for identifying workplace risk factors, the process for doing this and strategies that can be implemented to reduce these risks to as low a level as is reasonably practicable.

4. Freedom to Speak Up Policy

- 4.1. The revised Freedom to Speak Up Policy (provided in full at **Appendix Two**) is fully compliant with the [updated national model FTSU policy](#) published by NHS England in 2022 and incorporates the Trust's response to recommendations from the OUH FTSU Review 2021 and Internal Audit Report (2021).

- 4.2. There is no substantive change to the key provisions of the Policy, but the language and layout more clearly explain the aim of the Policy and how to ensure that all matters raised as a concern are captured and considered appropriately.
- 4.2.1. If a member of staff has a concern about their employment, that affects only them, the advice continues to be that they should refer to the Trust's Grievance Procedure.
- 4.2.2. If a member of staff has a concern that affects not only them and which does, or could, adversely affect patient care or working life, then they are encouraged to explore the option of speaking first to their line manager or supervisor.
- 4.2.3. In line with national guidance and the provisions of the national model policy, the Policy (paragraph 45) sets out other options in terms of who staff can speak up to about a concern, depending on what feels most appropriate to them.
- 4.2.4. Whilst many concerns raised may best be considered under a specific existing policy/process – often an HR or Patient Safety incident process - where a member of staff speaks up about something that does not fall under an existing process, the Trust must ensure the matter is still addressed.
- 4.3. The Policy also outlines the roles and responsibilities of the Freedom to Speak Up Lead Guardian and team in offering advice, signposting, and support; working in collaboration with colleagues to promote a healthy speaking up culture across the Trust.
- 4.4. A '[Signposting – Employee Concerns](#)' document, developed by the Assistant Director of Workforce – Employee Relations to support the updated Freedom to Speak Up Policy and other policies/procedures, sets out how staff can raise concerns both informally (including examples of concerns, where a member of staff can get informal advice and wellbeing support, and what to do if the concern isn't resolved) and formally (grievance, respect and dignity, freedom to speak up, counter fraud and safeguarding).
- 4.5. Implementation of the updated Freedom to Speak Up Policy is supported by a comprehensive Communication Plan (provided in full at **Appendix Two A**) and the employee signposting document referred to above.

5. Conclusions

5.1. Stress Management in the Workplace Policy

- 5.1.1. The Trust is committed to promoting a culture in which stress is not seen as a sign of weakness or reflection of capability, and in which staff

are able to speak freely about stress and seek appropriate help and support.

5.1.2. The Trust's rewritten Stress Management in the Workplace Policy enables a proactive approach to be taken towards stress management, focussing on prevention and early intervention wherever possible.

5.2. Freedom to Speak Up Policy

5.2.1. The Trust's revised Freedom to Speak Up Policy is fully compliant with the [updated national model FTSU policy](#), published by NHS England in June 2022.

5.2.2. Successful implementation of the Policy should support senior leaders throughout the Trust to continue to promote a culture where leaders and managers encourage everyone to speak up; and where matters raised by staff drive learning and improvement.

6. Recommendations

6.1. The Trust Board is asked to approve the updated Stress Management in the Workplace Policy and the updated Freedom to Speak Up Policy.

Appendix One - Stress Management in the Workplace Policy

Appendix One A - Stress Management in the Workplace Policy Communication Plan

Appendix Two - Freedom to Speak Up Policy

Appendix Two A - Freedom to Speak Up Policy Communication Plan

Stress Management in the Workplace Policy

Category:	Policy
Summary:	This policy outlines the responsibilities of all Trust employees to recognise, prevent, reduce the risk and manage stress at work. It gives guidance on recognising symptoms, accessing help and support, performing an annual team risk assessment, an individual stress risk assessment when required and promotion of a mentally healthy workplace.
Equality Impact Assessment undertaken:	March 2021
Valid From:	
Date of Next Review:	3 years Until such time as the review is completed and the successor document approved by the relevant committee this policy will remain valid.
Approval Via:	
Distribution:	Trust-wide
Related Documents:	Disciplinary Procedure Domestic Abuse Procedure Flexible Working Procedure Health and Safety Management Policy Health and Wellbeing and Public Health Strategy Respect and Dignity (Preventing Bullying and Harassment) at Work Procedure Sickness Absence Management Procedure Trade Union Recognition Agreement
Author(s):	Head of Occupational Health Lead Consultant Occupational Health Physician Health and Wellbeing Promotion Specialist
Further Information:	Health and Safety at Work Act 1974 The Management of Health and Safety at Work Regulations 1999
This Document replaces:	Prevention and Management of Occupational Stress Procedure (v5.1 July 2019)

Lead Director: Chief People Officer

Issue Date:

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Introduction

1. Oxford University Hospitals NHS Foundation Trust (“the Trust”) recognises the importance of identifying and reducing workplace stressors as part of our commitment to protecting the health, safety and welfare of our employees.
2. Stress can place immense demands on an employee’s physical and mental health and affect their behaviour, performance and relationships with colleagues. It’s a major cause of long-term absence from work and knowing how to manage the factors that can cause work-related stress is key to managing people effectively.
3. The Health and Safety Executive (HSE) defines stress as: *“the adverse reaction people have to excessive pressure or other types of demand placed on them”*.
4. This makes an important distinction between pressure, which can be motivating, challenging and improve performance, and when that pressure becomes excessive and/or continues for a sustained period of time, which can be detrimental to health. Everybody is different and their experience of pressure, and when that turns into stress, will vary (Appendix 1).
5. Stress itself is not a disease but if it is excessive and sustained it can lead to mental and physical ill health. It should also be noted that stress also differs from mental or psychiatric illnesses such as severe depression, anxiety, post-traumatic stress disorder, bipolar disorder, drug or alcohol dependency but can be experienced alongside these conditions.
6. The Management of Health and Safety at Work Regulations 1999 requires employers to assess the risk of stress-related ill health arising from work activities and take measures to control that risk.

Policy Statement

7. The Trust is committed to promoting a culture in which stress is not seen as a sign of weakness or a reflection of capability, and in which staff are able to speak freely about stress and seek appropriate help and support.
8. To achieve this:
 - 8.1. managers will be trained to:
 - 8.1.1. assess and manage workplace stressors using regular proactive departmental risk assessment processes; and
 - 8.1.2. assess and manage the causes of stress in individual staff using an individual risk assessment.
9. Staff affected by stress in the workplace will be offered solution-focused counselling via the Trust’s Employee Assistant Programme (EAP) if appropriate and an individual assessment to help to assess and control workplace stressors as far as it is practicable to do so.
10. This is a Trust-wide document and forms part of the Trust’s arrangements for [Health and Safety Management](#).

Scope

11. This policy applies to all employees of Oxford University Hospitals NHS Foundation Trust on substantive or fixed term contracts, including medical and dental employees, Retention of Employment (RoE) employees, locums, researchers and secondees.

Aim

12. The purpose of this policy is to:
 - 12.1. outline the Trust’s approach to the management of workplace stress;
 - 12.2. outline the key roles and responsibilities in the Trust’s management of workplace stress, in particular, the risk assessment process (Appendix 2);

- 12.3. ensure staff understand what actions to take to prevent or address workplace stress; and to
- 12.4. comply with Health and Safety legislation.
13. This policy should be read by all staff across the Trust with particular reference to all managers at induction and yearly thereafter in conjunction with their annual risk assessments.

Definitions

14. The terms in use in this document are defined as follows:
 - 14.1. The **Employee Assistance Programme (EAP)** is able to provide advice on areas such as wellbeing, family matters, relationship issues, debt management and consumer rights. They are also able to provide access to independent, fully trained and accredited counsellors for solution-focused sessions. Details of the Trust's current [EAP, including contact details are available from the Trust intranet](#).
 - 14.2. **Key stress indicators** include metrics such as: sickness absence due to mental ill health or work-related stress; staff turnover rates; accident rates; complaints and grievances; number of employees accessing the Centre for Occupational Health and Wellbeing ("COHWB") for stress related illness; number of employees accessing counselling via the EAP for work related stress; and staff survey results.
 - 14.3. **Mental health** - The Health Education Authority defines mental health as *"the emotional and spiritual resilience which allows us to enjoy life and survive pain, disappointment and sadness. It is a positive sense of wellbeing and an underlying belief in our own, and others dignity and worth"*.
 - 14.4. **Mental Health First Aiders (MHFAs)** have attended an Adult MHFA course to feel confident in how to offer and provide initial help to a person experiencing a mental health issue and guide someone towards appropriate treatment and other sources of help
 - 14.5. **Risk assessment** is the process used to evaluate the hazard/risk and to determine whether existing precautions are adequate or if more must be done.
 - 14.6. **Stress** - The Health and Safety Executive defines stress as *"an adverse reaction people have to excessive pressure or other types of demand placed on them"*. This makes an important distinction between pressure, which can be a positive state if managed correctly and stress that is generally detrimental to health.
 - 14.7. **Traumatic event** - a traumatic or stressful event can be defined as one that invokes unusually strong emotions, overcoming normal coping abilities. Involvement in a traumatic incident can have profound consequences on those staff members involved, who may experience a range of reactions from stress and depression to shame and guilt. It should also be recognised that different individuals will have differing responses to the same incident and will therefore require different levels and/or types of support. Examples of such incidents may include the following, although the list is not intended to be exhaustive:
 - 14.7.1. allegations of negligence;
 - 14.7.2. dealing with a major incident;
 - 14.7.3. involvement in cases of safeguarding children or adults; or
 - 14.7.4. involvement in an incident of violence or aggression, whether as a victim or witness.
 - 14.8. **Workplace Stressors** refers to different working conditions that have the potential to cause stress.

15. The abbreviations used in this policy are defined as follows:
 - 15.1. Centre for Occupational Health and Wellbeing – COHWB
 - 15.2. Employee Assistance Programme – EAP
 - 15.3. Health and Safety Executive - HSE

Responsibilities

16. In addition to the responsibilities detailed within the Trust Health and Safety Policy, the following apply specifically in relation to the management of stress in the workplace.
17. The **Chief Executive Officer** has overall responsibility for staff health and wellbeing.
18. The **Chief People Officer** has delegated authority for staff health and wellbeing and is responsible for ensuring appropriate human resources and occupational health services, including an Employee Assistance Programme, are available to managers and employees.
19. The **Human Resources department** is responsible for:
 - 19.1. providing advice to managers on the implementation of this policy as required;
 - 19.2. monitoring the effectiveness of measures to address occupational stress by collating, reporting and distributing sickness absence and other relevant data;
 - 19.3. providing ongoing support to managers and employees in a changing environment;
 - 19.4. encouraging referral to the Employee Assistance Programme counselling services, Centre of Occupational Health and Wellbeing and appropriate external services; and
 - 19.5. ensuring that relevant procedures and information relating to the Trust's Human Resource policies are readily available to all employees.
20. The **People and Communications Committee** is responsible for:
 - 20.1. monitoring patterns of stress data in the workforce;
 - 20.2. advising on the processes which support the Trust in reducing the incidence of work-related stress including management training; and
 - 20.3. supporting and enabling managers to assess and address stress in their workforce.
21. The **Health and Safety Committee** is responsible for monitoring of the efficacy of the policy and other measures to reduce stress and promote workplace health and safety.
22. The **Centre for Occupational Health and Wellbeing (COHWB)** is responsible for:
 - 22.1. providing confidential advice to staff experiencing stress at work about available psychological support and appropriate self-care.
 - 22.2. advising the member of staff how to undertake a stress risk assessment to enable their manager to understand the causes of their stress;
 - 22.3. providing advice and support on stress risk assessments, both team/department and individual;
 - 22.4. advising managers on the effect of stress on health and outlining workplace adjustments that may help address the employee's stress (with consent from the employee);
 - 22.5. informing managers where musculoskeletal symptoms may be associated with stress and whether a stress risk assessment is necessary;
 - 22.6. providing the People and Communications Committee with anonymised data regarding cases of stress seen at the COHWB in particular patterns which may indicate hotspot areas; and
 - 22.7. providing Trust-wide advice regarding best practice in supporting employee wellbeing,

increasing resilience and minimising stress in the workplace.

23. **Line managers** are responsible for:

- 23.1. following the Trust's values and leadership behaviours in their managerial role to include; good two-way communication between themselves and staff, ensuring staff have adequate opportunities for breaks and being clear about the role, responsibilities and expectations of staff;
- 23.2. ensuring they are aware of workplace stressors that may be impacting on their staff, generally or individually;
- 23.3. monitoring workloads, working hours and annual leave within their area of responsibility to ensure that staff are not overloaded or overworking and that they are making use of annual leave for regular breaks throughout the year;
- 23.4. leading with care and undertaking Trust manager's training regarding "good management practices" and health and safety including managing change;
- 23.5. undertaking relevant learning to lead with care and accessing the leading with care resource library for advice, guidance and further development as appropriate;
- 23.6. ensuring that bullying and harassment is not tolerated within their area(s) of responsibility;
- 23.7. undertaking a written [departmental risk assessment](#) to include the staff they manage, to identify and implement appropriate actions to reduce the risks of work-related stress;
- 23.8. reviewing departmental stress risk assessments at least annually and after any significant changes to work or a case of work-related stress in a staff member;
- 23.9. monitoring and reporting on key measures to identify potential areas of stress in their department/team/work area;
- 23.10. encouraging all staff to undertake any available Trust training on managing stress and building resilience;
- 23.11. supporting staff in the completion of an individual stress risk assessment if they report stress at work and clarify with them or their representative what actions may be practicable to support the employee; and
- 23.12. signposting staff experiencing stress to appropriate support services and considering referral to COHWB when attributable to work-related issues. This is particularly important when an individual experiencing stress is known to have any chronic health issue likely to be regarded as a disability under the provisions of the Equality Act 2010.

