

**POLICY CONTROL DOCUMENT - 1**

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| POLICY TITLE | **MANAGEMENT OF CONCERNS (“Whistle blowing”) POLICY** |
| POLICY CODE | **HR 07** |
| NEW **/** REVISED or REPLACES +code | **Freedom of Speech/ Whistle blowing** |
| AUTHOR  (Name and title/role) | **Revised By Simon Denton (Senior HR Business Partner)** |

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| TRUST BOARD SUB-COMMITTEE WHICH APPROVED **ORIGINAL** VERSION | |
| (Name of Committee)  **Integrated Governance** | DATE OF APPROVAL **Nov 2007** |
| DATE OF NEXT REVIEW | **Q2/ FY 2015** |

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| COMMITTEE WHICH APPROVED **REVISED** VERSION | |
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| CURRENT VERSION PLACED ON INTRANET | DATE |

**CHAIR(S) OF APPROVING COMMITTEE**

**SIGNATURE(S)..................................................................................................**

**TITLE(S) ..........................................................................................................**

**DATE ......................................................................................................**

**POLICY CONTROL DOCUMENT - 2**

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| NUMBER OF PAGES (EXCLUDING APPENDICES) | **7** |
| **SUMMARY OF REVISIONS:**   * Amendments to reflect changes in legislation and best practice in the Trust. * Clarification of process. * Clarification that a separate investigation would be required in the event that further action under any Trust policy is required. * Introduction of interim report if investigation takes in excess of 6 weeks. * Introduction of monitoring via Integrated Governance Committee of any recommendations or action plans following investigation. | |

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| **Approval Checklist** | **✓** |
| **Healthcare Standard identified how the policy meets the standard stated**  **CQC regulation**  Outcome 4 – Care and welfare of people who use services  Outcome 7 – Safeguarding people who use services from abuse  Outcome 17 – Complaints | **✓** |
| **Consultation process undertaken**  **(Outline with whom)**  Staff-side representatives  HR Policy Committee  CEAC  Head of Information Governance | **✓**  **✓**  **✓**  **✓** |
| **Equality Impact Assessment completed** | **✓** |
| **Has the potential for an impact on a person’s human rights been considered** | **✓** |
| **Training implications assessed and agreed where relevant with Learning Advisory Committee** | **✓** |
| **Any resource implications for operational services discussed with the Chief Operating Officer** | **✓** |
| **Monitoring/audit arrangements included** | **✓** |

**All policies are copy controlled. When a revision is issued previous versions will be withdrawn. Uncontrolled copies are available but will not be updated on issue of a revision. An electronic copy with be posted on the Trust Intranet for information.**

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| Logo | | | | | | | | | | | | | | | | | | |  |  | Policy | | **HR 07** | |
|  |  | review  Q2 / 2015 | | | |
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| Policy applicable to - | | | | | |  |  |  | **All areas √** | | | | | |  |  |  | Specific Areas | | | | | |  |
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| 1 Aim | |
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| 1.1 | The purpose of this policy is to ensure that the Trust complies with the requirements of the Public Interest Disclosure Act 1998 and by so doing its workers, patients and the organisation benefit from this legislation which encourages an open, responsible and accountable culture.  The policy actively encourages workers to raise concerns at the earliest opportunity and to provide reassurance that they can do so without fear of victimisation, discrimination or disadvantage as a result of their actions.  The Trust may apply this policy to concerns raised through other routes, such as concerns raised with the CQC and passed to the Trust for comment/investigation. |
| 2 Legal and Policy Framework | |
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| 2.1 | In this policy “worker” means employees of the Trust, Governors, casual workers (including zero hours, sessional), bank, agency, trainees, secondments, volunteers and self-employed workers, . |

