

RAISING CONCERNS - WHISTLEBLOWING POLICY AND PROCEDURE

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|--------------------------------|--|
| Department / Service: | Human Resources |
| Originators: | Julie Stupart |
| Accountable Director: | Denise Harnin |
| Approved by: | The Key Document Approval Group |
| Designation: | Director of Human Resources and Organisational Development |
| Date of approval: | 15 th February 2016 |
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| Target Organisation(s) | Worcestershire Acute Hospitals NHS Trust |
| Target Departments | All Wards and Departments |
| Target staff categories | All staff categories |

Purpose of this document:

The aim of this policy and procedure is to identify how workers, volunteers and employees can raise concerns regarding malpractice at an early stage and in the right way.

Every member of staff has a right and a duty to raise concerns at the earliest reasonable opportunity about the provision of care or any other malpractice (such as a risk to patient safety, fraud or breaches of patient confidentiality) within the Trust where care and/or behaviour/conduct is believed to be inadequate or unacceptable.

In addition staff have duties imposed upon them to raise such concerns by their respective professional regulatory bodies.

It is vital that staff in the NHS feel empowered and expected to speak up for patients at the earliest opportunity, whenever patient safety may be compromised or potentially serious errors occur. Without the help of our staff, we cannot deliver a safe service and protect the interests of patients, employees and the Trust, whilst recognising that the interests of patients remain paramount should there ever be a conflict.

The Trust is committed to creating an environment and climate of openness where staff feel able to raise concerns about patient safety, reasonably and responsibly, without fear of exposure, or of suffering any detriment.

The aim of this policy is to set out the processes that encourage and enable all staff to raise genuine concerns so that such issues are addressed at an early stage and in the right way, without fear of penalties or reprisals.

Code:

References:

| | |
|---|--|
| Speaking up for a Healthy NHS - NHS Whistle-blowing Guidance issued 2 July 2010 | |
| Public Interest Disclosure Act 1998 as amended | |
| The Enterprise and Regulatory Reform Act 2013 | |
| Model Policy produced by the Social Partnership Forum commissioned by the Department of Health | |
| Trust Counter Fraud Policy | |
| Disciplinary Policy, Procedure and Guidance - WAHT-HR-017 | |
| Grievance Policy (WAHT-HR-027) | |
| Dignity at Work Bullying and Harassment Policy and Procedure (WAHT-HR-016) | |
| NHS Employers "Speak up for a Healthy NHS" | |
| NHS Constitution 2013 | |
| Speak up for a Healthy NHS - how to implement and review whistleblowing arrangements in your organisation guidance created by the Social Partnership Forum & Public Concern at Work | |
| Health and Safety policy WAHT-CG-125 | |
| Code of conduct for Employees in respect of confidentiality | |
| Francis Report and Trust's Action Plan in response to Francis | |
| NHS employers Guidance "Drawing the line - A manager's guide to raising concerns February 2015 | |

Key amendments to this Document:

| Date | Amendment | By: |
|---------------|---|-------------------------------|
| February 2005 | Document approved | |
| November 2007 | Documents reviewed and approved | |
| Nov 2010 | This policy replaces the Public Interest Disclosure (Whistle-Blowing) Policy for Raising Serious Concerns at Work | Debbie Drew |
| Nov 2010 | Amendments to reflect 2010 NHS Whistle-blowing guidance and lessons learned from Mid Staffs Inquiry | Debbie Drew |
| 27 April 2012 | Amendments to reflect latest advice and guidance | Sarah Woodall |
| Feb 14 | Revised policy replaces the previous version and incorporates amendments to the legislative framework and NHS Employers guidance | Julia Cross/ Sarah Woodall |
| June 15 | Revised policy to incorporate latest guidance and updates including; NHS Employers Guidance "Drawing the Line – a managers guide to raising concerns February 2015", detailed information on roles and responsibilities, enhanced guidance for investigating concerns raised with a model process flowchart. Also adds in role of Staff Support Advisers. | Julie Stupart |