24. **Individual Staff** are responsible for:

- 24.1. taking reasonable care of their own health and safety i.e. maintaining the level of health they need to carry out their professional role;
- 24.2. following Trust values and taking reasonable care not to put others at risk by what they do or don't do in the course of their work;
- 24.3. undertaking training and ensuring they understand and follow the Trust policies regarding Health and Safety;
- 24.4. recognising and managing external issues that may cause them stress and taking steps to minimise their impact;
- 24.5. informing their manager if they believe they are experiencing stress at work;
- 24.6. participating in the completion of an individual assessment when recommended to enable their manager to understand and manage the causes of stress; and

- 24.7. recognising the early signs of emotional distress and work-related stress in colleagues, offering support and encouraging the colleague to discuss the situation with their manager and/or the Centre for Occupational Health and Wellbeing.
25. **Staff Side Health and Safety Representatives** should be:
- 25.1. involved and consulted on any changes to work practices or work design that could precipitate stress at work, and subsequent risk assessment processes;
 - 25.2. provided with the facilities to be able to consult with their members on the issue of occupational stress, including conducting workplace surveys;
 - 25.3. allowed access to collective and anonymised data from Human Resources;
 - 25.4. provided with paid time away from normal duties to attend trade union training related to occupational stress; and
 - 25.5. allowed time to conduct joint inspections of the workplace to ensure that environmental stressors are properly controlled.

Managing Stress in the Workplace

26. The Trust aims to approach stress management proactively, focusing on prevention and early intervention, and not just responding when a problem becomes significant or when someone goes on sick leave.
27. To support employers to proactively manage work related stress the Health and Safety Executive identify 6 areas of work design that can affect stress levels – demands, control, support, relationships, role and change. Further information about these six management standards is available in Appendix 3.
28. Appendix 1 provides further information about the symptoms and signs of stress; Appendix 4 provides examples of actions that may be considered to reduce stress in the workplace and the Trust's [Growing Stronger Together – Rest, Reflect, Recover Programme](#) enables managers to promote, maintain and manage the mental and emotional wellbeing of staff and to enable the Trust to facilitate a positive culture, actively encouraging staff to maintain good mental health and recognise the importance of working together.
29. [Risk assessment templates](#) (team and individual) are available from the Centre for Occupational Health and Wellbeing intranet site.
30. Other health and wellbeing resources for both managers and staff can be accessed via the [Occupational Health and Wellbeing intranet site](#).

Risk Assessments

Departmental/Team Risk Assessment

31. The Trust has a legal obligation to protect staff from stress at work through the completion of written risk assessments to identify sources of stress and taking appropriate action based on the outcome of the assessment.
32. The risk assessment process should be led by the department manager and to ensure the risk assessment is suitable and sufficient, managers should consult with staff in the work area, for example by discussion at a team meeting or focus group representing the main staff groups.
33. After completion of the assessment, an action plan should be developed and implemented. All actions should be given an owner and target date and progress monitored. Where a risk cannot be mitigated it should be escalated via the usual process.
34. Action plans should be shared with staff and reviewed at least annually, or sooner if there are any significant changes.

35. A record of the assessment and associated action plan(s) should also be retained in the department/ ward health and safety folder.

Individual Risk Assessment

36. Where it has been identified that a member of staff is suffering with symptoms of stress, or the member of staff has advised they are suffering from stress, an [individual stress risk assessment](#) should be completed. This is a tool to identify possible causes of stress and suitable measures that may be implemented if they are practicable.
37. The assessment should be completed jointly by the manager and employee and an action plan developed, with progress on the actions arising from the assessment monitored on a regular basis. However, if either party do not feel that is appropriate or the member of staff feels that their line manager is the source of the stress, advice should be sought from the relevant HR team.
38. Those completing an individual risk assessment, along with the staff member should consider whether there has been a breach of respect or dignity at work. If deemed appropriate, signpost for support and direct to the relevant policy.
39. Where personal stress is having an adverse effect on the employee's work, the member of staff should be encouraged to access support through the Employee Assistance Programme and their GP.

Management of stress (work) related absence

40. All episodes of stress-related absence should be managed in accordance with the Trust's [Sickness Absence Management Procedure](#) and this policy.

Sources of Information and Support for Managers

41. The health and wellbeing of our staff is a priority for the Trust and 'Leading with care' is a core leadership behaviour expected of our leaders at all levels.
42. Each team area has been asked to identify one or more 'Wellbeing Champions' to be a point of contact for both disseminating good practice and requesting help for their team. Further information and advice can be available from the [Growing Stronger Together intranet site](#).
43. There are a number of resources available to support managers and supervisors to effectively support the health and wellbeing of their teams, including:
- 43.1. the Trust's [Online Guide to Health and Wellbeing](#), the Buckinghamshire, Oxfordshire and Berkshire West Integrated care System (BOB ICS) [Staff Health and Wellbeing Hub](#) and our [Growing Stronger Together](#) intranet site;
- 43.2. the [Employee Assistance Programme](#) has a manager support programme where guidance and help can be given to managers who are supporting team members with their health and wellbeing;
- 43.3. "good management practices" are outlined in the [HSE guidance](#): Stress: Health and Safety Executive guidance which includes a talking tool kit to help line managers to have simple, practical conversations with employees which can help prevent stress; and
- 43.4. Wellbeing Check-in Briefing sessions (available to book via [My Learning Hub](#)) to equip line managers, supervisors or team leaders with the tools and confidence to hold Wellbeing Check-ins.
44. Upon request the Centre for Occupational Health and Wellbeing will:
- 44.1. deliver awareness raising sessions on managing stress and building resilience for teams, which includes early recognition and hints and tips on building resilience.

These sessions are bespoke resilience sessions for teams or can be incorporated into broader team development sessions; and

- 44.2. offer advice and support to managers on conducting stress risk assessments.

Sources of Information and Support for Staff

45. In addition to the Trust's [Occupational Health and Wellbeing](#) intranet site and the Trust's online [Guide to Health and Wellbeing](#) the following sources information and support are available to staff:
 - 45.1. confidential assessment, advice on support measures at work and signposting for those affected by stress can be provided by the team in the Centre for Occupational Health and Wellbeing (COHWB). The individual's general practitioner, unions and staff side representatives, and the chaplaincy team also offer support. The Freedom to Speak Up Guardian and ambassadors also provide a [safe environment to speak up](#);
 - 45.2. the [Employee Assistance Programme](#) can provide advice, information and a solution-focussed counselling service 24 hours a day, including, where appropriate, access to a short course of face-to-face counselling sessions. In certain circumstances, and with additional resource, support may also be able to be provided for specific work-attributed conditions including PTSD;
 - 45.3. the [Staff Support Service](#), accessed via Occupational Health, provides individual and team support after traumatic work-related events from the Trust's Psychological Medicine team;
 - 45.4. [You Matter](#), our local Mental Health Hub, is run out of Oxford Health. It provides wellbeing and mental health guidance to all staff across Buckinghamshire, Oxfordshire, and Berkshire West (BOB);
 - 45.5. Mental Health First Aiders (MHFAs) are available to help individuals who feel they may be approaching a crisis point. Each division has a [list of MHFAs](#) available on the intranet or via the Practice Development Leads and/or the relevant Divisional Heads of Workforce;
 - 45.6. [Wellbeing Champions](#) are available across the Trust – they provide guidance at local/team level of the wellbeing support that's available such as the information in this section. Each team/department will have details of their Wellbeing Champion;
 - 45.7. having a [Wellbeing Check-in](#) is a useful way for a team member to talk to their manager/team leader/supervisor. There are a set of questions that can be used for a structured conversation – these can be found in the My Wellbeing Module in My Learning Hub;
 - 45.8. mindfulness huddles and courses are available to help manage stress and anxiety with daily Mindfulness Huddles [BreathE](#) on Teams or our six-week course which runs at regular intervals;
 - 45.9. there is also a wide range of support available specifically for doctors (please refer to the Mental Health and Wellbeing Section on the [Centre for Occupational Health and Wellbeing](#) intranet site for further information) including support for doctors in training posts via Medic Support (medic.support@oxfordhealth.nhs.uk)
46. All staff can access how to deal with stress through EAP or by accessing a [self-help assessment tool](#) with further information on the management of stress through: [The Centre for Occupational Health and Wellbeing \(COHWB\)](#)

Training

47. There is no mandatory training associated with this policy. Ad hoc training sessions based on an individual's training needs will be defined within their annual appraisal or job plan.

Monitoring Compliance

48. Compliance with the document will be monitored in the following ways:

Aspect of compliance or effectiveness being monitored	Monitoring method	Responsibility for monitoring (job title)	Frequency of monitoring	Group or Committee that will review the findings and monitor completion of any resulting action plan
How workplace stressors are identified	Audit of Stress Risk Assessment including the 6 stressors	Divisional Heads of Workforce	Divisional reporting annually as part of a rolling program	People and Communications Committee
How the organisation carries out risk assessments for the prevention and management of work-related stress	Audit of Stress Risk Assessments	Head of Health and Safety	Reported annually as part of a rolling program	Health and Safety Committee
Key Stress Indicators as set by the Health and Safety Executive in their Stress Management Standards	Periodic review of metrics	Head of Health and Safety	Annually	Health and Safety Committee

49. In addition to the monitoring arrangements described above, the Trust may undertake additional monitoring of this procedure as a response to the identification of any gaps or as a result of the identification of risks arising from the procedure prompted by incident review, external reviews, or other sources of information and advice. This monitoring could include:

49.1. Commissioned audits and reviews

49.2. Detailed data analysis

49.3. Other focused studies

49.4. Results of this monitoring will be reported to the nominated Committee.

Review

50. This policy will be reviewed in three years, as set out in the Developing and Managing Policies and Procedural Documents Policy.

51. Until such time as the review is completed and the successor document approved by the relevant committee this policy will remain valid.

References

52. [The Health and Safety at Work Act 1974.](#)

53. Health Education Authority, 1997. Mental Health Promotion: A Quality Framework.

54. [The Management of Health and Safety at Work Regulations 1999](#)

55. [Tackling Work-Related Stress using the Management Standards approach](#) – Health and Safety Executive.

- 56. [Thriving at Work: a review of mental health and employers](#): Stevenson and Farmer 2017
- 57. [NHS Health and Wellbeing Framework](#): NHS employers 2018
- 58. [Workforce Stress and the Supportive Organisation: A framework for improvement through reflection, curiosity, and change](#). National Workforce Skills Development Unit, 2019.
- 59. [The Five Year Forward View](#). NHS England, 2014.

Equality Analysis

- 60. As part of its development, this policy and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible, remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation, religion or belief, gender reassignment, marriage and civil partnership and pregnancy and maternity. The completed Equality Impact Assessment can be found in Appendix 5.

Document History

Date of revision	Version number	Reason for review or update
March 21 – March 22	0.1 – 0.5	New policy developed

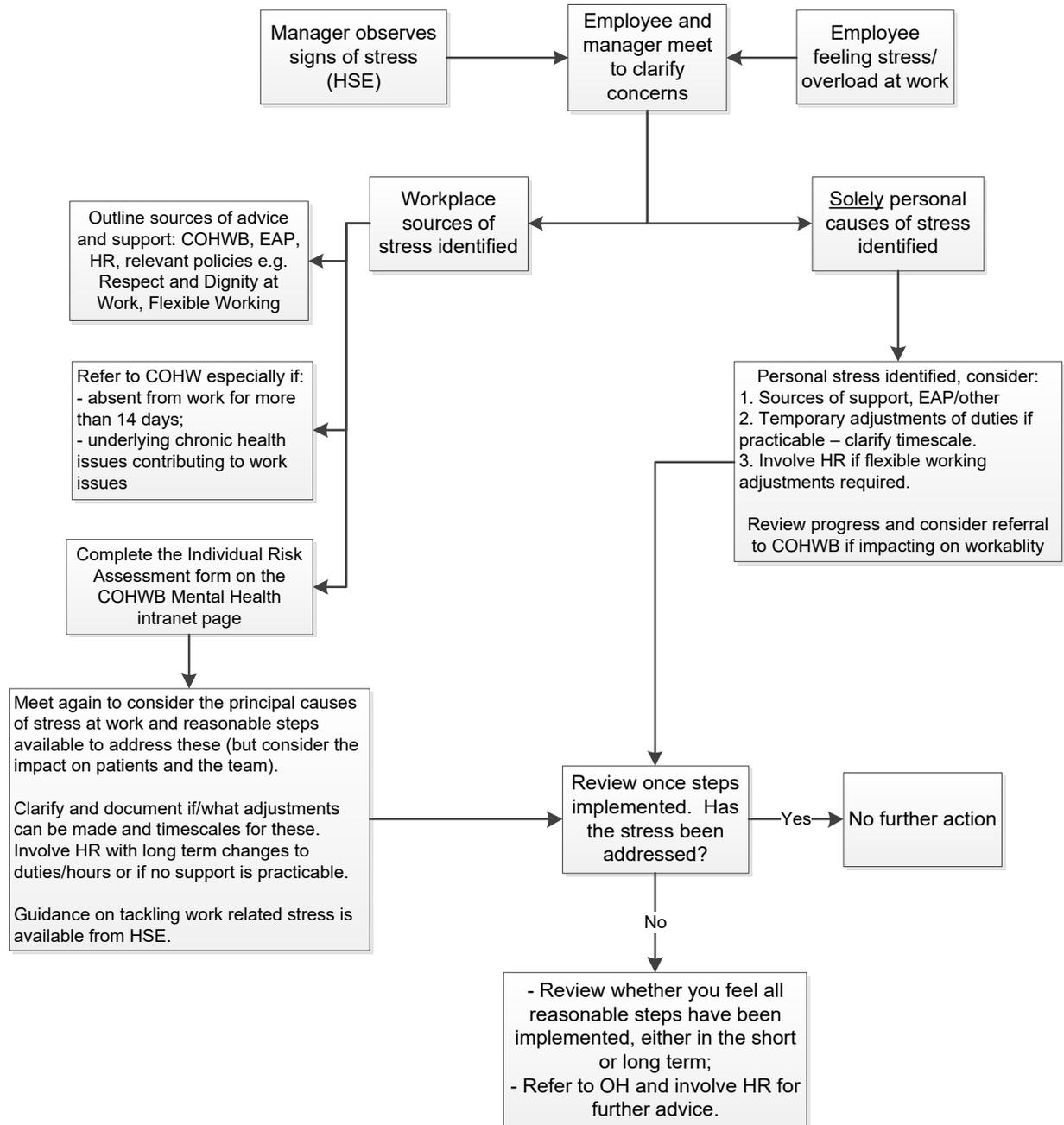
Appendix 1: Symptoms and warning signs of stress