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| 2.2  2.3 | The Public Interest Disclosure Act 1998 amended the Employment Rights Act 1996 to provide protection for workers who raise legitimate concerns that the following specified matters:   * A criminal offence * A miscarriage of justice * An act creating a risk to health and safety * An act causing damage to the environment * A breach of any other legal obligation * Or concealment of any of the above   are being, or are likely to be, committed. It is not necessary for the worker to have proof that such an act is being, has been or is likely to be, committed. It is the Trust’s responsibility to investigate and there is no requirement for the worker to undertake any investigation into the matter.  A worker who makes such a protected disclosure in good faith has the legal right not to be dismissed, subjected to any other detriment or victimised because of making a disclosure.  The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 will introduce a Duty of Candour with effect from November 2014.  This will mean that health service bodies must act in an open and transparent way in relation to care and treatment and must notify the relevant person of safety incidents. |
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| 3 The Policy | |
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| 3.1 | **Principles:**   * The Trust recognises the importance of having a culture which encourages openness and constructive feedback to enable the organisation to speedily and effectively address issues * Everyone is responsible for preventing and eliminating wrongdoing at work Workers have a responsibility to be watchful for illegal or unethical conduct and report any concerns * Issues and concerns are most effectively addressed if they are reported at the earliest possible opportunity to someone in authority. * Any matter raised under this policy will be investigated thoroughly, promptly and confidentially. Where possible the outcome will be reported to the worker who raised the issue * No worker will be victimised for raising a matter under this procedure, even if the concern turns out to be not upheld. This means that the continued employment and opportunities for advancement or training will not be prejudiced because they have raised a legitimate concern in good faith * Any worker found to be bullying, harassing or victimising a worker for raising a qualified disclosure may be subject to disciplinary action * If misconduct is discovered as a result of any investigation under this procedure the Disciplinary Procedure may be invoked. In addition the involvement of the police or any other external body may also be required * An instruction to “cover up” a wrongdoing is a disciplinary offence. Any worker being issued such an instruction should report the matter to a Director of the Trust. Likewise any colleague who tries to discourage another member of staff from coming forward, or criticises or victimises them after voicing a concern, may find themselves liable to action under the Disciplinary Procedure * Maliciously making a false allegation is a disciplinary offence * The Trust will appoint a Non-Executive Director to ensure senior independent oversight of matters relating to whistle blowing * The Trust’s Audit Committee will also monitor the effectiveness of whistle blowing arrangements * If there is a need to protect a worker raising the concern, consideration will be given as to what temporary action should be taken to minimise contact between the complainant and any member of staff against whom the complaint has been raised.   Information, guidance and support are available for NHS workers raising concerns. Details of this are contained in the accompanying Guidance Notes. |
| 3.2 | Failure to report incidents of concern without a fair and reasonable justification may render an individual liable to disciplinary action by the Trust or their own employer. If appropriate professional registration bodies may also take action. Likewise, maliciously making false disclosures could lead to disciplinary action. |
| 3.3 | The Trust welcomes the raising of concerns internally in the first instance and will deal with these properly. Workers should note that they are also able to contact specific regulatory bodies directly, however, we encourage all staff to make use of the Trust's internal policies before reporting concerns externally as our aim is to promote an open culture. If any worker does not feel that the matter they have raised is being taken seriously or investigated sufficiently, they can raise it directly to a regulatory body as set out in Appendix 2 of this policy. |
| 3.4 | Some allegations or concerns may need to be subject to external and / or criminal procedures and this may affect the degree of control the Trust has in respect of the management of such circumstances. |
| 3.5 | Anonymous disclosures will be investigated. However, anonymous disclosures are not encouraged. The Trust will take all reasonable efforts to protect an individual’s identity and confidentiality in order to discourage anonymous disclosures. |
| **4** | **Threshold** |
| 4.1 | This procedure applies only to the 6 categories detailed in 2.2 above. It does not apply to disclosures about a breach of an individual’s own contract, which would be dealt with under the Grievance Policy. |
| 4.2 | Disclosures made under this policy will be initially reviewed by the Director of Finance (or nominated deputy) in consultation with at least one other member of the Executive to determine the appropriate process for investigation. Where necessary input should be sought from the Medical Director and / or Director of Nursing & Clinical Standards or others as appropriate. If the disclosure does not meet the criteria detailed in paragraph 2.2 above, it may be appropriate to investigate under the Grievance Policy, Disciplinary Policy or other Trust process. Where the identity of the worker making the disclosure is known, they should be advised of the process to be followed and expected timescales. |
| **5** | **Procedure** |
| 5.1  5.2  5.3  5.4  5.5  5.6  5.7  5.8  5.9  5.10  5.11  5.12  5.13  5.14  5.15 | Wherever possible concerns should be reported through normal line management processes.  Disclosers should preferably be made in writing. Verbal reports of concerns will be taken seriously by the Trust and the concerns will be documented as part of the investigation process.  If a worker asks for anonymity their identity would not be disclosed without consent. However anonymity cannot be guaranteed if, for example, criminal proceedings, disciplinary investigations or professional registration body referrals follow on from the internal investigation.  If a worker feels unable to report through their line management they are encouraged to register their concerns with a representative of the Trust (such as a member of the HR team, an appropriate Professional Lead, one of the Trust’s recognised Trade Unions or a senior manager or Board member).  