



# HR POLICY & PROCEDURE

## FREEDOM TO SPEAK UP:

### RAISING CONCERNS (WHISTLEBLOWING) POLICY

| DOCUMENT INFORMATION  |  |
|---|--|
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| <b>Equality Impact Assessment:</b>  | <b>Date August 2018</b>  |
| <b>Date of Issue:</b>   | <b>Date September 2018</b>   |
| <b>Created: September 2018</b>  | <b>Next Review: September 2021</b>   |
| <b>Version:</b>   | <b>1</b>   |
| <b>Author:</b>  | <b>Consultation &amp; Approval:</b><br><br>Policy signed off and published             |
| <b>This document replaces:</b><br><b>Whistleblowing Policy – May 2012</b> | <b>Notification of Policy Release:</b><br>Intranet/SCAS Website<br>Staff Notice Boards |
|   | <b>Date</b>  |

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## EQUALITY IMPACT ASSESSMENT

## **AN INTRODUCTION FROM WILL HANCOCK - CHIEF EXECUTIVE**

At South Central Ambulance Service NHS Foundation Trust, we recognise that to deliver high quality patient care and protect the interests of patients, staff and the organisation, we aim to encourage a culture of openness and transparency in which members of staff feel comfortable about raising concerns. By providing transparent and accountable procedures and channels for staff to raise concerns and having a culture of openness where staff can feel confident in raising any concerns they may have, issues can be addressed at the earliest opportunity, in the most appropriate way, so that positive steps can be taken to resolve them.

The Trust values and encourages an open culture and includes Caring, Teamwork and Professionalism in its values. We strive to make decisions in a transparent, inclusive and consultative manner, through a variety of groups and committees, such as our Workforce Development Board, JNCC, Partnership forums, Equality and Diversity Steering Board, and project working groups.

In the event of staff needing to raise concerns we encourage staff to use a variety of methods, both formal and informal, to speak up and raise concerns. These include:

- Through our established policies and procedures, e.g. grievance, dignity at work
- Through our incident reporting system
- Through line managers, HR team members, either directly or via our whistle-blowing (FTSU) policy
- \*drop-in sessions with our staff governors
- Formally via our nominated NED.

*\*the Trust has five elected staff governors on its council of governors. they play an important role in engaging with staff and finding out their views about the trust, particularly in relation to performance and the strategic direction of the Trust. It also provides an opportunity for staff to raise concerns. Staff governors engage with staff in a number of ways, including through 'drop in' sessions.*

You can report concerns directly with me as the Chief Executive or any Board member. Concerns may also be raised formally via the nominated Non-Executive Director or our FTSU guardian

An important aspect of accountability and transparency is a mechanism to enable staff to voice concerns in a responsible and effective manner. Where an individual discovers information which they believe shows serious risk, malpractice or wrongdoing within the organisation, this information should be disclosed internally without fear of reprisal, and there should be arrangements to enable this to be done.

It should be emphasised that this policy is intended to assist individuals who believe they have discovered malpractice or impropriety. It is not designed to question financial or business decisions taken by SCAS nor should it be used to reconsider any matters which have already been addressed under dignity at work, complaint, disciplinary or other procedures. It is recognised when staff have serious concerns about unlawful conduct, financial/professional malpractice, or risk to patients/other, it can be daunting to speak up about this and this policy aims to give staff the assurance that concerns will be listened to and outlines a fair and easy process for staff to raise such matters

Concerns raised under the South Central Ambulance Service NHS Foundation Trust Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy will be treated seriously and sensitively and as far as possible we shall try to retain your anonymity. Where practical, immediate steps will be taken to remedy the situation. However, the final outcome may take time to resolve depending on the issue that is raised.

## ***Speak up, we will listen***

Speaking up about any concern you have at work is really important. In fact, it's vital because it will help us to keep improving our services for all patients and the working environment for our staff. You may feel worried about raising a concern, and we understand this. But please don't be put off. In accordance with our duty of candour, our senior leaders and entire board are committed to an open and honest culture. We will look into what you say and you will always have access to the support you need.