1. There is a clear link between insufficient attention to job design, work organisation and management and subsequent ill health. The adverse reaction people have to excessive pressure or other types of demand placed on them should be identified early and its cause investigated to try and control the issues before they cause stress-related ill health and absence.
2. People vary in how much stress they can experience before it has an effect on their health. Stress can have a negative effect both physically and emotionally. Some general signs to look out for in the workplace, which may mean someone is stressed, include:
 - Fatigue;
 - mood swings;
 - skin problems;
 - altered work performance;
 - low self-esteem;
 - anxiety;
 - poor concentration;
 - poor memory/ forgetfulness;
 - being withdrawn;
 - loss of motivation, commitment and confidence; and
 - increased emotional reactions – being more tearful, sensitive or aggressive.
3. Signs of stress in a group include:
 - disputes and disaffection within the group;
 - increase in staff turnover;
 - increase in complaints and grievances;
 - increased sickness absence;
 - increased reports of stress;
 - difficulty in attracting new staff; and
 - poor performance.
4. Possible causes of work-related stress include:
 - feeling there is too much or too little to do;
 - work that feels too difficult or easy;
 - little freedom or flexibility of work;
 - lack of clarity about where you fit into the workplace;
 - conflicting work demands;
 - feeling that there is little scope for your role to develop;
 - lack of communication or involvement in decision making within the organisation;
 - trying to balance working and home life demands; and
 - relationships at work which do not feel supportive.

Appendix 2: Flowchart: Managing Individual Employee Stress

All Trust staff should:

- Take reasonable steps to support their own health and wellbeing and that of their team;
- Consider if they are experiencing stress at work and inform their manager;
- Participate in the risk assessment process to identify and address causes of stress.



Employee assistance programme Care First Information: [Employee Assistance Programme](#)

Alternative text description of Flowchart: Managing Individual Employee Stress.

Where the manager observes [signs of stress](#) and/or the employee feels stressed or overloaded at work the employee and manager should meet to clarify concerns.

Where solely personal causes of stress are identified the following should be considered:

- Sources of support including the [EAP](#) and other organisations;
- Temporary adjustment of duties if practicable; where a temporary adjustment is agreed the timescale should be clarified;
- Involve HR if flexible working adjustments are required;
- Review progress and consider referral to the Centre for Occupational Health and Wellbeing.

Where workplace sources of stress are identified the following should be undertaken:

- Sources of advice and support should be outlined, including the Centre for Occupational Health and Wellbeing, [EAP](#), HR and relevant policies/procedures such as Respect and Dignity at Work and Flexible Working;
- The member of staff should be referred to Occupational Health, especially if they are absent from work for more than 14 days or if there are chronic underlying health issues contributing to work issues;
- The employee should complete the Individual Risk Assessment form available from the COHWB Mental Health Page and meet again with their manager to consider the principal causes of stress in work and reasonable steps available to address these (but consider the impact on patients and the team). Clarify and document if/what work adjustments can be made along with the timescale for these. HR should be involved with long term changes to duties/hours if no support is practicable. Further guidance on [tackling work related stress](#) is available from the HSE.

Once the steps have been implemented (for both solely personal causes of stress and workplace stress) they should be reviewed to check if the stress has been addressed. If the stress has been addressed no further action is needed, if the stress has not been addressed then a review should be undertaken to identify if all reasonable steps have been implemented, either in the short or long term and a referral made to OH and HR involved for further advice.

Appendix 3: Health and Safety Executive (HSE) Stress Management Standards

1. The HSE has identified six key areas of work design that, if not properly managed, are associated with poor health and well-being, lower productivity and increased sickness absence. These are called the stress management standards. These are set out below detailing the standards that should be achieved in each key area.
2. The departmental and individual stress risk assessment templates are set out to reflect these key areas.
3. **Demands** – this includes issues such as workload, work patterns and the work environment.
 - 3.1. Good practice:
 - employees indicate that they are able to cope with the demands of their jobs;
 - systems are in place locally to respond to any individual concerns;
 - the organisation provides employees with adequate and achievable demands in relation to the agreed hours of work;
 - people's skills and abilities are matched to the job demands;
 - jobs are designed to be within the capabilities of employees; and
 - employees' concerns about their work environment are addressed.
4. **Control** – how much say the person has in the way they do their work.
 - 4.1. Good practice:
 - employees indicate that they are able to have a say about the way they do their work;
 - systems are in place locally to respond to any individual concerns;
 - where possible, employees have control over their pace of work;
 - employees are encouraged to use their skills and initiative to do their work;
 - where possible, employees are encouraged to develop new skills to help them undertake new and challenging pieces of work;
 - the organisation encourages employees to develop their skills;
 - employees have a say over when breaks can be taken; and
 - employees are consulted over their work patterns.
5. **Support** – this includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues.
 - 5.1 Good practice:
 - employees indicate that they receive adequate information and support from their colleagues and superiors;
 - systems are in place locally to respond to any individual concerns;
 - the organisation has policies and procedures to adequately support employees;
 - systems are in place to enable and encourage managers to support their staff;

- systems are in place to enable and encourage employees to support their colleagues;
 - employees know what support is available and how and when to access it;
 - employees have or know how to access the required resources to do their job; and
 - employees receive regular and constructive feedback.
6. **Relationships** – this includes promoting positive working to avoid conflict and dealing with unacceptable behaviour.
- 6.1 Good practice:
- employees indicate that they are not subjected to unacceptable behaviours, e.g. bullying at work;
 - systems are in place locally to respond to any individual concerns;
 - the organisation promotes positive behaviours at work to avoid conflict and ensure fairness;
 - employees share information relevant to their work;
 - the organisation has agreed policies and procedures to prevent or resolve unacceptable behaviour;
 - systems are in place to enable and encourage managers to deal with unacceptable behaviour; and
 - systems are in place to enable and encourage employees to report unacceptable behaviour.
7. **Role** – whether people understand their role within the organisation and whether the organisation ensures they do not have conflicting roles.
- 7.1 Good practice:
- employees indicate that they understand their role and responsibilities;
 - systems are in place locally to respond to any individual concerns;
 - the organisation ensures that, as far as possible, the different requirements it places upon employees are compatible;
 - the organisation provides information to enable employees to understand their role and responsibilities;
 - the organisation ensures that, as far as possible, the requirements it places upon employees are clear; and
 - systems are in place to enable employees to raise concerns about any uncertainties or conflicts they have in their role and responsibilities.
8. **Change** – how organisational change (large or small) is managed and communicated in the organisation.
- 8.1 Good practice:
- employees indicate that the organisation engages them frequently when undergoing and organisational change;
 - systems are in place locally to respond to any individual concerns;
 - the organisation provides employees with timely information to enable them to understand the reasons for proposed changes;

- the organisation ensures adequate employee consultation on changes and provides opportunities for employees to influence proposals;
- employees are aware of the probable impact of any changes to their jobs. If necessary, employees are given training to support any changes in their jobs; and
- employees are aware of timetables for changes employees have access to relevant support during changes.

Appendix 4: Actions that may be taken to reduce stress in the workplace

This list is not exhaustive and other actions may also be appropriate to manage the risks.

Demand

Type of stressors and possible hazards	Possible control measures to reduce the risks
Work overload, long hours, inadequate staffing, rest and holidays	<ul style="list-style-type: none"> • Prioritise tasks for the team member • Regularly review job design and working practices • Ensure leave is being properly taken • Provide frequent communication • Regularly review workloads and staffing • Support staff to plan and manage their workloads
Inappropriate qualified for job, skills not recognised	<ul style="list-style-type: none"> • Ensure individuals are matched to the jobs with appropriate skills and qualifications • Evaluate staff training and skills and provide training and support where appropriate • Comply with workplace policies e.g. flexible working, dignity at work
Work repetitive, too little to do	<ul style="list-style-type: none"> • Job enrichment/role rotation/role review • Provide individuals with more responsibility, increase scope of job, increase variety of tasks
Inadequate resources for the task	<ul style="list-style-type: none"> • Regularly review requirements for tasks/activities and prioritise resources such as equipment, staffing etc
Staff experiencing excessive workloads, staff experience, excessive pressure	<ul style="list-style-type: none"> • Regularly review workload and demands as an integral part of performance management process • Support staff in planning their work – establish if any parts of the role are particularly challenging and require extra support • Support staff with individual stress risk assessment if required • Ensure leave and breaks are being taken • Review training needs
Poor physical work environment	<ul style="list-style-type: none"> • Ensure workplace hazards are identified and controlled and risk assessment completed for all significant risks • Liaise with health and safety where issues require further advice • Escalate issues to senior managers where they cannot be resolved • Refer staff with symptoms to Occupational Health

Type of stressors and possible hazards	Possible control measures to reduce the risks
Psychological working environment e.g. threat of aggression / violence, verbal abuse	<ul style="list-style-type: none"> • All significant violence and aggression risks assessed and appropriate controls in place • Staff provided training and information to deal with violent and aggressive patients/public etc. • All incidents of verbal and physical assault/ violence and aggression are reported on QSiS • All incidents followed up to ensure lessons learned and improvements made where required • Support services available to staff including CareFirst (EAP) and Psychological Wellbeing service

Control

Type of stressors and possible hazards	Possible control measures to reduce the risks
Unable to balance the demands of work and life outside work	<ul style="list-style-type: none"> • Encourage a healthy work-life balance • Ensure staff take annual leave and it is fairly distributed across the year • Comply with workplace policy on flexible working
Lack of control over work, conflicting work demands	<ul style="list-style-type: none"> • Regularly consult with staff and allow team discussion of challenges and priorities • Realistic deadlines set • Staff clear on expectations and tasks required • Individual abilities and skills taken into account when allocating tasks

Support

Type of stressors and possible hazards	Possible control measures to reduce the risks
Lack of support during return to work, sickness, post incident, challenges at work	<ul style="list-style-type: none"> • Policies and systems in place, monitored and consistently applied • Support provided to managers by Workforce leads in managing absence, return to work etc. • Ensure managers have skills and training required to support and manage staff • Staff aware of specialist support available via Occupational Health, EAP etc.
Lack of training and information	<ul style="list-style-type: none"> • New staff properly inducted to CUH and local induction provided • Training needs of staff reviewed on regularly basis • Special attention for young persons as

Type of stressors and possible hazards	Possible control measures to reduce the risks
	required and identified through young person's risk assessment <ul style="list-style-type: none"> • Mentoring roles in place • DDA adjustments in place and reviewed regularly.
Post disciplinary, grievance etc.	<ul style="list-style-type: none"> • Appropriate support provided to staff • Clear policies and systems in place • Confidential advice available to staff via EAP

Relationships

Type of stressors and possible hazards	Possible control measures to reduce the risks
Bullying, confrontational communication styles	<ul style="list-style-type: none"> • Encourage constructive and positive communication between staff • Compliance with the Dignity at Work policy • Bullying/confrontation immediately investigated and addressed with support of Workforce Leads
Poor relationships with others, staff complaints	<ul style="list-style-type: none"> • Investigation of causal factors undertaken • Resilience training undertaken by managers, staff and team • Regular team meetings to consult staff and discuss challenges • One to one meetings with staff, problems openly discussed with individuals • Mediation available if required

Role

Type of stressors and possible hazards	Possible control measures to reduce the risks
Unclear lines of responsibility and accountability	<ul style="list-style-type: none"> • Good communication systems are in place from top to bottom of department • Employees have annual appraisal and regular one to ones • Staff have clear job descriptions and clearly understand job function and responsibilities • Policies and procedures clearly set out management and staff responsibilities.
Lack of communication and consultation	<ul style="list-style-type: none"> • Regular team meetings – feedback provided to all levels of staff from Board Briefings and other opportunities • Staff clear on Trust and departmental

Type of stressors and possible hazards	Possible control measures to reduce the risks
	objectives/challenges

Change

Type of stressors and possible hazards	Possible control measures to reduce the risks
Fears about job security, poor communication of changes, fear about new roles/technology, impact of change on staff relationships	<ul style="list-style-type: none"> • Support provided to staff throughout process. • Clear communication throughout planning and implementation of changes. Staff fully briefed so no uncertainty/speculation. • Consultation with staff involved with change, supported by Workforce. • Training needs reviewed and training provided. Training may be required for a new role or using new equipment etc..