Any disclosure received will be passed to the Director of Finance (or nominated deputy) who will, as stated above, discuss with at least one other member of the Executive. This process will determine the most appropriate process for investigation. If the disclosure is best addressed under this policy, the Director of Finance (or nominated deputy) will:   * Set Terms of Reference, nominate an appropriately qualified and trained Investigating Officer. The Investigating Officer should be a senior manager from outside of the Directorate under investigation. * Nominate Case Manager, who should be a senior manager, with the appropriate skills and knowledge, from outside of the service under investigation. * Notify the Non-Executive Director nominated to have senior oversight of whistle blowing. * Inform the worker making the disclosure and advise them of the timescales. * Advise the worker making the disclosure of the protection afforded to them under this policy.   As far as is reasonably possible, the Trust will commence an investigation into allegations or concerns raised under this policy, or associated with this policy, within 7 working days of the matter being raised formally under the accompanying procedures. It will seek to complete the investigation within 6 weeks. However timescales may necessarily be extended to take account of such factors such as the availability of witnesses and the complexity of the matters.  The Investigating Officer may be required to take written statements from the worker raising the concern and others.  If it appears that the investigation will take longer than 6 weeks to conclude, the Investigating Officer should provide an interim report to highlight any immediate concerns or actions that the Trust may want to address.  The Investigating Officer will report to the Director of Finance (or nominated deputy) who will oversee the investigation and ensure it proceeds in accordance with the Terms of Reference. The Investigating Officer should also copy the final report to the Senior HR Business Partner for the Directorate.  The Investigating Officer’s report should conclude whether the allegations or concerns are substantiated, partially substantiated or not substantiated. If the conclusion is that the concerns raised are substantiated or partially substantiated, the Investigating Officer is required to make recommendations. The Director of Finance (or nominated deputy) will decide (in consultation with the Medical Director and / or Director of Nursing if required) whether the recommendations are accepted and, if they are accepted, put appropriate arrangements in place to provide assurance that recommendations are implemented .  If action under the Disciplinary Policy is recommended a separate investigation will be required. A whistle blowing investigation will not automatically be sufficient to be used as the basis of a disciplinary case. A separate investigating officer would be appointed under the Disciplinary Policy and a separate investigation report produced.  On receipt of the Investigating Officer’s report, the Director of Finance will arrange for the report to be reviewed by the Executive. The Executive team will have responsibility for signing off the final report. Such sign-off must be obtained before any further actions or communications take place.  Once formal sign-off has been provided any recommended action plans and / or secondary investigations under other Trust procedures can commence. The Investigating Officer, in conjunction with local line management, will provide feedback to the individual who raised the concerns (where the identity is known) and to the individual(s) or team subject to investigation. Before providing feedback local managers and the Investigation Officer should consider, with HR advice if necessary, any support that teams or individuals may need.  If the worker is unhappy with the way in which their concern had been investigated, they are entitled to report the matter to the appropriate external authority as detailed in the legislation.  The Investigating Officer’s report and any associated action plan should be filed on the HR case folder and retained. After 3 months, the relevant Director(s) or Senior Manager(s) responsible for implementing action arising from the investigation should review the action plan and provide the Director of Finance and HR QIC with a brief report on action plan implementation. |
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| 6 Responsibilities | |  |
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| 6.1 | It is the responsibility of the Chief Executive and the Board to ensure that this policy is in place and is adhered to. The Director of Finance is responsible for ensuring that there are suitable and robust arrangements in place to enable this policy to operate effectively. |
| 6.2  6.3  6.4 | The Director of Finance (or nominated deputy) will be responsible for ensuring that the investigation is undertaken and concluded in a timely manner and that suitable facilities and resources are made available to the investigators. The Director of Finance is also responsible for ensuring that there are support services available to all staff involved, that relevant parties are kept suitably informed and, where appropriate, outcome actions are implemented. Director of Finance (or nominated deputy) in consultation with the Medical Director and / or Director of Nursing if required will also be responsible for reviewing the investigation report and for deciding whether or not any recommendations made are agreed by the Trust.  Case Managers will ensure that the investigation is undertaken in a timely manner and that appropriate resources and facilities are available to the Investigating Officer. The Case Manager is also responsible for ensuring support is available to the staff involved, that patients and carers are appropriately informed.  Investigating Officers will undertake their investigation in accordance with the Terms of Reference set and maintain confidentiality. |
| 6.5 | In dealing with reports and disclosures raised under this policy, all managers have the responsibility to: |
|  | * Take concerns seriously. * Consider them fully, objectively and with sensitivity. * Recognise that raising a concern can be a difficult experience for members of staff and to offer support. * Seek advice from other professional/advisory bodies/Trade Unions where appropriate. * Seek to investigate and resolve the matter as quickly as possible. * Maintain a record of complaints or concerns raised the process of investigation and the outcome. * Ensure that the complainant is informed of the outcome of the matter. * Ensure that there is no victimisation of members of staff raising concerns. * Ensure that protection is offered if the concern comes within the legal definitions covered by the Public Interest Disclosure Act. |
| 6.6 | The Trust’s Allegations Officer is responsible for ensuring that all allegations against workers with regard to the safeguarding of Vulnerable Adults and Children are investigated and reported in accordance with the recognised local Safeguarding arrangements. |
| 6.7 | It is the responsibility of staff to report all matters of concern through any suitable procedure without undue delay. Even if these concerns are subsequently proved to be unfounded but are raised in good faith, such reports can be invaluable in identifying potential weaknesses in Trust Policies, procedures and practices. |