This policy is designed to enable staff, volunteers and contractors to raise concerns internally and at a high level and to disclose information which the individual believes shows malpractice or impropriety. This policy is intended to cover concerns which are in the public interest and may be investigated but might then lead to the invocation of other procedures.

### **1. EQUALITY STATEMENT**

- 1.1 The Trust is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment and pregnancy/maternity or any other basis not justified by law or relevant to the requirements of the post. The Trust will therefore take every possible step to ensure that this procedure is applied fairly to all employees regardless of the aforementioned protected characteristics, whether full or part time or employed under a permanent or a fixed term contract or any other irrelevant factor.
- 1.2 By committing to a policy encouraging equality of opportunity and diversity, The Trust values differences between members of the community and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences in order to provide an exemplary healthcare service. The Trust is committed to promoting equality and diversity best practice both within the workforce and in any other area where it has influence.
- 1.3 Where there are barriers to understanding; for example, an employee has difficulty in reading or writing, or where English is not their first language, additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that the employee is not disadvantaged at any stage in the procedure. Further information on the support available can be sought from the HR Department.
- 1.4 Employees exercising their rights and entitlements under these regulations will suffer no detriment as a result.

### **2. WHO CAN RAISE CONCERNS?**

- 2.1. Anyone who works (or has worked) in the NHS, or for an independent organisation that provides NHS services can raise concerns. This includes agency workers, private provider organisations, temporary workers, students, volunteers and governors.

### **3. WHAT CONCERNS CAN I RAISE?**

- 3.1 You can raise a concern about risk, malpractice or wrongdoing you think is harming the service we deliver. Just a few examples of this might include but is by no means restricted to:
  - Unsafe patient care
  - Unsafe working conditions

- Inadequate induction or training for staff
- Lack of, or poor responses to a reported patient safety incident
- Suspicions of fraud (which can also be reported to our local counter-fraud team Lorraine Bennett 0865 986779 / 07779 030925 / lorraine.bennett@nhs.net) or the National Reporting Line 0800 0284060 / www.reportnhsfraud.nhs.uk
- A bullying culture (across a team or organisation rather than individual instances of bullying)

Remember that if you are a healthcare professional you may have a professional duty to report a concern, by a requirement of your professional body. If in doubt, please raise it.

Don't wait for proof. We would like you to raise the matter whilst it is still a concern. It doesn't matter if you turn out to be mistaken as long as you are genuinely troubled.

- 3.2 This policy is not to be confused with action on complaints; discipline, dignity at work and grievances, for which there are other appropriate Trust policies and procedures, which individuals should endeavour to use where appropriate.

#### 4. FEEL SAFE TO RAISE YOUR CONCERN

- 4.1 If you raise a genuine concern under this policy, you will not be at risk of losing your job or suffering any form of reprisal as a result. We will not tolerate the harassment or victimisation of anyone raising a concern. Nor will the Trust tolerate any attempt to bully you into not raising any such concern. Any such behaviour is a breach of our values and, if upheld following investigation, could result in disciplinary action.

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

##### Confidentiality

We hope you will feel comfortable raising your concern openly, but we also appreciate that you may want to raise it confidentially. This means that while you are willing for your identity to be known to the person you report your concern to, you do not want anyone else to know your identity. Therefore, we will keep your identity confidential, if that is what you want, unless required to disclose it by law (for example, by the police). You can choose to raise your concern anonymously, without giving anyone your name, but that may make it more difficult for us to investigate thoroughly and give you feedback on the outcome.