Appendix 5: Equality Analysis Impact Assessment

1. Information about the policy, service or function

What is being assessed	Rewrite of Existing Policy / Procedure
Job title of staff member completing assessment	Health and Wellbeing Promotion Specialist
Name of policy / service / function:	Stress Management in the Workplace Policy
Details about the policy / service / function	This document outlines the responsibilities of all Trust employees to recognise, prevent, reduce the risk and manage stress at work. It gives guidance on recognising symptoms, accessing help and support, performing an annual team risk assessment, an individual stress risk assessment when required and promotion of a mentally healthy workplace.
Is this document compliant with the Web Content Accessibility Guidelines?	Yes
Review Date	3 years
Date assessment completed	March 2021
Signature of staff member completing assessment	Anna Hinton
Signature of staff member approving assessment	

1. Screening Stage

Who benefits from this policy, service or function? Who is the target audience?

Delete as appropriate

- Staff

Does the policy, service or function involve direct engagement with the target audience?

Delete as appropriate

Yes - continue with full equality impact assessment

2. Research Stage

Notes:

- If there is a neutral impact for a particular group or characteristic, mention this in the 'Reasoning' column and refer to evidence where applicable.
- Where there may be more than one impact for a characteristic (e.g. both positive and negative impact), identify this in the relevant columns and explain why in the 'Reasoning' column.
- The Characteristics include a wide range of groupings and the breakdown within characteristics is not exhaustive, but is used to give an indication of groups that should be considered. Where applicable please detail in the 'Reasoning' column where specific groups within categories are affected, for example, under Race the impact may only be upon certain ethnic groups.

Impact Assessment

Characteristic	Positive Impact	Negative Impact	Neutral Impact	Not enough information	Reasoning
Sex and Gender Re-assignment – men (including trans men), women (including trans women) and non-binary people.			X		The Management of Health and Safety at Work Regulations 1999 requires employers to assess the risk of stress-related ill health arising from work activities and take measures to control that risk for all employees.
Race - Asian or Asian British; Black or Black British; Mixed Race; White British; White Other; and Other			X		The Management of Health and Safety at Work Regulations 1999 requires employers to assess the risk of stress-related ill health arising from work activities and take measures to control that risk for all employees.
Disability - disabled people and carers	X				Effective stress management would support staff mental wellbeing and have a particularly positive impact on those with a mental health issue
Age			X		The Management of Health and Safety at Work Regulations 1999 requires employers to assess the risk of stress-related ill health arising from

Characteristic	Positive Impact	Negative Impact	Neutral Impact	Not enough information	Reasoning
					work activities and take measures to control that risk for all employees.
Sexual Orientation			X		The Management of Health and Safety at Work Regulations 1999 requires employers to assess the risk of stress-related ill health arising from work activities and take measures to control that risk for all employees.
Religion or Belief			X		The Management of Health and Safety at Work Regulations 1999 requires employers to assess the risk of stress-related ill health arising from work activities and take measures to control that risk for all employees.
Pregnancy and Maternity			X		The Management of Health and Safety at Work Regulations 1999 requires employers to assess the risk of stress-related ill health arising from work activities and take measures to control that risk for all employees.
Marriage or Civil Partnership			X		The Management of Health and Safety at Work Regulations 1999 requires employers to assess the risk of stress-related ill health arising from work activities and take measures to control that risk for all employees.
Other Groups / Characteristics - for example, homeless people, sex workers, rural isolation.					

Sources of information

[Health and Safety Executive](#)

Work can aggravate pre-existing conditions, and problems at work can bring on symptoms or make their effects worse.

Whether work is causing the health issue or aggravating it, employers have a legal responsibility to help their employees. Work-related mental health issues must be assessed to measure the levels of risk to staff. Where a risk is identified, steps must be taken to remove it or reduce it as far as reasonably practicable.

Some employees will have a pre-existing physical or mental health condition s when recruited or may develop one caused by factors that are not work-related factors.

Their employers may have further legal requirements, to make reasonable adjustments under equalities legislation. Information about employing people with a disability can be found on [GOV.UK](#) or from the Equality and Human Rights Commission in [England](#)

Consultation with protected groups

List any protected groups you will target during the consultation process, and give a summary of those consultations

Group	Summary of consultation

Consultation with others

Clinical and non clinical managers randomly selected

Divisional HR Business partners

HR Consultants

Staff representation RCN Unison

Equality, Diversity and Inclusion Manager

Oxford University Hospitals NHS Foundation Trust

3. Summary stage

Outcome Measures

List the key benefits that are intended to be achieved through implementation of this policy, service or function and state whether or not you are assured that these will be equitably and fairly achieved for all protected groups. If not, state actions that will be taken to ensure this.

It is nationally recognised that stress related illness accounts for a significant proportion of sickness absence and that organisational issues may be a contributory factor to occupational ill health. Stress can have adverse effects on both mental and physical wellbeing leading to illness, anxiety and feelings of inability to cope. An individual's response to stress is dependent on various factors, including personal and health problems that may impact on the work situation. The Trust recognises that the prevention and management of stress can lead to the following outcomes:

- improved work climate and culture;
- better work-life balance for all employees;

- overall reduction in key stress indicators
- cost savings to the organisation through:
- improved efficiency and productivity; and
- lower levels of clinical and other adverse incidents.
- Measures that may promote such benefits include:
- improved opportunity for employees and managers at all levels to express concern about sources of pressure at work;
- better awareness of stress and mental health related issues for all employees;
- greater consistency of approach from managers when dealing with stress;
- earlier identification of stress-related problems;
- improved stress risk management skills in managers;
- improved and better-utilised support services.

In summary the intended outcomes of delivering this Stress Management in the Workplace Policy would be achieved by all people regardless of any protected characteristic.

Positive Impact

List any positive impacts that this policy, service or function may have on protected groups as well as any actions to be taken that would increase positive impact.

As an employer, we can help manage and prevent stress by improving conditions at work. And have a role in making adjustments and helping someone manage a mental health problem at work.

Management Standards support all employees to:

- demonstrate good practice through a step-by-step risk assessment approach
- allow assessment of the current situation using pre-existing data, surveys and other techniques
- promote active discussion and working in partnership with employees and their representatives, to help decide on practical improvements that can be made
- help simplify risk assessment for work-related stress by:
- identifying the main risk factors
- helping employers focus on the underlying causes and their prevention
- providing a yardstick by which organisations can gauge their performance in tackling the key causes of stress

They cover six key areas of work design that, if not properly managed, are associated with poor health, lower productivity and increased accident and sickness absence rates. The Management Standards are:

- **Demands** – this includes issues such as workload, work patterns and the work environment
- **Control** – how much say the person has in the way they do their work
- **Support** – this includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues

- **Relationships** – this includes promoting positive working to avoid conflict and dealing with unacceptable behaviour
- **Role** – whether people understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles
- **Change** – how organisational change (large or small) is managed and communicated in the organisation

Unjustifiable Adverse Effects

List any identified unjustifiable adverse effects on protected groups along with actions that will be taken to rectify or mitigate them.

A well-managed framework and a structured, sensitive approach to the management of stress in the workplace will have a particularly positive impact on those with mental health concerns and issues. It enables an open, supportive and destigmatising pathway to encourage disclosure in a timely manner. Resources for both the employee and manager can readily be accessed following a transparent procedure.

Justifiable Adverse Effects

List any identified unjustifiable adverse effects on protected groups along with justifications and any actions that will be taken to mitigate them.

Enter details here

Equality Impact Assessment Action Plan

Complete this action plan template with actions identified during the Research and Summary Stages

Identified risk	Recommended actions	Lead	Resource implications	Review date	Completion date

HR Policy Communication Plan

HR policy title:	Stress Management in the Workplace Policy
Lead author:	Anna Hinton, Health and Wellbeing Promotion Specialist
Senior lead:	Christina Evriviades, Head of Occupational Health

Aim

- To ensure all staff, at all levels of the organisation, are aware of the updated policy, including responsibilities for identifying workplace risk factors, the process for doing this and strategies that can be implemented to reduce these risks to as low a level as is reasonably practicable.

Key message(s) to be communicated

- Health and wellbeing of all staff is a priority for the Trust and the Trust is committed to promoting a culture in which stress is not seen as a sign of weakness or a reflection of capability, and in which staff are able to speak freely about stress and seek appropriate help and support.
- The re-written Stress Management in the Workplace Policy applies to all staff across the organisation and outlines the overall responsibilities of the organisation, line managers and individual staff to identify workplace stress risk factors and implement strategies to reduce these risks to as low a level as is reasonably practicable.
- The Policy outlines the common sources of workplace stress and strategies to address them and provides guidance on completing the departmental/team risk assessment (to be reviewed at least annually and after any significant changes to work or a case of work-related stress in a member of the team) and individual stress risk assessments when required.
- The Policy also provides sources of information and support for both staff and managers.

Support required from the Media and Communications Team

1. With support from the Media and Comms team Email from Joint CPOs to all staff introducing the new Policy, including key points, links to stress risk assessments etc.
2. With support from the Media and Comms team Inclusion in the email Staff Bulletin with link to email from Joint CPOs

Other communication options to consider (to be agreed with the Media and Communications Team and Assistant Director of Workforce – Pay, Policy and Reward)

- The Health and Wellbeing Team Microsoft Teams sessions:
 - Launch the policy with a webinar/MS Teams session about how to manage and mitigate workplace stress;
 - All staff – health and wellbeing in the context of stress management/reduction strategies;
 - Managers – training on how to complete and implement a stress risk assessment;
 - Wellbeing Champions – update on the new policy, identifying sources of stress, introduction to stress risk assessments
- As this policy outlines the Trust's duties under Health and Safety legislation to reduce and manage organisational stress it is also suggested the new policy should be included in the CPO update at one of the monthly Staff Briefing session for all staff with the Executive Directors.

The dates set out below are based on the policy being approved at Trust Board currently scheduled for 9 November 2022. Should this change, the communication plan will be revised to reflect the new dates.

Date	Action	Method	Responsibility
w/c 31/10/22 - 7/11/22	Liase with the Media and Communications Team to agree any targeted Trust wide communication	Via MS Teams and email	Health and Wellbeing Promotion Specialist in conjunction with the Head of Wellbeing
w/c 31/10/22 - 7/11/22	With support from Media and Communications Team draft an email to be sent from the Joint CPOs to all staff following the launch of the policy.	Via MS Teams and email	Health and Wellbeing Promotion Specialist in conjunction with the Head of Wellbeing
w/c 14/11/22	Introduce new policy to Trust Wellbeing Champions, including an update on the new policy, identifying sources of stress and introduction to stress risk assessments	Via MS Teams call and followed up by email	Health and Wellbeing Team
w/c 14/11/22	Launch the new policy to staff	Via a webinar/MS Teams session to staff about identifying and reducing workplace stress	Health and Wellbeing Team
w/c 14/11/22 (following launch of policy)	Advise all staff that the new policy has been launched	Via email from Joint CPOs	CPO's Exec Assistant
w/c 14/11/22 (to be published following launch of policy)	Include update regarding the policy in Now@OUH and the Staff Bulletin.	Draft the information, upload to Now@OUH and email a short summary to the Media and Communications Team (cc to HR Manager – Policies and Procedures) for inclusion in the Staff Bulletin.	Health and Wellbeing Promotion Specialist in conjunction with the Head of Wellbeing

Date	Action	Method	Responsibility
w/c 14/11/22 (following launch of policy)	Update the HR Policies and Procedures folder on the intranet with the new version of the policy	Upload to HR Policies and Procedures folder on intranet (removing previous version where necessary)	HR Manager – Policies and Procedures
w/c 14/11/22 (following launch of policy)	Archive the superseded policy/procedure	Move master copy from 'Current Policies' folder to 'Superseded Policies and Procedures' folder	HR Manager – Policies and Procedures
w/c 14/11/22 (following launch of policy)	Advise the Divisional Heads of Workforce, AHSN Head of Corporate Affairs and People and Staff Side Chair, Staff Side Secretary and LNC Chair via email (cc to HR Consultants, HR Advisors and Assistant Directors of Workforce) that the policy has been approved and any key changes that have been made to the policy.	Via email (including link to policy on the intranet)	HR Manager – Policies and Procedures
w/c 14/11/22 (following launch of policy)	Advise the Trust PFI Team of the updated/new policy including any updates made to the Toolkit.	Via email to the PFI Data Assistant (including link to policy on the intranet)	HR Manager – Policies and Procedures
w/c 21/11/22	Ensure HR Consultants and HR Advisors are clear of how the policy is being implemented within the division and wider organisation, including any local processes as appropriate.	Discussion with Divisional HR Team	Divisional Heads of Workforce
w/c 21/11/22	Advise managers within their division(s) that the policy has been approved (including link to policy on the intranet) and any key changes that have been made to the policy. Ensure managers are aware they are responsible for cascading the information to their teams.	NOTSSCaN – email to divisional managers Corporate – email to divisional managers MRC – present slide deck at divisional meetings. SuWOn – present slide deck at divisional meetings.	Divisional Heads of Workforce and AHSN Head of Corporate Affairs and People