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| 7 Training and Communication | |
| 7.1 | All staff appointed to the Trust will be advised of this policy and their rights and responsibilities within it, upon appointment and thereafter within associated training, briefing and learning opportunities. |
| 7.2 | Investigating Officers should have undertaken the Trust’s investigation training and should ideally have completed training on Root Cause Analysis investigation and have experience of complex investigations. They will usually be allocated a member of the HR team to support the investigation. |
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| **8** | **Other Relevant Policies** |
| 8.1 | Other relevant policies, procedures and guidance including those listed below should be read in conjunction with this policy and are available on the Trust’s Intranet:   * Discipline Procedure. * Grievance Procedure. * Incident Reporting and Management Policy. * Dignity at Work Policy |
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| 9 Monitoring and Evaluation |

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| **Criteria** | **Measurable** | **Lead person/group** | **Frequency** | **Reported to** | **Monitored by** | **Frequency** |
| Individual cases/ allegations raised under this policy | * Nature of allegation * Team/ward implicated * Duration of investigation * Outcome | Senior HR Business Partner | Weekly | Weekly Clinical Review Meeting | Executive Team | Weekly |
| The effectiveness of this policy will be assessed through analysis of incidents addressed and other data which may checked by the monitoring system | * Number of allegations received * Nature of allegations * Source of allegation (if identifiable) * Outcome * Exit interview feedback * Information from other sources as may indicate a short fall in the procedure or any impediment to employees making use of this procedure | Director of Finance | Quarterly | HRQIC | Integrated Governance Committee | Quarterly |
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| Appendices / Procedure Notes |