Contents

| | |
|--|---|
| 1. Introduction | 4 |
| 2. Scope of the Policy | 4 |
| 3. Definitions | 6 |
| 4. Responsibility and Duties | 6 |
| 5. General Principles | 7 |
| 6. Our Assurances to Staff | 7 |
| 7. Raising Concerns | 8 |
| 7.1 How to raise a concern | 8 |
| 7.2 Independent Advice | 10 |
| 7.3 External Contacts | 10 |
| 7.4 Concerns re possible fraud, bribery and corruption | 10 |
| 8. Guidance for Investigating Concerns | 10 |
| 9. Financial risk assessment | 10 |
| 10. Equality requirements | 10 |
| 11. Consultation | 11 |
| 12. Approval process | 11 |
| 13. Implementation arrangements | 11 |
| 14. Dissemination process | 11 |
| 15. Training and awareness | 11 |
| 16. Monitoring and compliance | 11 |
| 17. Development of the Policy | 11 |
| 18. Appendices | 12 |
| <u>Appendix 1</u> | Contact Schedule |
| <u>Appendix 2</u> | Equality impact assessment for Trust-wide Policies |
| Appendix 3 | Checklist for the review and approval of key document |
| Appendix 4 | Plan for dissemination of key document |
| Appendix 5 | Financial risk assessment |
| Appendix 6 | Guidance for investigating concerns and model flowchart |

1. Introduction

The Trust is committed to delivering high quality patient services and conducting its business with honesty, openness, candour and integrity, and we require all staff to maintain these high standards. The Francis Report recommended ***"openness, transparency and candour throughout the healthcare system (including a statutory duty of candour), fundamental standards for healthcare providers"***. This policy is intended to support the achievement of this duty.

The Public Interest Disclosure Act 1998 as amended ("the Act") gives significant statutory protection to employees and workers who disclose information reasonably and responsibly in the public interest concerning malpractice in the workplace. The key principles are that of:

- The patient's interests being paramount.
- The NHS fostering a culture of openness and honesty.
- Staff being able to speak out on issues relating to serious malpractice, without fear of being penalised.

The Trust takes very seriously its duty to minimise the potential for malpractice in the workplace, and to fully investigate and remedy it, should it occur. It therefore regards its Raising Concerns – Whistleblowing Policy and Procedure as an essential tool in the process of identification and redress of malpractice.

Staff are very much encouraged to raise concerns at the earliest opportunity about safety, malpractice or wrongdoing at work. The Trust is committed to supporting all staff (including workers and volunteers) to raise concerns and will respond to and investigate these concerns. The Trust will continue to fully support staff even if they are found to be mistaken or their concerns prove not to be founded, unless such staff are considered to be acting maliciously or in breach of their legal duties. Further details relating to the protection we afford to staff are set out in section 2 below.

The aim of this policy is to provide an internal mechanism for reporting, investigating and remedying any wrongdoing in the workplace and also to ensure that in most cases staff should not find it necessary to alert anyone externally.

2. Scope of the Policy

Who can raise concerns?

Anybody working in the Trust may use this policy. This includes:

all employees, bank workers, agency workers, workers, volunteers, contractors, students, trainees of the Trust. Specifically all individuals working at all levels of the Trust, including Executive Directors, senior managers, officers, directors, employees, governors, consultants, contractors, trainees, home-workers, workers, agency staff and volunteers (collectively referred to as "staff" in this policy.)

The Trust expects volunteers and independent consultants to raise any concerns in line with the stated procedure. Whilst such individuals do not have any statutory rights to protection from detrimental treatment for making a protected disclosure under current legislation, the Trust encourages these individuals to raise genuine concerns they may have.

Disclosures that would be protected under the law are any disclosure of information which, in the reasonable belief of the worker making the disclosure, is made in the public interest and tends to show one or more of the following:-

- a) A criminal offence has been committed, is being committed, or is likely to be committed.
- b) That a person has failed, is failing, or is likely to fail to comply with any legal obligation to which he/she is subject.
- c) That a miscarriage of justice has occurred, is occurring, or is likely to occur.
- d) That the health or safety of an individual has been, is being, or is likely to be endangered.
- e) That the environment has been, is being, or is likely to be damaged.
- f) That information tending to show any matter falling within one of the preceding paragraphs has been, is being, or is likely to be deliberately concealed.