Date	Action	Method	Responsibility
		CSS – present slide deck at divisional meetings.	
w/c 21/11/22 onwards (dependent on meeting dates)	Ensure the divisional management team are aware of the updated policy (including any key changes made) and any responsibilities they have under the policy.	Discuss policy at divisional management team meeting.	Divisional Heads of Workforce and AHSN Head of Corporate Affairs and People
w/c 21/11/22 onwards	Cascade information about the new policy throughout division and ensure managers are aware they are responsible for cascading the information to their teams.	NOTSSCaN – arrange Q&A session with directorates Corporate – discussion at regular team meetings and during directorate performance meetings. MRC – circulation of Directorate Workforce report and discussion at divisional meetings. SuWOn – discussion at divisional meetings. CSS – discussion at divisional meetings.	HR Consultants and HR Advisors
w/c 21/11/22 onwards	Cascade information about the new policy to staff within their team/department.	Via team meetings, one to ones, and other department communication channels	Department managers
Dates TBC	Deliver training to managers on how to complete and implement a stress risk assessment	Via MS Teams and written guidance	OH Team and Head of Wellbeing
Dates TBC	Deliver health and wellbeing awareness session to staff in the context of stress management and reduction strategies	Via MS Teams	OH Team and Head of Wellbeing

Freedom to Speak Up Policy

Category:	Policy and Procedure
Summary:	This document aims to outline the policy and procedure for employees and anyone working at the Trust to speak up to raise concerns (whistleblowing) and the protection given by the Public Interest Disclosure Act 1998.
Equality Analysis undertaken/reviewed:	May 2022
Valid From:	
Date of Next Review:	3 years Until such time as the review is completed and the successor document approved by the relevant committee this policy will remain valid.
Approval Date/ Via:	Trust Board
Distribution:	Trust-wide
Related Documents:	Complaints Policy Counter Fraud Policies and Procedures Disciplinary Procedure Incident Reporting and Investigation Policy Grievance Procedure NHS England » The national speak up policy published June 2022 Respect and Dignity at Work (Preventing Bullying and Harassment) Procedure Signposting – Employee Concerns
Lead Director:	Chief Assurance Officer
Author(s):	Freedom to Speak Up [FtSU] Lead Guardian HR Manager – Policies and Procedures FtSU Review Project Manager
Further Information:	Freedom to Speak Up Lead Guardian Freedom to Speak Up <i>Deputy Lead Guardian (Operational Manager)</i> Freedom to Speak Up Local Guardians Freedom to Speak Up Champions
This Document replaces:	Freedom to Speak Up – Raising Concerns (Whistleblowing) Policy v5.0

Lead Director: Chief Assurance Officer

Issue Date:

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Message from the Trust Chair and the Chief Executive Officer

To All Oxford University Hospitals NHS Foundation Trust Staff,

We are delighted to support and endorse this policy as we work toward an open, transparent and responsive culture across the Trust. We appreciate that supporting staff who wish to raise concerns is a very important cultural change across the NHS and one we support wholeheartedly.

We encourage those of you with any concerns to speak up, and to access advice and support as necessary, as detailed in this document.

Professor Sir Jonathan Montgomery, Chair

Professor Meghana Pandit, Chief Executive Officer

The content of this policy incorporates the provisions of the [NHS England » The national speak up policy](#) published June 2022.

Introduction

1. Oxford University Hospitals NHS Foundation Trust (the “Trust”) is committed to achieving the highest possible standards of service for the benefit of patients, employees, others working at Trust premises, service users and visitors. Where standards are not as would be expected, employees are expected to learn and make improvements to address issues.
2. The Trust is supportive of colleagues who have concerns over possible danger, risk, wrongdoing or malpractice and encourages all employees to act promptly and report their concern appropriately.
3. Any member of staff who identifies an issue has a duty to raise that matter appropriately so that it can be addressed and improvements can be made.
4. Staff include anyone who works or has worked in the NHS or for an independent organisation including Retention of Employment (RoE) staff, bank and agency workers, temporary workers, students, volunteers, trainees, junior doctors, locums and governors.
5. All staff have the freedom to speak up about a genuine concern and should have confidence that their voice will be heard. No member of staff should suffer detrimental treatment or victimisation as a result of speaking up.
6. When a concern has been raised in good faith, the Trust must ensure it is addressed in line with the Trust values: excellence, compassion, respect, learning, delivery and improvement.
7. These Values are underpinned by Trust Behaviours. Following the Trust Values and Behaviours will enable concerns to be raised and addressed appropriately to the benefit of patients and employees.
8. Where a member of staff has a concern about their employment that only affects them, they should raise that concern through the Trust’s [Grievance Procedure](#). ‘[Signposting – Employee Concerns](#)’ also provides further information about how different types of concerns can be raised and the process for resolving them.
9. Where a member of staff has a concern which affects not only them, but which they think does or could adversely affect patient care or adversely affect the working life of others within the Trust there are many channels through which the concern can be raised.

Policy Statement

Speak Up – We Will Listen

10. The Trust welcomes speaking up and will listen. By speaking up at work you will be playing a vital role in helping us to keep improving our services for all patients and the working environment for our staff.
11. This policy is for all our people. The [NHS People Promise](#) commits to ensuring that *“we each have a voice that counts, that we all feel safe and confident to speak up, and take the time to really listen to understand the hopes and fears that lie behind the words”*.
12. We want to hear about any concerns you have, whichever part of the organisation you work in. We know some groups in our workforce feel they are seldom heard or are reluctant to speak up. You could be an agency worker, bank worker, locum or student. We also know that workers with disabilities, or from a minority ethnic background or the LGBTQ+ community do not always feel able to speak up. **This policy is for all workers and we want to hear all our workers’ concerns.**

13. The Lead Freedom to Speak Up [FtSU] Guardian meets regularly with the Trust Chair and provides regular (anonymised) feedback on concerns raised to them and to the Non-Executive and Executive Directors with lead responsibility for FtSU.
14. We encourage all our people to complete the [Speak Up](#) online training that is available. The [Listen Up](#) online module is specifically aimed at leaders (after completion of Module 1) and the [Follow Up](#) module is for senior leaders to complete. You can find out more about what Freedom to Speak Up (FTSU) is in these [videos](#).

This Policy

15. This policy incorporates the provisions of the updated [national Freedom to Speak Up Policy](#) which has been issued by NHS England/Improvement as a minimum standard to help normalise speaking up for the benefit of patients and workers. The **aim** of the policy is to ensure all matters raised are captured and considered appropriately.

Feel Safe to Raise a Concern

16. By speaking up, staff may help the Trust to identify opportunities for improvement that we might not otherwise know about.
17. The Trust will not tolerate anyone being prevented or deterred from speaking up or being mistreated because they have spoken up.
18. Provided that a member of staff is acting honestly and in good faith, it does not matter if they are mistaken nor if upon explanation there transpires to be no grounds for concern.

Scope

Who can raise concerns?

19. Anyone who works (or has worked) in the NHS, or for an independent organisation that provides NHS services can raise concerns. This includes Retention of Employment (RoE) staff, agency workers, temporary workers, students, volunteers, trainees, junior doctors, locum, bank and agency workers and governors.
20. If a patient or other member of the public wishes to raise a concern that should be handled under the Trust's [Complaints Policy](#), overseen and administered by the Complaints Department.

Aim

21. To promote a culture in which everyone has the freedom to speak up about any genuine concern.
22. To instil confidence that everyone's voice will be listened to, and follow-up action taken as appropriate.
23. To ensure all matters raised are captured and considered appropriately.

Definitions

Making a 'protected disclosure'

24. The [Public Interest Disclosure Act 1998](#), *amending the Employment Rights Act 1996* ["the 1998 Act"] allows certain categories of worker to lodge a claim for compensation with an employment tribunal if they suffer as a result of speaking up. The legislation is complex and to qualify for protection under it, very specific criteria must be met in relation to who is speaking up, about what and to whom. To help you consider whether you might meet these criteria, please seek independent advice from [Protect](#) or a legal representative.

25. A “**disclosure qualifying for protection**” under the 1998 Act is a disclosure of information where the worker reasonably believes one or more of the following matters is happening, has taken place or is likely to happen in the future:
- 25.1. a danger to the health and safety of any individual, or group of individuals, whether employees, patients or anyone else on Trust premises;
 - 25.2. a criminal offence;
 - 25.3. a breach of a legal obligation;
 - 25.4. a miscarriage of justice;
 - 25.5. a damage to the environment; or
 - 25.6. the deliberate attempt to conceal any of the above
- and where the individual reasonably believes that the disclosure is in the public interest.

Abbreviations

26. The following abbreviations are used within this policy:
- 26.1. **FtSU** – Freedom to Speak Up

Responsibilities

27. The **Trust Board** has overall responsibility for ensuring that concerns raised in accordance with the Freedom to Speak Up Policy are dealt with appropriately within the Trust.
28. The **Senior Independent Director** is the designated **Non-Executive Director** at Step 3 of the procedure outlined at Appendix 2, to whom a concern may be escalated if it remains unresolved after exhausting all other internal channels. Details of the current Senior Independent Director are published on the [FtSU intranet site](#).
29. The **Executive Director with lead responsibility** for the Freedom to Speak Up Policy is the **Chief Assurance Officer**, whose details are published on the [FtSU intranet site](#).
30. Details of the **Non-Executive Director with lead responsibility** for the Freedom to Speak Up Policy are published on the [FtSU intranet site](#).
31. The [Freedom to Speak Up Lead Guardian](#) is not responsible for undertaking investigations but is responsible for:
- 31.1. working with the Chief Executive Officer and Board to help promote an open culture which is based on listening and learning, not blaming;
 - 31.2. being entirely independent of the executive team, so as to be able to challenge senior members of staff, reporting to the Board or externally as required;
 - 31.3. developing a range of mechanisms, in addition to established formal processes, which empower and encourage staff to speak up safely;
 - 31.4. overseeing the appropriate and confidential administration, recording, monitoring, analysis and reporting of concerns raised, including maintaining a central record of concerns raised with any of the FtSU Guardians;
 - 31.5. acting as the independent, impartial advisor and Trust expert on matters relating to raising concerns;
 - 31.6. developing and embedding a culture where staff feel confident and supported to raise a concern, and where appropriate signposting staff to the appropriate Trust policy/procedure/department to discuss an issue;

- 31.7. overseeing initiation of an internal investigation process where required, ensuring investigations are properly undertaken, to focus on the issue that has been raised and achieve completion in a timely manner;
 - 31.8. meeting regularly with the Trust Chair, providing (anonymised) feedback to them and to the Non-Executive and Executive Directors with lead responsibility for FtSU;
 - 31.9. producing and presenting the FtSU Annual Report to the Board, including assurance as to the extent to which this policy remains in alignment with best practice at the time, and making recommendations of any amendments required;
 - 31.10. ensuring that recommendations and lessons learnt arising from investigations are fully considered by the Trust and implemented where necessary;
 - 31.11. preparing regular raising concerns communications to staff, sharing non-confidential information and lessons learnt from concerns;
 - 31.12. maintaining a high level of visibility, spending the majority of working time with 'front line' staff, providing expertise in developing a safe culture which supports and encourages staff to speak up; and
 - 31.13. safeguarding the interests of the employee who legitimately raises a concern to ensure there are no repercussions for them either immediately or in the long term.
32. **The Freedom to Speak Up Deputy Lead Guardian (Operational Manager)** is responsible for:
- 32.1. providing full support to the Freedom to Speak Up Lead Guardian in discharging all of the responsibilities outlined in paragraph 33;
 - 32.2. specifically, ensuring the appropriate and confidential administration, recording, monitoring, analysis and reporting of concerns raised, including maintaining a central record of concerns raised with any of the FtSU Guardians;
 - 32.3. identifying concerns raised which meet the criteria for a 'disclosure qualifying for protection' under the Public Interest Disclosure Act 1998 ["the 1998 Act"]; and
 - 32.4. where a concern raised does meet the criteria for a 'disclosure qualifying for protection' under the 1998 Act, initiating an appropriate investigation and monitoring the preservation of protection afforded under the Act.
33. The [Freedom to Speak Up Local Guardians](#) are responsible for:
- 33.1. working closely with the Freedom to Speak up Lead Guardian and with the Freedom to Speak Up Deputy Lead Guardian (Operational Manager);
 - 33.2. acting as a point of contact for staff within the Trust who require support, guidance or advice when they wish to discuss or formally raise a concern, ensuring the individual raising the concern receives regular feedback on the progress and outcome of any associated investigations;
 - 33.3. notifying the Freedom to Speak Up Deputy Lead Guardian (Operational Manager) whenever they become aware that a member of staff wishes to raise a concern which does or may meet the criteria for a 'disclosure qualifying for protection' under the Public Interest Disclosure Act 1998;
 - 33.4. where a member of staff raises a concern that does not meet the criteria for a disclosure qualifying for protection under the 1998 Act - upon which the Freedom to Speak Up Deputy Lead Guardian (Operational Manager) should be asked to make a determination if there is any doubt - but which is relevant to safety or integrity of the system, ensuring that the member of staff is signposted to the appropriate Trust policy/procedure/department to address their issue;

- 33.5. notifying the Lead Guardian or Deputy Lead Guardian (Operational Manager) if they have any grounds for concern that the interests of an employee who legitimately raises a concern are not being safeguarded to ensure there are no repercussions for them either immediately or in the long term; and
- 33.6. promoting learning and improvement across the Trust.
34. The [Freedom to Speak Up Champions](#) are responsible for:
 - 34.1. working closely with the Freedom to Speak Up Guardians;
 - 34.2. encouraging staff to speak up if they have a concern; and
 - 34.3. improving the experience of staff by providing an access point for information on the channels for addressing concerns raised.
35. All **Directors and Senior Managers** with whom a concern is raised or to whom a concern is referred are required to:
 - 35.1. offer to meet with the individual to discuss the concerns where appropriate and determine whether further investigation or review is required;
 - 35.2. consider whether the concern raised does or may meet the criteria for a 'disclosure qualifying for protection' under the Public Interest Disclosure Act 1998 (see paragraph 25) and notify the Freedom to Speak Up Deputy Lead Guardian (Operational Manager) accordingly;
 - 35.3. determine the process or procedure by which the concern should most appropriately be addressed, demonstrating the rationale for making that determination and communicating it clearly to the individual who has raised the concern;
 - 35.4. ensure that where further investigation into the concern and/or review of the issues raised is required this is undertaken in a timely fashion;
 - 35.5. ensure the Freedom to Speak Up Lead Guardian or Freedom to Speak Up Deputy Lead Guardian (Operational Manager) receives regular updates on the progress of the investigation or review so that the central record of concerns can be updated;
 - 35.6. where appropriate, implement actions/recommendations resulting from the investigation or review in a timely manner and provide a report to the Freedom to Speak Up Lead Guardian or Freedom to Speak Up Deputy Lead Guardian (Operational Manager) of completed actions/recommendations; and
 - 35.7. ensure that, where the person raising the concern is known (or where their identity is suspected), there is no victimisation of the complainant or suspected complainant.
36. All **members of staff**
 - 36.1. have a duty to raise concerns which impact on the treatment and care of patients and health and well-being of employees in accordance with this policy;
 - 36.2. must ensure that colleagues who have raised a concern are not victimised for doing so; and
 - 36.3. if appropriate will be required to participate in any investigation or review.