Appendix 1 – Notes of Guidance

Appendix 2 – List of Prescribed Persons

Appendix 3 – Equality Impact assessment – Screening ‘Partial’ Impact Assessment

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| Appendix 1 - Notes of Guidance |
| The primary purpose of this policy is to set out a process for the Trust to investigate issues of concern. The Trust will give a complainant as much feedback as possible. However, it may not be possible to tell employees the precise action taken where this would infringe a duty of confidence owed by the Trust to someone else.  Workers involved in raising or addressing issues raised under this policy are advised to keep clear and comprehensive records of actions they have taken in reporting and/or responding to concerns.  **Individuals Raising Concerns**  You should raise your concern with your line manager in the first instance. Ideally this should be in writing but it is not necessary to do so.  If you feel unable to raise the matter with your Line Manager for whatever reason, or are not satisfied with the outcome, please raise the matter, ideally in writing, with your Director, another Senior Manager, a member of the HR team, an appropriate Professional Lead, one of the Trust’s recognised Trade Unions or a Board member.  .  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 the Chair of the Board or the independent Non-Executive Director nominated to oversee whistle blowing who will treat such contacts in confidence, and arrange a meeting with you to investigate the matter fully.  The Trust recognises its accountability within the NHS and if your concern involves a very senior member of staff and/or you have exhausted the stages of this procedure, you may raise the matter with the Parliamentary and Health Service Ombudsman or a member of the ’prescribed person’ list set out below.  Information and guidance for NHS staff is available. Details of this are contained in the accompanying Guidance Notes. from the national whistle blowing helpline (08000 724 725) advice can also be sought via email at [enquiries@wbhelpline.org.uk](mailto:enquiries@wbhelpline.org.uk)  The service provides free, confidential advice for NHS staff who witness wrongdoing at work but who are unsure whether or not to raise their concern. It can be used to assist individuals to identify how best to raise their concern, and for advise on their rights under the [Public Interest Disclosure Act 1998](http://www.legislation.gov.uk/ukpga/1998/23/contents) (PIDA).  Additional guidance and support has also been provided for staff by a number of professional and regulatory Bodies, as follows:   * [British Medical Association](http://www.bma.org.uk/ethics/doctor_relationships/whistleblowing.jsp) (BMA) - guidance for doctors and medical students * [Nursing and Midwifery Council](http://www.nmc-uk.org/safeguarding) (NMC) - guidance and toolkits for nursing and midwifery * [Health Professions Council](http://www.hpc-uk.org/registrants/raisingconcerns/) (HPC) - guidance for health care professionals * [General Medical Council](http://www.gmc-uk.org/guidance/ethical_guidance/raisingconcerns.asp) (GMC) - guidance for doctors on raising and acting on concerns   You may also seek advice from Public Concern at Work, the Whistle Blowing Charity, telephone 020 7404 6609 or if your concern is about fraud, with the Trust’s Local Counter Fraud Specialist on 01993 811634 or 07779 030925 or the NHS Counter Fraud Line on 0800 028 40 60.  It is important that staff raise any personal interest in the matter at all stages of the procedure.  If the concern falls more properly within the grievance policy or other procedures the worker will be informed of this. If the worker is unhappy about the decision that a policy other than the ’whistle blowing’ policy should be followed they still have the right to raise the issue with a more senior manager or the relevant prescribed persons listed in Appendix 2 of the policy who may be contacted under the Public Interest Disclosure Act.  At any stage of the procedure, it is recommended that the matter be put in writing with as much detail as possible. Assistance with this may be sought through your line manager, a colleague, trade union or HR team representative.  If you wish your identity to remain confidential please specify this at the outset. If at any time your identity may need to be revealed, for example where your personal evidence is essential the matter will be discussed with you in advance. Anonymous disclosures will be investigated but this policy is not aimed at such cases. The Trust will take all reasonable efforts to protect an individual’s identity and confidentiality in order to discourage anonymous disclosures.  If you have not received a response within 7 working days you are encouraged to send a reminder before progressing the matter through an alternative route.  Once a worker has made a disclosure of their concern, the Trust will assess what action should be taken. This may involve an internal enquiry or a more formal investigation. The Trust will tell the member of staff who is investigating the issue they have raised, how they can be contacted and whether any further assistance may be needed from the member of staff. If a member of staff requests it, the Trust will write to them summarising their concerns and setting out how it proposes to resolve the situation, and confirming that the member of staff will be protected if the disclosure falls within the ‘qualifying disclosures’ covered in section 2 of this policy.  **Managers or Workers Receiving Disclosures**  Where a verbal disclosure is made the details should be written down and the worker requested to sign and date the disclosure.  Any disclosure received will be passed to the Director of Finance (or nominated deputy) who will arrange an investigation.  **Senior Managers / Executive Directors**  The Director of Finance (or nominated deputy) will review disclosures received under this policy. They will determine whether the concerns fall to be investigated under this policy or another relevant Trust policy. In reaching such a decision, the criteria for “whistle blowing” claims should be considered:  The Act stipulates that the following factors should be taken into account when assessing reasonableness:   * The identity of the person to whom the disclosure is made, e.g. relevant person/ Trust/professional body. * The seriousness of the concern. * Whether the matter is continuing or is likely to occur in the future. * Whether the disclosure is made in breach of a duty of confidentiality owed by the Trust to another person, e.g. to protect patient confidentiality. * Any action which the Trust or regulator has taken, or might reasonably be expected to have taken, as a result of a previous disclosure. * Whether the member of staff complied with an authorised procedure when raising the issue with the Trust.   