#### 5. WHO SHOULD I RAISE MY CONCERN WITH?

- 5.1 In many circumstances the easiest way to get your concern resolved will be to raise it formally or informally with your line manager or HR team, but where you don't think it is appropriate to do this, you can use any of the options set out below in the first instance.
- 5.2 If raising it with your line manager or HR team does not resolve matters, or you do not feel able to raise it with them, you can contact one of the following people:

our Freedom to Speak Up Guardian (or equivalent designated person) [ *details TBC* ]  
 – this is an important role identified in the Freedom to Speak Up review to act as an independent and impartial source of advice to staff at any stage of raising a concern,

with access to anyone in the organisation, including the Chief Executive, or if necessary, outside the organisation

- our risk management team – [risk@scas.nhs.uk](mailto:risk@scas.nhs.uk)

If you still remain concerned after this, you can contact:

- our Executive Director with responsibility for freedom to speak up  
– Melanie Saunders, Director of Human Resources and Organisation Development,  
[melanie.saunders@scas.nhs.uk](mailto:melanie.saunders@scas.nhs.uk)
- our Non-Executive director with responsibility for freedom to speak up Dr Priya Singh  
[priya.singh@scas.nhs.uk](mailto:priya.singh@scas.nhs.uk)

All these people have been trained in receiving concerns and will give you information about where you can go for more support.

If for any reason you do not feel comfortable raising your concern internally, you can raise concerns with external bodies details of which are detailed in section 8 below.

## 6. HOW SHOULD I RAISE MY CONCERN?

- 6.1 You can raise your concerns with any of the people listed above in person, by phone or in writing (including email).

Whichever route you choose, please be ready to explain as fully as you can the information and circumstances that gave rise to your concern.

## 7. WHAT WILL WE DO?

We are committed to the principles of the Freedom to Speak Up review and its vision for raising concerns, and will respond in line with the vision as set out in Appendix 2.

We are committed to listening to our staff, learning lessons and improving patient care. On receipt the concern will be recorded and you will receive an acknowledgement within 5 working days. The central record will record the date the concern was received, whether you have requested confidentiality, a summary of the concerns and dates when we have given you updates or feedback.

### 7.1 Investigation

Where you have been unable to resolve the matter quickly (usually within a few days) with your line manager, it may be appropriate to carry out a proportionate investigation – using someone suitably independent (usually from a different part of the organisation) and properly trained – and we will aim to reach a conclusion within a reasonable timescale (which we will notify you of). Wherever possible we will carry out a single investigation (so, for example, where a concern is raised about a patient safety incident, we will usually undertake a single investigation that looks at your concern and the wider circumstances of the incident<sup>1</sup>). The investigation will be objective and evidence-based, and will produce a

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<sup>1</sup> If your concern suggests a Serious Incident has occurred, an investigation will be carried out in accordance with the [Serious Incident Framework](#).

report that focuses on identifying and rectifying any issues, and learning lessons to prevent problems recurring.

We may decide that your concern would be better looked at under another process; for example, our process for dealing with bullying and harassment. If so, we will discuss that with you.

Any employment issues (that affect you and not others) identified during the investigation will be considered separately.

However, in line with Trust policy, knowingly making false or malicious allegations against other Trust employees will be dealt with under the disciplinary policy.

## **7.2 Communicating with you**

We will treat you with respect at all times and will thank you for raising your concerns. We will discuss your concerns with you to ensure we understand exactly what you are worried about. We will tell you how long we expect the investigation to take and keep you up to date with its progress. Wherever possible, we will share the full investigation report with you (while respecting the confidentiality of others).

We will expect you to respect the Trust and our efforts to investigate and correct any malpractice that is identified. These matters will be dealt with confidentially and we will require you also to maintain this. The Trust urges everyone to consider the wider implications of resorting to the use of any social media and would remind you that staff who use social media in their personal life should be mindful that inappropriate use could damage their own reputation and that of the Service. Social media sites cannot guarantee confidentiality and you must also be aware of the General Data Protection Regulations and any potential infringement by disclosing any personal identifiable data. If you feel dissatisfied with action taken, this policy outlines further steps you can take (Appendix 1) or appropriate external bodies you should go to (see section 8)

## **7.3 How will we learn from your concern?**

The focus of the investigation will be on improving the service we provide for patients. Where it identifies improvements that can be made, we will track them to ensure necessary changes are made, and are working effectively. Lessons will be shared with teams across the organisation, or more widely, as appropriate.