What can I speak up about?

37. You can speak up about anything that gets in the way of patient care or affects your working life. That could be something which doesn't feel right to you: for example, a way of working or a process that isn't being followed; you feel you are being

- discriminated against; or you feel the behaviours of others is affecting your wellbeing, or that of your colleagues or patients.
38. Speaking up is about all of these things and it may therefore capture a range of issues, some of which may be appropriate for existing processes (for example, [HR Policies and Procedures](#) or the Trust's [Incident Reporting and Investigation Policy](#) and [Serious Incident Framework](#) . As is expressly stated in the [national Freedom to Speak Up Policy](#), "That's fine". As an organisation, we will listen and work with you to identify the most appropriate way of responding to the issue you raise.
39. The choice of process by which a concern should be addressed will depend upon the nature of the issue to which the concern relates.
- 39.1. For example, a concern about employment that affects not only the individual raising the concern (e.g. concern that a bullying culture prevails across a team or department) may be addressed under [HR Policies and Procedures](#).
- 39.2. Where a concern is raised about something that has been (or should be) reported as an incident, this will be investigated in accordance with the Trust's [Incident Reporting and Investigation Policy](#) adhering to the [Serious Incident Framework](#) where appropriate.
- 39.3. Any concerns relating to safeguarding will be handled in accordance with [OUH Safeguarding Policies and Procedures](#) .
- 39.4. Where a concern is raised which challenges a management decision, e.g. that a proposed reconfiguration of a service may lead to unsafe working conditions, this should first be addressed within the management structure and if it cannot thus be satisfactorily resolved then it may be referred to the Trust Chair who will ultimately be the arbiter of whether further objective scrutiny should be undertaken and if so by what process.
- 39.5. If a member of staff is unsure what is the most appropriate route, advice can and should be sought from the Freedom to Speak Up Lead Guardian, Deputy Guardian, one of the Freedom to Speak Up Local Guardians, an HR Consultant or a Respect and Dignity Ambassador. '[Signposting – Employee Concerns](#)' also provides further information about how different types of concerns can be raised and the process for resolving them.
40. Where there are concerns about the fitness of a director or equivalent, reference should be made to the Trust's [Fit and Proper Persons Policy](#) and advice sought from the Chief People Officer or Director of Workforce.
41. All staff have the right and the duty to raise their concerns and staff who are healthcare professionals may also have a professional duty to report their concerns. If a member is in any doubt about a concern, they are asked to raise it.
42. Staff do not need to wait for proof. The Trust would like staff to raise any concerns at the earliest opportunity. It does not matter if they turn out to be mistaken. So long as the member of staff is genuinely troubled and there is no malicious intent, staff are encouraged to raise the concern.

Who can I speak up to?

Speaking up internally

43. Most speaking up happens through conversations with supervisors and line managers where challenges are raised and resolved quickly. The Trust strives for a culture where that is normal, everyday practice and encourage you to explore this option – it may well be the easiest and simplest way of resolving matters.

44. However, you have other options in terms of who you can speak up to, depending on what feels most appropriate to you:
- 44.1. Senior manager, or director with responsibility for the subject matter you are speaking up about.
 - 44.2. The Clinical Governance [team](#) on 01865 222566 or via an incident report form (where concerns relate to patient safety or wider quality).
 - 44.3. Where concerns relate to fraud these can be reported to the Trust's [Local Counter Fraud team](#) (also known as Anti-Crime Specialists)
 - 44.4. Our Freedom to Speak Up Guardian and team, whose details are published on the [FtSU intranet site](#). They can support you to speak up if you feel unable to do so by other routes. They will ensure that people who speak up are thanked for doing so, that the issues they raise are responded to, and that the person speaking up receives feedback on the actions taken. You can find out more about the guardian role on the [FtSU staff intranet pages](#) (and on the website of the [National Guardian's Office](#)).
 - 44.5. The Trust's [Human Resources](#) team.
 - 44.6. Your Trade Union representative.
 - 44.7. Our senior lead executive responsible for Freedom to Speak Up [currently, the Chief Assurance Officer, whose details are published on the [FtSU intranet site](#)] - they provide senior support for our speaking-up guardian and are responsible for reviewing the effectiveness of our FTSU arrangements.
 - 44.8. Our non-executive director responsible for Freedom to Speak Up [whose details are published on the [FtSU intranet site](#)]

Escalating concerns internally

45. If you still have concerns after exhausting those of the options outlined in paragraphs 43 and 44 that feel appropriate to you, then the matter may be escalated further either *via* the senior executive lead for FTSU or the non-executive lead for FTSU or *via* the Senior Independent Director or Chief Executive (see Step 3, Appendix 2).

Speaking up externally

46. If you do not want to speak up to someone within the Trust, you can speak up externally to:
- 46.1. [Care Quality Commission](#) (CQC) for quality and safety concerns about the services it regulates – more information about how the CQC handles concerns is available from their [website](#);
 - 46.2. [NHS England](#) for concerns about:
 - 46.2.1. how the Trust is being run;
 - 46.2.2. NHS procurement and patient choice;
 - 46.2.3. the national tariff.
 - 46.2.4. NHS England may decide to investigate your concern themselves, ask your employer or another appropriate organisation to investigate (usually with their oversight) and/or use the information you provide to inform their oversight of the relevant organisation. The precise action they take will depend on the nature of your concern and how it relates to their various roles.

- 46.3. Please note that neither the Care Quality Commission nor NHS England can get involved in individual employment matters, such as a concern from an individual about feeling bullied.
- 46.4. [NHS Counter Fraud Agency](#) for concerns about fraud and corruption, using their [online reporting form](#) or calling their freephone line **0800 028 4060**.
47. If you would like to speak up about the conduct of a member of staff, you can do this by contacting the relevant professional body such as the General Medical Council, Nursing and Midwifery Council, Health & Care Professions Council, General Dental Council, General Optical Council or General Pharmaceutical Council.
48. Paragraphs 24 and 25 provide information about making a 'protected disclosure'.

How should I speak up?

49. You can speak up to any of the people or organisations listed above in person, by phone or in writing (including email).

Confidentiality

50. The most important aspect of your speaking up is the information you can provide, not your identity.
51. You have a choice about how you speak up:
- 51.1. **Openly:** you are happy that the person you speak up to knows your identity and that they can share this with anyone else involved in responding.
- 51.2. **Confidentially:** you are happy to reveal your identity to the person you choose to speak up to on the condition that they will not share this without your consent.
- 51.3. **Anonymously:** you do not want to reveal your identity to anyone. NB *This can make it difficult for others to ask you for further information about the matter and may make it more complicated to act to resolve the issue. It also means that you might not be able to access any extra support you need and receive any feedback on the outcome.*
52. In all circumstances, please be ready to explain as fully as you can the information and circumstances that prompted you to speak up.

Advice and Support

53. Details of the support available to staff can be found on the [FtSU staff intranet pages](#), and your local [Staff Networks \(oxnet.nhs.uk\)](#) can be a valuable source of support. '[Signposting – Employee Concerns](#)' also provides further information about how different types of concerns can be raised and the process for resolving them.
54. Support may also be accessed through the Trust's [Employee Assistance Programme](#).
55. Staff can also contact:
- 55.1. their Trade Union representative or
- 55.2. their professional body (such as the Nursing and Midwifery Council, General Medical Council or Health and Care Professions Council).
56. Other sources of support include:
- 56.1. NHS England
- 56.1.1. [Support available for our NHS people](#).
- 56.1.2. [Looking after you: confidential coaching and support for the primary care workforce](#).

- 56.1.3. [Speaking Up Support Scheme](#).
- 56.2. [Speak Up Direct](#) provides free, independent, confidential advice on the speaking up process.
- 56.3. The charity [Protect](#) provides confidential and legal advice on speaking up.
- 56.4. The [Trades Union Congress](#) provides information on how to join a trade union.
- 56.5. [The Law Society](#) who may be able to provide signposting to other sources of advice and support.
- 56.6. The [Advisory, Conciliation and Arbitration Service](#) gives advice and assistance, including on early conciliation regarding employment disputes.

What will the Trust do?

- 57. The matter you are speaking up about may be best considered under a specific existing policy, process or procedure; for example, the Trust's [Respect and Dignity at Work \(Preventing Bullying and Harassment\) Procedure](#) for dealing with a prevailing culture of bullying and harassment in a team or department. We will discuss with you how best the matter that you are speaking up about should be considered. If you speak up about something that does not fall into an HR or patient safety incident process, the Trust will ensure that the matter is still addressed.

Investigation, review, resolution

- 58. The Trust supports its managers/supervisors to listen to issues raised and take action to resolve them wherever possible. In most cases, it is important that this opportunity is fully explored, which may be with facilitated conversations and/or mediation.
- 59. Where an investigation or further review is needed, this will be objective and conducted by someone who is suitably independent (this might be someone outside your organisation or from a different part of the organisation) and appropriately trained. It will reach a conclusion within a reasonable timescale (which we will notify you of), and a report will be produced that identifies any issues to prevent problems recurring.
- 60. Where an investigation identifies any employment issues these will be in line with the relevant Trust policy or procedure and in accordance with the just culture principles.

Communicating with you

- 61. You will be treated with respect at all times and will be thanked for speaking up. Whoever you speak up to will discuss the issues with you to ensure that they understand exactly what you are worried about. If they propose to confer with anyone else then they will let you know, and they will check with you whether you are happy to reveal your identity to someone else. If it is decided to investigate or undertake further review, you will be told how long the investigation or review is expected to take, and how you will be kept up to date with its progress. Wherever possible, the full report of the investigation or review will be shared with you (while respecting the confidentiality of others and recognising that some matters may be strictly confidential; as such it may be that we cannot even share the outcome with you).

How the Trust learns from your speaking up

- 62. The Trust wants speaking up to improve the services it provides for patients and the environment staff work in. Where it identifies improvements that can be made, the Trust will ensure necessary changes are made, and are working effectively. Lessons will be shared with teams across the organisation, or more widely, as appropriate.

Board Oversight

63. The Board will receive an annual report providing a thematic overview of speaking up by our staff to the Trust's FTSU guardians.

Failure to Comply

64. Where inappropriate behaviour or action, or failure of appropriate action, by an individual member of the workforce, has taken place in relation to any member(s) of staff speaking to raise concerns, this may be investigated and addressed using the Trust's Disciplinary Procedure. External employers e.g. third party contractors will be required to address such matters appropriately using their own internal procedures.

National Guardian Freedom to Speak Up

65. Where NHS trusts and foundation trusts may have failed to follow good practice in the treatment of staff who speak up to raise concerns, the National Guardian can independently review how staff have been treated, working with some of the external bodies listed above to take action where needed.

Training

66. There is no mandatory training associated with this policy. However, the following optional modules have been made available on My Learning Hub:

66.1. Module 1 "Speak Up" ([Speak Up](#)) is available to all staff and covers:

- What speaking up is and why it matters
- How to speak up and confidentiality
- Barriers to speaking up
- The role of the guardian and the National Guardian's Office
- Making a pledge.

66.2. Module 2 "Listen Up" ([Listen Up](#)), is aimed at leaders (after completion of Module 1) and covers:

- Fostering a speak up, listen up culture
- Supporting speaking up and listening well
- Perceptions of yourself and others and understanding conflicts of interest
- Welcoming feedback as a gift.

66.3. Module 3, "Follow Up" ([Follow Up](#)), is aimed at senior leaders including executive and non-executive directors, and governors. It should be undertaken after completion of Modules 1 and 2 and aims to promote a consistent and effective Freedom to Speak Up culture across the system which will enable workers to speak up and have confidence that they will be listened to and action will be taken.

66.4. Senior leaders are strongly encouraged to complete all three modules, *Speak Up*, *Listen Up* and *Follow Up* to ensure they have a full understanding of the speaking up process.

67. Anyone appointed to undertake an investigation or review to address any concern raised may seek guidance from the Divisional HR Consultant or Freedom to Speak Up Lead Guardian.

Monitoring Compliance

68. Compliance with the policy will be monitored in the following ways. All reports will maintain confidentiality and will not report individual identifiable data.