The Director of Finance (or nominated deputy) will set Terms of Reference for the investigation which will include:   * Scope of the investigation * Timescales * The point at which an interim report is required   In determining the scope of the investigation the Director will also consider the number of witnesses / potential witnesses that need to be interviewed and the most open and effective way of taking witness statements within a reasonable time period.  The Director of Finance is also responsible for ensuring that the investigation is undertaken and concluded in a timely manner and that suitable facilities and resources are made available to the investigating officer.  Terms of Reference should explicitly state what needs to be investigated so that there is minimal opportunity for a difference of interpretation.  The Director of Finance is also responsible for ensuring that there are support services available to all staff involved, that relevant parties are kept suitably informed and, where appropriate, outcome actions are implemented.  **Investigating Officers**  Investigating Officers nominated to conduct an investigation into concerns raised under this policy or in association with this policy will commence preliminary enquiries within 7 working days of being asked to undertake the investigation and will endeavour to complete their investigation within 6 weeks, depending upon the complexity of the circumstances.  The policy states that if a worker requests anonymity, their disclosure should still be investigated. Investigating Officers should advise the worker that it may not be possible to guarantee their anonymity in all circumstances (for example if a matter needs to be referred to the police). If concerns cannot be properly investigated without revealing a worker’s identity this will be discussed with them and a decision made about how to proceed. If an individual does not consent to revealing their identity they should be informed that the investigation will proceed but it may be more difficult to investigate or to provide feedback.  If the investigation will take longer than 6 weeks, prepare an interim report detailing any concerns that you feel the Trust should address without delay.  Investigating Officers are responsible for completing a thorough investigation in accordance with the Terms of Reference set and for maintaining confidentiality.  Investigating Officers should maintain contemporaneous written records to support the investigation. Where notes of interviews are taken, these should be shared with the interviewee for comment. Any amendments made by the employee to the notes taken should be clearly identified and both sets of notes retained. In large or complex investigations, additional administration support may be needed to assist with this.  Human Resources support will normally be provided. The investigating manager should agree with Human Resources the level of support they expect (for example co-investigator, undertaking interviews or administrative support) so that HR staff, at an appropriate level of experience and seniority, are allocated to support the investigation.  Investigating Officers should send individuals a copy of notes taken during any interviews. This enables the interviewee to check the records for accuracy. However the process should not be delayed and interviewees should be given clear deadlines by which any amendments should be made.  The investigation report, together with any recommendations and / or action plans should be sent to the Director of Finance. The Director of Finance will take the report to the Executive Board who will decide whether the recommendations and / or actions are accepted. Once Executive sign-off has been confirmed the Investigating Officer will liaise with local managers as necessary to provide feedback to the individual who raised the concern and to the individual(s) or team subject to investigation. In providing feedback, the Investigating Officer and line manager should consider what support may be needed by individuals or teams; this may include additional management support, training or Occupational Health advice.  If the concerns raised could result in action under the disciplinary policy (or other procedure) the implications Investigating Officer will explain this to the worker.  If action under the Disciplinary Policy is subsequently recommended a separate investigation will be required. A whistle blowing investigation will not automatically be sufficient to be used as the basis of a disciplinary case. A separate investigating officer would be appointed under the Disciplinary Policy.  **Case Managers**  The Case Manager is responsible for ensuring that the investigation is undertaken and concluded in a timely manner and that suitable facilities and resources are made available to the investigating officer. The Case Manager is also responsible for ensuring support is available to the staff involved, that patients and carers are appropriately informed. |
| **Terms of Reference**  Terms of reference must specify the scope of the investigation and timescales. They should also instruct Investigating Officers that their investigation should conclude whether the allegations or concerns are substantiated, partially substantiated or not substantiated. If the conclusion is that the concerns raised are substantiated or partially substantiated, the investigating officer is required to make recommendations.  In some circumstances it is possible that the investigation concludes that the concerns are not substantiated but the investigation may have identified incidental concerns or areas for improvement. In such circumstances these should be detailed separately from the investigation report. It is important that continuous improvement takes place and, whilst such incidental concerns are outside of the whistle blowing investigation, these incidental concerns will be passed to the relevant teams to review and address. |
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**Appendix 2**