## **7.4 Board oversight**

The Board will be given high level information about all concerns raised by our staff through this policy and what we are doing to address any problems. We will include similar high level information in our annual report. The board supports staff raising concerns and wants you to feel free to speak up.

## 8. RAISING YOUR CONCERN WITH AN OUTSIDE BODY

8.1 The Trust would hope that our culture of openness gives our staff the confidence to raise concerns internally, through the appropriate channels. However should you feel you need to raise your concerns outside the organisation you can do via

**NHS Improvement** for concerns about:

- how NHS trusts and foundation trusts are being run
- other **providers with an NHS provider licence**
- NHS procurement, choice and competition
- the national tariff
- **Care Quality Commission** for quality and safety concerns
- **NHS England** for concerns about:
  - primary medical services (general practice)
  - primary dental services
  - primary ophthalmic services
  - local pharmaceutical services
- **Health Education England** for education and training in the NHS
- **NHS Protect** for concerns about fraud and corruption.
- **Local Counter Fraud Specialist** - Lorraine Bennett  
(Lorraine.bennett@nhs.net)

## 9. MAKING A 'PROTECTED DISCLOSURE'

9.1 There are very specific criteria that need to be met for an individual to be covered by whistleblowing law when they raise a concern (to be able to claim the protection that accompanies it). There is also a defined list of **'prescribed persons'**, similar to the list of outside bodies on page 8, who you can make a protected disclosure to. To help you consider whether you might meet these criteria, please seek independent advice from the **Whistleblowing Helpline** for the NHS and social care, **Public Concern at Work** or a legal representative.

## 10. MONITORING & REVIEW

The Trust has appointed a second Non-Executive Director who will be responsible for supporting the Board in the oversight of this policy, this will be monitored via our Audit committee. Additionally, we will review the effectiveness of this policy and associated process at least annually, with the outcome published and changes made as appropriate.

## 11. RELATED SCAS POLICIES

Grievance Policy  
Dignity at Work Policy  
Risk Management  
Information Governance Policy  
General Data Protection Regulations



IM&T Policies – Appendix H Guidance on Using Social Media  
NHS Code of Practice: Confidentiality  
Duty of Candour Policy  
Serious Incident Reporting Procedure  
Datix Reporting Procedure

## 12. REFERENCE MATERIALS

Freedom To Speak Up: Raising Concerns Policy for the NHS, April 2016  
[https://improvement.nhs.uk/Documents/27/Whistleblowing\\_Policy\\_Final.Pdf](https://improvement.nhs.uk/Documents/27/Whistleblowing_Policy_Final.Pdf)

Freedom to Speak Up: Raising Concerns, Guidance for Trust Boards  
[https://improvement.nhs.uk/documents/2468/Freedom\\_to\\_speak\\_up\\_guidance\\_May2018.pdf](https://improvement.nhs.uk/documents/2468/Freedom_to_speak_up_guidance_May2018.pdf)

## Process for raising and escalating a concern

### Step one

If you have a concern about a risk, malpractice or wrongdoing at work, we hope you will feel able to raise it first with your line manager, lead clinician or education team lead (for students) or HR team. This may be done orally or in writing.

### Step two

If you feel unable to raise the matter with your line manager, lead clinician or education team lead or HR team, for whatever reason, please raise the matter with our local Freedom to Speak Up Guardian(s):

*[Name TBC]*

*[TBC details]*

This person has been given special responsibility and training in dealing with whistleblowing concerns.

They will:

- treat your concern confidentially unless otherwise agreed
- ensure you receive timely support to progress your concern
- escalate to the Trust Board any indications that you are being subjected to detriment for raising your concern
- remind the organisation of the need to give you timely feedback on how your concern is being dealt with
- ensure you have access to personal support since raising your concern may be stressful.