Aspect of compliance or effectiveness being monitored	Monitoring method	Responsibility for monitoring (job title)	Frequency of monitoring	Group or Committee that will review the findings and monitor completion of any resulting action plan
Confidential database managed by FtSU Lead Guardian and FtSU Deputy Lead Guardian (Operational Manager)	Review of concerns Identification of themes Learning from concerns raised	FtSU Lead Guardian	Quarterly	FtSU
Patient safety concerns	Review of concerns Identification of themes Learning from concerns raised	FtSU Lead Guardian	6 monthly	TME Clinical Governance Committee
Staff concerns	Review of concerns Identification of themes Learning from concerns raised	FtSU Lead Guardian	6 monthly	TME People and Communications Committee Quality Committee
Completion of data requests from the National Guardian office	Information submitted accurately and on time	FtSU Lead Guardian	Quarterly	National Guardian office

69. In addition to the monitoring arrangements described above, the Trust may undertake additional monitoring of this procedure as a response to the identification of any gaps or as a result of the identification of risks, arising from the procedure, prompted by incident review, external reviews, or other sources of information and advice. This monitoring could include:

- Commissioned audits and reviews
- Detailed data analysis
- Other focused studies

Results of this monitoring will be reported to the nominated Committee.

Review

70. Feedback will be sought from workers about their experience of speaking up.

71. This policy and local process will be considered annually by the FtSU Lead Guardian, who will include in the FtSU Annual Report presented to the Board their recommendations for any amendments required to maintain alignment with best practice.

72. A full review of the effectiveness of this policy and local process will be undertaken at least every three years, with the outcome published and changes made as appropriate.
73. Until such time as the review is completed and the successor document approved by the Board this policy will remain valid.

References

74. The [Public Interest Disclosure Act 1998 \(legislation.gov.uk\)](https://www.legislation.gov.uk), amending the *Employment Rights Act 1996*.
75. [Enterprise and Regulatory Reform Act 2013](#).
76. Health Service Circular 1999/198 - The Public Interest Disclosure Act 1998: Whistleblowing in the NHS.
77. [Department of Health and Social Care – The NHS Constitution for England \(Updated 1 January 2021\)](#)
78. [Freedom to Speak Up Report](#) by Sir Robert Francis QC (2015)
79. [NHS England » The national speak up policy](#) published June 2022

Equality Impact Assessment

80. As part of its development, this procedure and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation, religion or belief, gender reassignment, marriage and civil partnership and pregnancy and maternity. The completed Equality Impact Assessment can be found in Appendix 5.

Further Information

81. Further information can be found on the Trust's intranet site under [Freedom to Speak Up](#). '[Signposting – Employee Concerns](#)' also provides further information about how different types of concerns can be raised and the process for resolving them.

Document History

Date of revision	Version number	Reason for review or update
20 th August 2013	Version 2	Policy reviewed as planned.
	Version 3.1	Policy reviewed in line with 3 year review period and following publication of the Freedom to speak up: raising concerns (whistleblowing) policy for the NHS by NHS Improvement and NHS England.
July 2019	Version 3.2 Version 4.1	Updated following meeting with FTSU Lead Guardian Policy reviewed as planned
August 2019	Version 4.2	Second review
August 2019	Version 4.3	Review of Equality Impact Assessment
August 2019	Version 4.4	Signed off Equality Impact Assessment
September 2019	Version 5	Updated following feedback received during consultation
May 2022	Version 5.3	Policy reviewed to take into account key findings of the OUH Freedom to Speak Up Review 2021, and recommendations made in KPMG's internal audit report (July 2021) to ensure full alignment with best practice
June 2022	Version 5.13	Revised policy reviewed to incorporate the NHS England » The national speak up policy published June 2022

Date of revision	Version number	Reason for review or update
July 2022	Version 5.14	Draft revised policy supported by HR Policy Development Group
August 2022	Version 5.16	Draft updated following feedback received during consultation.

Appendix 1 – What will happen when I speak up?

The Trust will:

- thank you for speaking up;
- help you identify the options for resolution;
- signpost you to health and wellbeing support;
- confirm what information you have provided consent to share; and
- support you with any further next steps and keep in touch with you.

Steps towards resolution:

- engagement with relevant senior managers (where appropriate);
- referral to HR process;
- referral to patient safety process; and
- other appropriate steps - investigation, review, mediation etc.

Outcomes:

- The outcomes will be shared with you wherever possible, along with learning and improvement identified.

Escalation

- If resolution has not been achieved, or you are not satisfied with the outcome, you can escalate the matter further to the senior executive lead for FTSU or the non-executive lead for FTSU or to the Senior Independent Director or Chief Executive.
- Alternatively, if you think there are good reasons not to use internal routes, speak up to an external body such as the CQC or NHS England.

Appendix 2 – Speaking Up to Raise Concerns at Work

1. You do not need to have firm evidence before raising a concern in good faith, however, we do ask that you explain as fully as you can the information or circumstances that gave rise to your concern, including:
 - 1.1. dates, times and location of the matter of concern;
 - 1.2. if the concern is about another person, (e.g. an employee) their name, job title, employee group, employer;
 - 1.3. details of other employees who were present and may have observed the situation giving rise to your concern; and
 - 1.4. how you think the matter might best be resolved.
2. There are a number of different people and ways of raising your concern which are outlined in the three steps below, and others who you may wish to contact with specific concerns.
3. Once you have raised a concern, a meeting will be offered for you to discuss your concern as soon as possible and if necessary, to advise on the process by which an investigation or review may follow.

Step One

4. If you have concerns about issues at work, where the interests of others or the organisation are at risk, you should raise the matter first with your line manager or lead clinician or tutor (for students), where you feel able. This may be done verbally or in writing.
5. If you are a line manager with whom a concern has been raised, you should consider whether it meets the criteria of a “disclosure qualifying for protection” (see paragraph 25 of the Policy) and notify the Freedom to Speak Up Deputy Lead Guardian (Operational Manager) accordingly. In all cases, you should refer to the guidance available in Appendix 3.

Step Two

6. If you wish to raise a concern but feel unable, for whatever reason, to do so with your line manager or lead clinician, paragraph 44 of the policy sets out other options in terms of who you can speak up to, depending on what feels most appropriate to you. The options include the Freedom to Speak Up Guardians via fts@ouh.nhs.uk or otherwise using full contact details provided in the [FtSU staff intranet pages](#). Alternatively you may wish to speak to your Trade Union Representative to discuss your concern.
7. The Freedom to Speak Up Guardians have been given special responsibility and training in dealing with concerns and will:
 - 7.1. treat your concern confidentially, unless otherwise agreed;
 - 7.2. ensure you receive timely support to progress your concern;
 - 7.3. escalate to the board any indications that you are being subjected to detriment for raising your concern so that appropriate steps may be taken;
 - 7.4. remind the Trust of the need to give you timely feedback on how your concern is being dealt with; and
 - 7.5. ensure you have access to personal support to assist you, for example to manage any situations which may be stressful.
8. If you want to raise the matter in confidence, please say so at the outset so that appropriate arrangements can be made.

Step Three

9. If you still have concerns after pursuing options outlined in Step 2 then, if you haven't already done so, you may contact:
 - 9.1. Our senior lead executive responsible for Freedom to Speak Up [currently, the Chief Assurance Officer, whose details are published on the [FtSU intranet site](#)]
 - 9.2. Our non-executive director responsible for Freedom to Speak Up [whose details are published on the [FtSU intranet site](#)]
10. If you feel that you have exhausted the options that feel appropriate to you (options are outlined in paragraphs 43 and 44 of the policy), or you feel that the matter is so serious that you cannot discuss it with any of the above, please contact
 - 10.1. Chief Executive Officer; or
 - 10.2. The Senior Independent Director as identified amongst the [OUH Trust Board Directors](#) , whose contact details are provided on the [FtSU staff intranet pages](#).

Step 4

11. You can raise concerns formally with external bodies (see paragraph 46 of the policy for details of external bodies) or with '[prescribed persons](#)'.

Appendix 3 - Guidance for Managers to Whom a Concern has been reported or referred

1. As a manager, employees may approach you directly to raise concerns or you may be approached about concerns that were first raised through other channels. In some cases, the concerns raised may relate to suspected malpractice or wrongdoing or may otherwise amount to “disclosures qualifying for protection” under the [Public Interest Disclosure Act 1998 \(legislation.gov.uk\)](#), amending the *Employment Rights Act 1996* [“the 1998 Act”] (see paragraph 25 of the policy). Any such qualifying disclosures should be notified to the Freedom to Speak Up *Deputy Lead Guardian (Operational Manager)* who will record the disclosure and monitor its investigation to ensure that the individual who has raised the concern is afforded the protection conferred by the 1998 Act.
2. Below are some tips to help you deal with handling the situation whenever a concern has been raised. In all situations you should:
 - 2.1. Thank the employee for speaking to you and raising the matter.
 - 2.2. Take the employee’s concerns seriously and where applicable, aim to meet with them as soon as possible.
 - 2.3. Recognise that raising a concern can be a difficult experience for employees and offer them appropriate support as they may be feeling nervous or stressed.
 - 2.4. Ensure that the concern is being reported and addressed under the correct policy or procedure.
 - 2.5. Inform the employee how you will progress their concern and discuss reasonable timeframes for feedback.
 - 2.6. Respect the confidentiality of the individual if they have requested this.
 - 2.7. Where there are serious grounds for concern, or where further information is required, then the matter should be investigated or reviewed as soon as possible and within the given timeframe of one month wherever possible.
 - 2.8. Consider whether further investigation or review is required and, if so, under what process or procedure any investigation or review should be pursued, bearing in mind also the need to adhere to process/procedure when determining whether to commission an investigation or review (e.g. the Trust’s [Disciplinary Procedure](#) specifies the pre-assessment process to be completed before commissioning an investigation). If the concern raises issues that are very serious or wide-reaching you should ensure an appropriate level of seniority for the Investigating Officer or Reviewer. It may be appropriate to ask a senior member of staff from another Division to ensure impartiality.
 - 2.9. Ask for help or advice from your own management structure or the HR Department.
 - 2.10. Take prompt action to resolve the concern or refer it on to the appropriate person for action.
 - 2.11. Inform the Freedom to Speak Up Lead Guardian by sending a copy of the relevant documentation.
 - 2.12. Keep the employee informed of progress.
 - 2.13. Monitor and review the situation.
 - 2.14. Ensure appropriate feedback is given to the employee raising the concern, with due care not to infringe the rights or duties owed to other parties i.e. by having regard to confidentiality of other individuals.

- 2.15. Ensure employees reporting genuine concerns are not penalised, suffer retaliation or are subjected to any detriment as a result of raising concerns and advice should be sought from the HR Department where applicable.
- 2.16. Consider reporting to the Trust Board and/or an appropriate regulator the outcome of any genuine concern where malpractice or a serious safety risk was identified and addressed.
- 2.17. Provide a record of the concern raised and actions taken to address the concern to the Freedom to Speak Up Lead Guardian so that the central record of concerns raised under the Freedom to Speak Up - Raising Concerns (Whistleblowing) Policy can be updated. A form is available for this purpose on the [FiSU staff intranet pages](#).

Appendix 4 - A Vision for Raising Concerns in the NHS¹

1. Identifying that something might be wrong

I know that it is right to speak up.

My organisation is a supportive place to work.

I am regularly asked for my views.

I know how to raise concerns and have had training which explained what to do.

I know that I will not be bullied, victimised or harassed as a result of speaking up.

2. Raising a concern

My colleagues and managers are approachable and trained in how to receive concerns.

My organisation has a clear and positive procedure in place.

I know where to go for support and advice.

Concerns are taken seriously and clear records are kept.

Managers always explain what will happen and keep me informed.

3. Examining the facts

An independent, fair and objective investigation into the facts will take place promptly and without the purpose of finding someone to blame.

The investigation will be given the necessary resource and scope.

I am confident that any recommendations made will be based on the facts and designed primarily to promote safety and learning.

I will be kept informed of developments.

The process is kept separate from any disciplinary or performance management action.

4. Outcomes and feedback

Where there are lessons to be learned they will be identified and acted on.

I will be satisfied the outcome is fair and reasonable, even if I do not agree with it.

I will be told what was found out and what action is being taken.

A plan to monitor the situation will be put in place.

I feel confident that patients are safe and that my team remains a supportive place to work.

5. Reflecting and moving forward

I will be thanked for speaking up.

I will speak up again in future if the need arises.

I know that my concerns will be taken seriously and actioned as appropriate.

Lessons learnt will be shared and acted on by me and my colleagues.

I will advise and support others to speak up in future.

¹ Source: The [review by Sir Robert Francis QC \(2015\)](#) *Freedom to Speak Up: an independent report into creating an open and honest reporting culture in the NHS*

Appendix 5 - Equality Impact Assessment

1. Information about the policy, service or function

What is being assessed	Existing Policy / Procedure
Job title of staff member completing assessment	Corporate Governance Consultant
Name of policy / service / function:	Freedom to Speak Up – Raising Concerns (Whistleblowing) Policy
Details about the policy / service / function	<p>This policy incorporates the 'standard integrated policy' developed by NHS Improvement and NHS England in response to the review by Sir Robert Francis QC into whistleblowing in the NHS. It aims to:</p> <ul style="list-style-type: none"> • Set out the Trust's commitment to ensuring staff feel confident to speak up about any concerns they have relating to a risk, malpractice or wrongdoing that they believe is harming the service the Trust delivers to patients. • Set out a clearly defined process for employees to raise concerns. • Provide information regarding sources of support for staff in relation to raising concerns.
Is this document compliant with the Web Content Accessibility Guidelines?	Yes
Review Date	May 2025
Date assessment completed	09/05/2022
Signature of staff member completing assessment	
Signature of staff member approving assessment	

2. Screening Stage

Who benefits from this policy, service or function? Who is the target audience?

- Staff

Does the policy, service or function involve direct engagement with the target audience?