**A list of prescribed persons who may be contacted under the Public Interest Disclosure Act (update 2010)**

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|  | *Persons and descriptions of people* | *Descriptions of matters* |  |
|  | Accounts Commission for Scotland and auditors appointed by the Commission to audit the accounts of local government bodies. | The proper conduct of public business, value for money, fraud and corruption in local government bodies. |  |
|  | Audit Commission for England and Wales and auditors appointed by the Commission to audit the accounts of local government, and health service, bodies. | The proper conduct of public business, value for money, fraud and corruption in local government, and health service, bodies. |  |
|  | Certification Officer. | Fraud, and other irregularities, relating to the financial affairs of trade unions and employers' associations. |  |
|  | Charity Commissioners for England and Wales. | The proper administration of charities and of funds given or held for charitable purposes. |  |
|  | The Scottish Ministers. | The proper administration of charities and of funds given or held for charitable purposes. |  |
|  | Chief Executive of the Criminal Cases Review Commission. | Actual or potential miscarriages of justice. |  |
|  | Chief Executive of the Scottish Criminal Cases Review Commission. | Actual or potential miscarriages of justice. |  |
|  | Civil Aviation Authority. | Compliance with the requirements of civil aviation legislation, including aviation safety. |  |
|  | Office of Communications. | Matters relating to-- |  |
|  |  | (a) the provision of electronic communications networks and services and the use of the electro-magnetic spectrum; |  |
|  |  | (b) broadcasting and the provision of television and radio services; |  |
|  |  | (c) media ownership and control; and |  |
|  |  | (d) competition in communications markets. |  |
|  | The competent authority under Part IV of the Financial Services and Markets Act 2000. | The listing of securities on a stock exchange; prospectuses on offers of transferable securities to the public. |  |
|  | Commissioners of Customs and Excise. | Value added tax, insurance premium tax, excise duties and landfill tax.  The import and export of prohibited or restricted goods. |  |
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|  | Commissioners of the Inland Revenue. | Income tax, corporation tax, capital gains tax, petroleum revenue tax, inheritance tax, stamp duties, national insurance contributions, statutory maternity pay, statutory sick pay, tax credits, child benefits, collection of student loans and the enforcement of the national minimum wage. |  |
|  | Comptroller and Auditor General of the National Audit Office. | The proper conduct of public business, value for money, fraud and corruption in relation to the provision of centrally-funded public services. |  |
|  | Auditor General for Wales. | The proper conduct of public business, value for money, fraud and corruption in relation to the provision of public services. |  |
|  | Auditor General for Scotland and persons appointed by or on his behalf under the Public Finance and Accountability (Scotland) Act 2000 to act as auditors or examiners for the purposes of sections 21 to 24 of that Act. | The proper conduct of public business, value for money, fraud and corruption in relation to the provision of public services. |  |
|  | Audit Scotland. | The proper conduct of public business, value for money, fraud and corruption in public bodies. |  |
|  | Gas and Electricity Markets Authority. | The generation, transmission, distribution and supply of electricity, participation in the operation of an electricity interconnector (as defined in section 4(3E) of the Electricity Act 1989) and activities ancillary to these matters. |  |
|  |  | The transportation, shipping and supply of gas through pipes, participation in the operation of a gas interconnector (as defined in section 5(8) of the Gas Act 1986) and activities ancillary to these matters. |  |
|  | Water Services Regulation Authority. | The supply of water and the provision of sewerage services. |  |
|  | Convener of the Water Customer Consultation Panels and any member of those Panels. | The supply of water and the provision of sewerage services. |  |
|  | Water Industry Commission for Scotland. | The supply of water and the provision of sewerage services. |  |
|  | Water Industry Commissioner for Scotland. | The supply of water and the provision of sewerage services. |  |
|  | Director of the Serious Fraud Office. | Serious or complex fraud. |  |
|  | Lord Advocate, Scotland. | Serious or complex fraud. |  |
|  | Environment Agency. | Acts or omissions which have an actual or potential effect on the environment or the management or regulation of the environment, including those relating to pollution, abstraction of water, flooding, the flow in rivers, inland fisheries and migratory salmon or trout. |  |
|  | Scottish Environment Protection Agency. | Acts or omissions which have an actual or potential effect on the environment or the management or regulation of the environment, including those relating to flood warning systems and pollution. |  |
|  | Food Standards Agency. | Matters which may affect the health of any member of the public in relation to the consumption of food and other matters concerning the protection of the interests of consumers in relation to food. |  |
|  | Financial Services Authority | The carrying on of investment business or of insurance business; the operation of banks and building societies, deposit-taking businesses and wholesale money market regimes; the operation of friendly societies, benevolent societies, working men's clubs, specially authorised societies, and industrial and provident societies; the functioning of financial markets, investment exchanges and clearing houses; money laundering, financial crime, and other serious financial misconduct, in connection with activities regulated by the Financial Services Authority. |  |
|  | The Financial Reporting Council Limited and its operating bodies the Professional Oversight Board, the Financial Reporting Review Panel and the Accountancy and Actuarial Discipline Board | Matters relating to-- |  |
|  |  | (a) the independent oversight of the regulation of the accountancy, auditing and actuarial professions; |  |
|  |  | (b) the independent supervision of Auditors General (as defined in section 1226 of the Companies Act 2006); |  |
|  |  | (c) the monitoring of major audits (as defined in section 525 of that Act for the purposes of that section or section 522, or paragraph 13(10) of Schedule 10 to that Act for the purposes of that paragraph); |  |
|  |  | (d) the registration of third country auditors (as defined in section 1261 of that Act); |  |
|  |  | (e) compliance with the requirements of legislation relating to accounting and reporting; and |  |
|  |  | (f) the investigation of the conduct of auditors, accountants and actuaries and the holding of disciplinary hearings in public interest cases (as defined in paragraph 24 of Schedule 10 to that Act).] |  |
|  | General Social Care Council. | Matters relating to the registration of social care workers under the Care Standards Act 2000. |  |
|  | Care Council for Wales. | Matters relating to the registration of social care workers under the Care Standards Act 2000. |  |
|  | Scottish Social Services Council. | Matters relating to the registration of the social services workforce by the Scottish Social Services Council. |  |
|  | Children's Commissioner | Matters relating to the views and interests of children. |  |