If you want to raise the matter in confidence, please say so at the outset so that appropriate arrangements can be made.

### Step three

If these channels have been followed and you still have concerns, or if you feel that the matter is so serious that you cannot discuss it with any of the above, please contact one of the following:

Will Hancock, Chief Executive

Dr John Black, Medical Director

Melanie Saunders, Director of Human Resources and Organisation Development

Helen Young, Director of Patient Care and Service Transformation

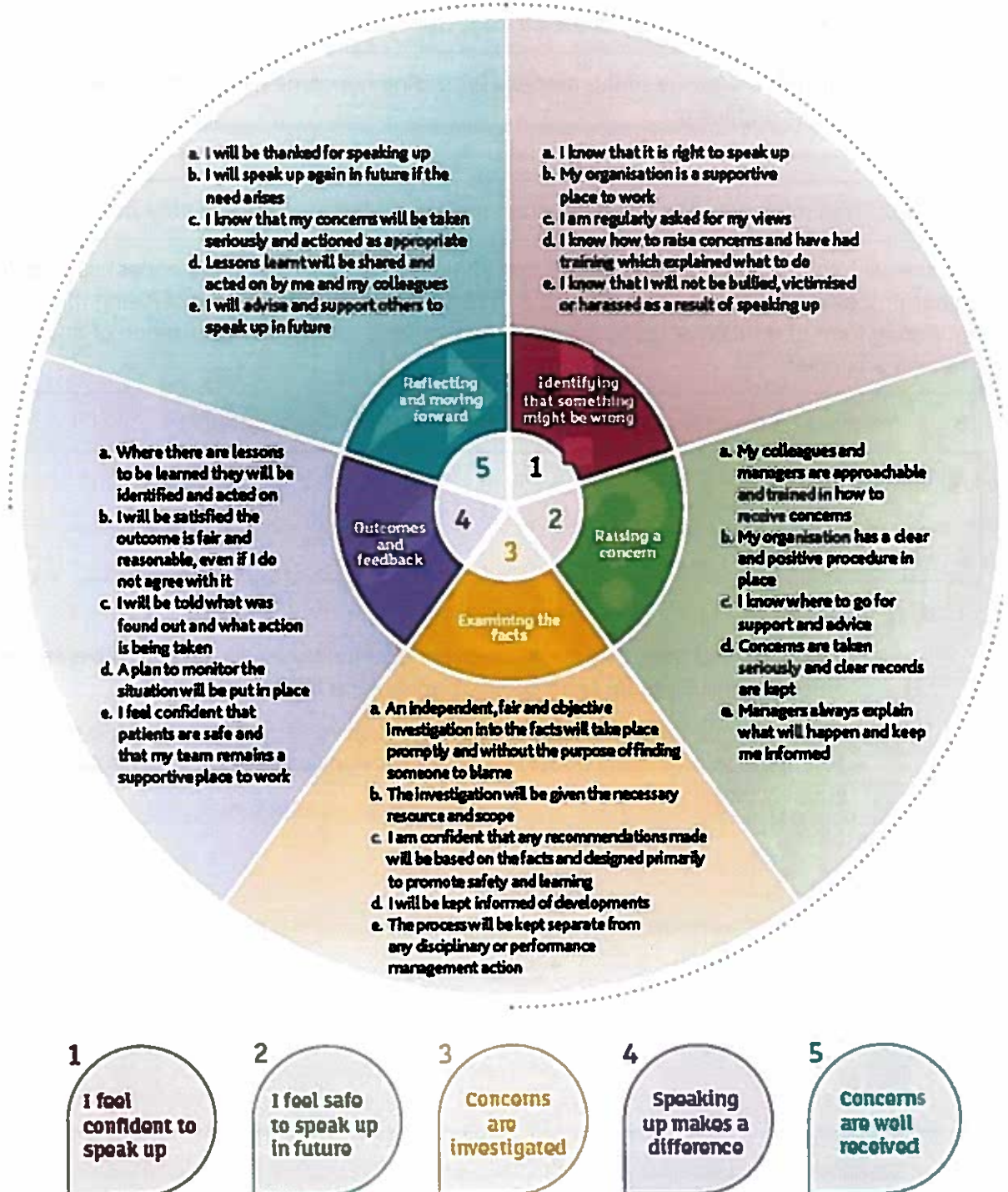
Dr Priya Singh, Non-Executive Director

### Step four

You can raise concerns formally with external bodies as detailed in section 8

A vision for raising concerns in the NHS

Source: Sir Robert Francis QC (2015) *Freedom to Speak Up: an independent report into creating an open and honest reporting culture in the NHS.*



**Equality Impact Assessment Form Section One – Screening**

Name of Function, Policy or Strategy: ..... **Freedom to Speak Up (Whistleblowing) Policy**.....

Officer completing assessment: ..... **Geraldine Shepherd**.....

Telephone: **01869 365193**

|   |
|---|
| <b>1. What is the main purpose of the strategy, function or policy?</b>   |
| To ensure all staff are aware of the process for raising concerns regarding to any risk, malpractice or wrongdoing  |
| <b>2. List the main activities of the function or policy? (for strategies list the main policy areas)</b>   |
| In line with the Trust's duty of candour and commitment to an open and honest culture, to give clear processes to enable staff to be able to raise concerns without fear of losing their job or suffering form of reprisal or being subjected to any harassment or victimisation of anyone raising a concern  |
| <b>3. Who will be the main beneficiaries of the strategy/function/policy?</b>   |
| All staff, patients   |
| <b>1. Use the table overleaf to indicate the following:-</b><br><b>a. Where do you think that the strategy/function/policy could have an adverse impact on any equality group, i.e. it could disadvantage them?</b><br><b>b. Where do you think that there could be a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relations within equality target groups?</b> |

|                           | Positive Impact                               | Negative Impact | Reasons  |
|---------------------------|---|-----------------|--|
| <b>GENDER</b>             | Women   | N/A             |  |
|                           | Men   | N/A             |  |
| <b>RACE</b>               | Asian or Asian British People                 | N/A             |  |
|                           | Black or Black British People                 | N/A             |  |
|                           | Chinese people and other people               | N/A             |  |