Yes

3. Research Stage

Notes:

- If there is a neutral impact for a particular group or characteristic, mention this in the ‘Reasoning’ column and refer to evidence where applicable.
- Where there may be more than one impact for a characteristic (e.g. both positive and negative impact), identify this in the relevant columns and explain why in the ‘Reasoning’ column.
- The Characteristics include a wide range of groupings and the breakdown within characteristics is not exhaustive, but is used to give an indication of groups that should be considered. Where applicable please detail in the ‘Reasoning’ column where specific groups within categories are affected, for example, under Race the impact may only be upon certain ethnic groups.

Impact Assessment

Characteristic	Positive Impact	Negative Impact	Neutral Impact	Not enough information	Reasoning
Sex and Gender Re-assignment – men (including trans men), women (including trans women) and non-binary people.			X		The Policy sets out the process and options available to any member of staff who wishes to raise a concern and sets out a clear process that should be followed and routes for escalation if concerns are not addressed.
Race - Asian or Asian British; Black or Black British; Mixed Race; White British; White Other; and Other			X		<p>The Trust is cognisant of the particular barriers to speaking up reported by Black and minority ethnic staff across the NHS (as reflected in responses received to the national NHS Staff Survey, and explored in research undertaken by the equalities charity brapⁱ and Roger Kline OBE Difference Matters: The impact of ethnicity on speaking up)</p> <p>The barriers to speaking up were further explored in the OUH FtSU Review 2021 which included an online Freedom to Speak Up Survey 2021</p> <p>The revised operational model for FtSU at OUH – now reflected in the Policy - has been developed to enhance accessibility to advice and support for all members of staff.</p>

Characteristic	Positive Impact	Negative Impact	Neutral Impact	Not enough information	Reasoning
Disability - disabled people and carers			X		The Policy sets out the process and options available to any member of staff who wishes to raise a concern and sets out a clear process that should be followed and routes for escalation if concerns are not addressed.
Age			X		The Policy sets out the process and options available to any member of staff who wishes to raise a concern and sets out a clear process that should be followed and routes for escalation if concerns are not addressed.
Sexual Orientation			X		The Policy sets out the process and options available to any member of staff who wishes to raise a concern and sets out a clear process that should be followed and routes for escalation if concerns are not addressed.
Religion or Belief			X		The Policy sets out the process and options available to any member of staff who wishes to raise a concern and sets out a clear process that should be followed and routes for escalation if concerns are not addressed.
Pregnancy and Maternity			X		The Policy sets out the process and options available to any member of staff who wishes to raise a concern and sets out a clear process that should be followed and routes for escalation if concerns are not addressed.
Marriage or Civil Partnership			x		The Policy sets out the process and options available to any member of staff who wishes to raise a concern and sets out a clear process that should be followed and routes for escalation if concerns are not addressed.

Characteristic	Positive Impact	Negative Impact	Neutral Impact	Not enough information	Reasoning
Other Groups / Characteristics - for example, homeless people, sex workers, rural isolation.			x		The Policy sets out the process and options available to any member of staff who wishes to raise a concern and sets out a clear process that should be followed and routes for escalation if concerns are not addressed.

Sources of information

Results of the [NHS Staff Survey](#)

Research undertaken by the equalities charity **brap** and Roger Kline OBE [Difference Matters: The impact of ethnicity on speaking up](#) which explored particular barriers to speaking up that have been reported by Black and minority ethnic staff across the NHS.

[Report on Key Findings of OUH FtSU Review 2021](#)

[OUH Freedom to Speak Up Survey 2021: Summary analysis of responses](#)

KPMG Internal Audit Report on Freedom to Speak Up (July 2021) – providing ‘significant assurance with minor improvement opportunities’.

Consultation with protected groups

The following groups were targeted for staff engagement and participation in the OUH FtSU Review 2021 and during Speak Up Month in October 2021 and beyond, and their feedback has been taken into account in revising the policy:

- BME Staff Network
- LGBT Staff Network
- Disability & Accessibility Staff Network
- Women’s Network
- Respect and Dignity Ambassadors

Consultation with others

All staff had the opportunity to provide feedback during the OUH FtSU Review 2021. Consultation also occurred with staff side colleagues during this time. All staff will also have the opportunity to comment on the draft policy as part of the consultation process

4. Summary stage

Outcome Measures

The key benefits of this Policy are:

- To support every member of staff to speak up freely, and ensure staff feel safe and supported to speak up.
- To ensure no one suffers any victimisation as a result of speaking up.
- To ensure issues highlighted as a result of staff speaking up are dealt with appropriately and lessons learnt.

The Policy will be available to all staff online, in a format that is compliant with accessibility requirements, ensuring that it will be compatible with ‘text to speech’ facilities. Upon request, it can be made available in large print hard copy.

Positive Impact

Through the raising of concerns about unsafe patient care; unsafe working conditions; inadequate induction or training of staff; lack of, or poor, responses to a reported patient safety incident there should be improved patient outcomes for diverse patient groups.

There may be a positive impact in particular for staff with protected characteristics if other policies/procedures have failed and the issue can be raised under this Policy (e.g. cases of a bullying culture across teams/departments).

An open and transparent culture will improve the work environment, including team dynamics, for all staff, including those with protected characteristics.

Unjustifiable Adverse Effects

List any identified unjustifiable adverse effects on protected groups along with actions that will be taken to rectify or mitigate them.

Data on the incidence of concerns raised by protected groups (which the Trust is required to submit as part of its data submission to the National Guardian’s Office) will be kept under review to evaluate if there are any adverse effects.

Justifiable Adverse Effects

List any identified unjustifiable adverse effects on protected groups along with justifications and any actions that will be taken to mitigate them.

None identified.

Equality Impact Assessment Action Plan

Complete this action plan template with actions identified during the Research and Summary Stages

Identified risk	Recommended actions	Lead	Resource implications	Review date	Completion date
Failure to disseminate knowledge and awareness of the Policy and process to be followed	Introduction of new Policy to build on the OUH FtSU Review 2021 which was supported by a comprehensive internal communications and engagement plan, developed with support of the Director of Communications, to include a series of staff engagement events, liaison with Staff Networks, and a trust-wide online Freedom to Speak Up Survey 2021	FtSU Lead Guardian and Exec Director Lead for FtSU	None	12 months	

Identified risk	Recommended actions	Lead	Resource implications	Review date	Completion date
<p>Failure to ensure that all staff can have confidence and feel secure to raise concerns</p>	<p>To implement comprehensive FtSU Action Plan, developed to address key findings of the OUH FtSU Review 2021 as well as recommendations made in Internal Audit Report on FtSU (July 2021), and any outstanding actions from implementation plan associated with OUH FtSU Strategy.</p>	<p>FtSU Lead Guardian and Exec Director Lead for FtSU</p>	<p>A revised operational model has been developed to support implementation of the FtSU Action Plan, funded via a release of funds from the Chief Finance Officer's and Chief Operating Officer's budgets with the remaining budget being released from a reprofile of the Chief Assurance Officer's budget.</p>	<p>12 months</p>	

ⁱ [brap | equality](#) charity: transforming the way we think and do equality

HR Policy Communication Plan

HR policy title:	Freedom to Speak Up Policy
Lead author:	Corporate Governance Consultant/FTSU Review Project Manager
Senior lead:	Chief Assurance Officer

Aim

- To ensure all staff (including managers) are aware of the updated OUH FTSU policy, complying with NHS England's requirement to adopt an updated national model policy

Key message(s) to be communicated

The policy has been updated in line with the updated national model policy and incorporates recommendations from the OUH FTSU Review 2021 and Internal Audit report (July 2021).

There is no substantive change to the key provisions of the policy, but the language and layout more clearly explain the aim of the policy, and how to achieve that aim *viz*

- to ensure that all matters raised as a concern are captured and considered appropriately.

If you have a concern about your employment that affects only you, then you should refer to the Trust's Grievance Procedure.

If you have a concern that affects not only you and which does, or could, adversely affect patient care or working life, then you are encouraged to explore the option of speaking first to your line manager or supervisor; and

the policy lays out other options in terms of who you can speak up to about your concern, depending on what feels most appropriate to you.

While many concerns raised may best be considered under a specific existing policy/process – often an HR or Patient Safety incident process – the policy provides that if you speak up about something that does not fall under an existing process, the Trust will ensure that the matter is still addressed.

The policy outlines the roles and responsibilities of the Freedom to Speak Up Lead Guardian and team in offering advice, signposting and support; working in collaboration with colleagues to promote a healthy speaking up culture throughout the Trust.

Support required from the Media and Communications Team

The updated policy will be communicated to all staff via the Staff Bulletin and NOW@OUH.

Other communication

- 'At a Glance', designed by OMI.
- Recommendation for inclusion at monthly Staff Briefing session for all staff with the Executive Directors

The dates set out below are based on the policy being approved at Trust Board currently scheduled for 9 November 2022. Should this change, the communication plan will be revised to reflect the new dates.

Date	Action	Method	Responsibility
31/10/22	Finalise FTSU Policy at a glance document	Discussion at CCWiLT and finalise content with OMI.	FTSU Review Project Manager
w/c 7/11/22	With support from Media and Communications Team draft the email to be sent from the Chief Assurance Officer launching the updated policy to all staff	Via MS Teams and email	FTSU Review Project Manager
w/c 7/11/22	Discuss and agree with Media and Communications Team the most appropriate monthly Staff Briefing session by the Executive Directors to include reference to the updated FTSU Policy.	Via MS Teams	FTSU Review Project Manager
w/c 7/11/22	Discuss and agree with the Media and Communications Team how best to cascade and engage with Retention of Employment staff	Via MS Teams	FTSU Review Project Manager
w/c 14/11/22	Update the HR Policies and Procedures folder on the intranet with the new version of the policy	Upload to HR Policies and Procedures folder on intranet (removing previous version where necessary)	HR Manager – Policies and Procedures
w/c 14/11/22	Archive the superseded policy/procedure	Move master copy from 'Current Policies' folder to 'Superseded Policies and Procedures' folder	HR Manager – Policies and Procedures
w/c 14/11/22	Launch updated policy to all staff	Via all staff email from Chief Assurance Officer and Interim FTSU Lead Guardian	FTSU Review Project Manager
w/c 14/11/22	Publish FTSU Policy at a glance document	Upload document to the FTSU intranet site	FTSU Review Project Manager
w/c 14/11/22 (following launch)	Include update regarding the policy in Now@OUH and the Staff Bulletin.	Draft the information, upload to Now@OUH and email a short summary to the Media and Communications Team (cc to HR Manager – Policies and	FTSU Review Project Manager

Date	Action	Method	Responsibility
email from CAO)		Procedures) for inclusion in the Staff Bulletin.	
w/c 14/11/22	Advise the Divisional Heads of Workforce, AHSN Head of Corporate Affairs and People and Staff Side Chair, Staff Side Secretary and LNC Chair via email (cc to HR Consultants, HR Advisors and Assistant Directors of Workforce) that the policy has been approved and any key changes that have been made to the policy.	Via email (including link to policy on the intranet)	HR Manager – Policies and Procedures
w/c 14/11/22	Advise the Trust PFI Team of the updated/new policy including any updates made to the Toolkit.	Via email to the PFI Data Assistant (including link to policy on the intranet)	HR Manager – Policies and Procedures
w/c 14/11/22	Brief all members of the FTSU team regarding the updated policy, in particular sources of support and escalation mechanisms	Via MS Teams and follow up by email	Interim FTSU Lead Guardian and FTSU Review Project Manager
w/c 21/11/22	Ensure HR Consultants and HR Advisors are clear of how the policy is being implemented within the division and wider organisation, including any local processes as appropriate.	Discussion with Divisional HR Team	Divisional Heads of Workforce
w/c 21/11/22	Advise managers within their division(s) that the policy has been approved (including link to policy on the intranet) and any key changes that have been made to the policy. Ensure managers are aware they are responsible for cascading the information to their teams.	NOTSSCaN – email to divisional managers Corporate – email to divisional managers MRC – present slide deck at divisional meetings. SuWOn – present slide deck at divisional meetings. CSS – present slide deck at divisional meetings.	Divisional Heads of Workforce and AHSN Head of Corporate Affairs and People
w/c 21/11/22 onwards (depending	Ensure the divisional management team are aware of the updated policy (including any key changes made) and any responsibilities they have under the policy.	Discuss policy at divisional management team meeting.	Divisional Heads of Workforce and AHSN Head of

Date	Action	Method	Responsibility
on meeting dates)			Corporate Affairs and People
w/c 21/11/22 onwards (depending on meeting dates)	Cascade information about the new policy throughout divisions and ensure managers are aware they are responsible for cascading the information to their teams.	<p>NOTSSCaN – arrange Q&A session with directorates</p> <p>Corporate – discussion at regular team meetings and during directorate performance meetings.</p> <p>MRC – circulation of Directorate Workforce report and discussion at divisional meetings.</p> <p>SuWOn – discussion at divisional meetings.</p> <p>CSS – discussion at divisional meetings.</p>	HR Consultants and HR Advisors
w/c 21/11/22 onwards	Cascade information about the updated policy to staff within their team/department.	Via team meetings, one to ones, and other department communication channels	Department managers
w/c 21/11/22 onwards	Cascade and promote the new policy on each of the five main sites	Displaying posters on noticeboards and responding to initial queries from staff	Freedom to Speak Up Champions with support of FTSU Guardians
w/c 21/11/22	Confirm with the Chairs of Trust Staff Networks that members are aware of the updated policy and offer to attend Staff Network meeting(s) to introduce the policy if required	Via email (cc to HR Manager – Policies and Procedures)	FTSU Review Project Manager