|  | Commissioner for Children and Young People in Scotland | Matters relating to promoting and safeguarding the rights of children and young people. |  |
|  | Children's Commissioner for Wales. | Matters relating to the rights and welfare of children. |  |
|  | Health and Safety Executive. | Matters which may affect the health or safety of any individual at work; matters, which may affect the health and safety of any member of the public, arising out of or in connection with the activities of persons at work. |  |
|  | Regulator of Social Housing. | The registration and operation of registered social landlords, including their administration of public and private funds and management of their housing stock. |  |
|  | Local authorities which are responsible for the enforcement of health and safety legislation. | Matters which may affect the health or safety of any individual at work; matters, which may affect the health and safety of any member of the public, arising out of or in connection with the activities of persons at work. |  |
|  | Independent Police Complaints Commission. | Matters relating to the conduct of a person serving with the police (as defined in section 12(7) of the Police Reform Act 2002) or of any other person in relation to whose conduct the Independent Police Complaints Commission exercises functions in or under any legislation. |  |
|  | Information Commissioner. | Compliance with the requirements of legislation relating to data protection and to freedom of information. |  |
|  | Scottish Information Commissioner. | Compliance with the requirements of legislation relating to freedom of information. |  |
|  | Care Quality Commission. | [Matters relating to-- |  |
|  |  | (a) the registration and provision of a regulated activity as defined in section 8 of the Health and Social Care Act 2008 and the carrying out of any reviews and investigations under Part 1 of that Act; or |  |
|  |  | (b) any activities not covered by (a) in relation to which the Care Quality Commission exercises its functions |  |
|  | [The Independent Regulator of NHS Foundation Trusts | Matters relating to-- |  |
|  |  | (a) the regulation and performance of NHS foundation trusts; and |  |
|  |  | (b) any activities not covered by (a) in relation to which the Independent Regulator of NHS Foundation Trusts exercises its functions under the National Health Service Act 2006. |  |
|  | National Assembly for Wales. | Matters relating to the provision of Part II services as defined in section 8 of the Care Standards Act 2000 and the Children Act 1989. |  |
|  |  | Matters relating to the inspection and performance assessment of Welsh local authority social services as defined in section 148 of the Health and Social Care (Community Heath and Standards) Act 2003. |  |
|  |  | Matters relating to the review of, and investigation into, the provision of health care by and for Welsh NHS bodies as defined under the Health and Social Care (Community Health and Standards) Act 2003. |  |
|  |  | The registration and operation of registered social landlords, including their administration of public and private funds and management of their housing stock. |  |
|  | Scottish Commission for the Regulation of Care. | Matters relating to the provision of care services, as defined in the Regulation of Care (Scotland) Act 2001. |  |
|  | Pensions Regulator. | Matters relating to occupational pension schemes and other private pension arrangements [including matters relating to the Regulator's objective of maximising compliance with the duties under Chapter 1 of Part 1 (and the safeguards in sections 50 and 54) of the Pensions Act 2008]. |  |
|  | Office of Fair Trading. | Matters concerning the sale of goods or the supply of services, which adversely affect the interests of consumers. |  |
|  |  | Competition affecting markets in the United Kingdom. |  |
|  | Office of Rail Regulation. | The provision and supply of railway services. |  |
|  | Standards Board for England. | Breaches by a member or co-opted member of a relevant authority (as defined in section 49(6) of the Local Government Act 2000) of that authority's code of conduct. |  |
|  | Local Commissioner in Wales. | Breaches by a member or co-opted member of a relevant authority (as defined in section 49(6) of the Local Government Act 2000) of that authority's code of conduct. |  |
|  | Standards Commission for Scotland and the Chief Investigating Officer. | Breaches by a councillor or a member of a devolved public body (as defined in section 28 of the Ethical Standards in Public Life etc (Scotland) Act 2000) of the code of conduct applicable to that councillor or member under that Act. |  |
|  | Treasury. | The carrying on of insurance business. |  |
|  | Secretary of State for Business, Innovation and Skills. | Fraud, and other misconduct, in relation to companies, investment business, insurance business, or multi-level marketing schemes (and similar trading schemes); insider dealing. |  |
|  |  | Consumer safety. |  |
|  | Secretary of State for Transport. | Compliance with merchant shipping law, including maritime safety. |  |
|  | Local authorities which are responsible for the enforcement of consumer protection legislation. | Compliance with the requirements of consumer protection legislation. |  |
|  | Local authorities which are responsible for the enforcement of food standards. | Compliance with the requirements of food safety legislation. |  |
|  | A person ("person A") carrying out functions, by virtue of legislation, relating to relevant failures falling within one or more matters within a description of matters in respect of which another person ("person B") is prescribed by this Order, where person B was previously responsible for carrying out the same or substantially similar functions and has ceased to be so responsible. | Matters falling within the description of matters in respect of which person B is prescribed by this Order, to the extent that those matters relate to functions currently carried out by person A. |  |

**Appendix 3**

Equality Impact Assessment

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| **What is the likely positive or negative impact on people in the following groups?** |
| Older or younger peopleNone anticipated |
| People with disabilities  People who are learning or literacy disabled may find the requirement to put their concerns in writing difficult to comply with but the policy addresses this |
| People from different ethnic/cultural backgrounds (including those who do not speak English as a first language)  People who do not have English as their first language may find the requirement to put their concerns in writing difficult to comply with but the policy addresses this |
| Men, women or transgender people None anticipated |
| People with different religious beliefs or no religious beliefs None anticipated |
| Gay, lesbian, bisexual or heterosexual people None anticipated |
| People from a different socio-economic background None anticipated |

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| **Evidence** |
| What is the evidence for your answers above? Anecdotal evidence from casework |
| What does available research say?  Anecdotal evidence form casework suggest that staff from some cultural groups are reluctant to challenge authority |
| What further research would be needed to fill the gaps in understanding the potential difficulties or known effects of the policy?  Analysis of incidents and learning from outcomes |
| Have you thought about consulting/researching this gap? What would you need? |
| Does the policy need a Full Equality Impact Assessment? No |