|                           | People of Mixed Race                          | N/A             |  |
|                           | White/white other                             | N/A             |  |
| <b>DISABILITY</b>         | Disabled People                               | N/A             |  |
| <b>SEXUAL ORIENTATION</b> | Lesbians, gay men and bisexuals               | N/A             |  |
| <b>AGE</b>                | Older People (60+)                            | N/A             |  |
|                           | Younger People (17 to 25) and children        | N/A             |  |
| <b>RELIGION/BELIEF</b>    | Faith Groups                                  | N/A             |  |
|                           | Equal Opportunities and/or improved relations | N/A             | Yes – ensuring that a fair and consistent process is followed for all Trust staff. |

**Notes:** Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and to the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

|   |                          |                          |
|---|--------------------------|--------------------------|
| <b>5. If you have indicated that there is a negative impact, is that impact:</b>  |                          |                          |
|   | <b>Yes</b>               | <b>No</b>                |
| <b>Legal</b> (it is not discriminatory under anti-discriminatory law)   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Intended</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Level of Impact</b>  | <b>High</b>              | <b>Low</b>               |
|   | <input type="checkbox"/> | <input type="checkbox"/> |
| If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form. |                          |                          |
| <b>6(a). Could you minimise or remove any negative impact that is of low significance? Explain how below:</b>   |                          |                          |
| <br>  |                          |                          |
| <b>6(b). Could you improve the strategy, function or policy positive impact? Explain how below:</b>   |                          |                          |
| <br>  |                          |                          |
| <b>7. If there is no evidence that the strategy, function or policy promotes equality, equal opportunities or improves relations – could it be adopted so it does? How?</b> |                          |                          |
| <br>  |                          |                          |

|  |  |
|--|--|
| <b>Please sign and date this form, keep one copy and send one copy to the Trust's Equality Lead.</b> |  |
| <b>Signed:</b>   | .....  |
| <b>Name:</b>   | ..... <u>Geraldine Shepherd</u> .....          |
| <b>Date:</b>   | ..... <u>22<sup>nd</sup> August 2018</u> ..... |

**Equality Impact Assessment Form Section Two – Full Assessment**

Name of Function, Policy or Strategy: .....

Officer completing assessment: .....

Telephone: .....

**Part A**

1. Looking back at section one of the EqIA, in what areas are there concerns that the strategy, policy or project could have a negative impact?

- Gender
- Race
- Disability
- Sexual Orientation
- Age
- Religion/Belief

2. Summarise the likely negative impacts:-

.....

.....

.....

3. Using the table below, give a summary of what previous or planned consultation on this topic, policy, function or strategy has or will take place with groups or individuals from the equality target groups and what has this consultation noted about the likely negative impact?

| Equality Target Groups | Summary of consultation planned or taken place |
|------------------------|--|
| Gender                 |  |
| Race                   |  |
| Disability             |  |

| Equality Target Groups | Summary of consultation planned or taken place |
|------------------------|--|
| Sexual Orientation     |  |
| Age                    |  |
| Religion/ Belief       |  |

4. What consultation has taken place or is planned with Trust staff including staff that have or will have direct experience of implementing the strategy, policy or function?

.....

.....

5. Check that any research, reports, studies concerning the equality target groups and the likely impact have been used to plan the project and guide or indicate what research you intend to carry out:-

| Equality Target Groups | Title/type of/details of research/report |
|------------------------|--|
| Gender                 |  |
| Race                   |  |
| Disability             |  |
| Sexual Orientation     |  |
| Age                    |  |
| Religion / Belief      |  |

6. If there are gaps in your previous or planned consultation and research, are there any experts/relevant groups that can be contacted to get further views or evidence on the issues?

Yes (Please list them and explain how you will obtain their views)

.....



.....  
 No

**Part B**

Complete this section when consultation and research has been carried out

- 7a. As a result of this assessment and available evidence collected, including consultation, state whether there will be a need to be any changes made/planned to the policy, strategy or function.
- 7b. As a result of this assessment and available evidence, is it important that the Trust commissions specific research on this issue or carries out monitoring/data collection?

(You may want to add this information directly on to the action plan at the end of this assessment form)

.....

8. Will the changes planned ensure that negative impact is:

Legal?  
(not discriminatory, under anti-discriminatory legislation)

Intended?

Low impact?

9a. Have you set up a monitoring/evaluation/review process to check the successful implementation of the strategy, function or policy?

Yes  No

9b. How will this monitoring/evaluation further assess the impact on the equality target groups/ensure that the strategy/policy/function is non-discriminatory?

Details:

.....

Please complete the action plan overleaf, sign the EQIA, retain a copy and send a copy of the full EQIA and Action Plan to the Trust's Equality Lead.

Signed: .....

Name: Geraldine Shepherd

Date: 22<sup>nd</sup> August 2018





**J**oint  
**C**onsultative  
**C**ommittee

## POLICY SIGN OFF AGREEMENT

Policy Name: FREEDOM TO SPEAK UP

*The undersigned agree to HR Policy above on behalf of the staff:*

Staff Representative: Kenny Davidson  
(Name in Print)

Signed: [Signature]

Union: UNITE Date: 17/9/18

Staff Representative: Tracy Jerrim  
(Name in Print)

Signed: [Signature]

Union: UNISON Date: 26/9/18

Staff Representative: \_\_\_\_\_  
(Name in Print)

Signed: \_\_\_\_\_

Union: \_\_\_\_\_ Date: \_\_\_\_\_

### Director of Human Resources and Organisational Development

Name: \_\_\_\_\_  
(Name in Print)

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

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