Issues of concern which may be raised include:

- Malpractice or ill treatment of a patient.
- Repeated ill treatment of a patient, despite a complaint being made.
- Suspected fraud (see paragraph 7.6 below, for the prescribed method of raising concerns about fraud).
- Breach of standing financial instructions
- Clinical misconduct/incompetence including mistreatment of patients
- Serious shortcomings in health services which place patients at risk
- Concerns about the welfare of patients and the care they are receiving
- Financial misconduct/ impropriety
- Criminal offences that have been committed, is being committed or likely to be committed that may impact upon a person's ability to carry out his/her role
- Failure to comply with a legal obligation
- Serious business misconduct/incompetence
- Disregard for legislation, particularly in relation to Health & Safety risk which could endanger life or causes serious injury
- Damage to the environment
- Any issue of serious concern to the Trust or public which it is feared may be deliberately concealed.

The above is not an exhaustive list of potential issues where whistleblowing concerns may be raised.

Relevant staff members have duties imposed upon them to raise such concerns by their respective professional regulatory bodies. In addition, section 21 of the NHS Agenda for Change Terms and Conditions of Service Handbook confirms that all employees working in the NHS have both a contractual right and duty to raise genuine concerns they may have with their employer about malpractice, patient safety, financial impropriety or any serious risks that they consider to **be in the public interest**.

This policy should not be used for complaints relating to personal circumstances. In appropriate cases the Grievance Policy (WAHT-HR-027) or the Dignity at Work Bullying and Harassment Policy and Procedure (WAHT-HR-016) will apply.

3. Definitions

Whistleblowing occurs “when a worker raises a concern about dangerous or illegal activity that they are aware of through their work” (Public Concern at Work).

A “protected” disclosure is one where a worker must have a reasonable belief that their disclosure is in the public interest.

A “whistleblower” is a person who raises a genuine concern in good faith relating to any of the above.

It is primarily for serious concerns where the safety or interests of others or of the Trust are at risk.

The working environment is defined as applying to all the premises of the Trust and also the culture in which the Trust works. The Trust encourages and supports staff to freely contribute their views on all aspects of health service operations, particularly those relating to the planning and delivery of patient care and patient services.

Under no circumstances should staff who raise concerns within this procedure be penalised or discriminated against for doing so.

4. Roles And Responsibilities

Reference to Senior Manager in this Policy and Procedure means the delegated budget holding manager of the staff member who is raising the concern. Divisional Operational Director/Director is either a Divisional Operational Director or another Director level member of staff who the person making the complaint is accountable to.

4.1 Managers are responsible for:

- Ensuring that all staff are familiar with and have access to this policy.
- Complying with the Trust’s procedures and principles as outlined.
- Ensuring concerns raised are taken seriously and responding to concerns in a timely fashion.
- Evaluating the basis of any claim brought to their attention and referring upwards to a more senior manager if appropriate.
- Respecting confidentiality when handling sensitive/confidential information, and maintaining anonymity where necessary.

4.2 Human Resources are responsible for:

- Ensuring staff are made aware of this policy and how they can access it.
- Advising managers and individuals in the application of the policy and procedure.
- Monitoring the application of the policy to ensure it is applied in a fair and consistent way to each concern raised.

- Keeping records, monitoring and auditing the number and nature of claims made, actions taken, and reporting this information to the Trust Board on an annual basis.

4.3 The person raising the concern is responsible for:

- Raising the concern as soon as possible in an objective and factual way, using this policy and accompanying procedure.
- Keeping records where possible of any incidents and potential witnesses.
- Cooperating with any investigation, if appropriate, including being available for interview (notice will be given), providing a statement and/or documentation.
- Maintaining confidentiality of patients and staff and any other individuals concerned.

5. General Principles

The Trust is committed to encouraging a policy of openness and participation in all aspects of its work and services.

The Trust will provide appropriate feedback to those that raise concerns to demonstrate that the concerns are being addressed and reassure those raising concerns that appropriate action has been taken

There does not need to be irrefutable evidence to raise a concern. If any employee is uncomfortable with what they have witnessed, or been told by a patient, for example, it is better to report it. The principle of if in doubt, speak up applies.

6. Our Assurances to our staff

6.1 Your Safety

The Board and Chief Executive are committed to this policy and procedure. If you raise a genuine concern under this policy and procedure, you will not be at risk of losing your job or suffering any form of retribution as a result. Provided you are acting in good faith, it does not matter if you are mistaken. This assurance may not be extended to someone who maliciously raises a matter they know is untrue. This may be a disciplinary matter for a member of staff to knowingly make a false allegation of malpractice in the workplace. It is also important to make clear that whistle-blowers should not be seeking personal gain from their whistle-blowing.

6.2 Your Confidence

We will not tolerate the bullying, harassment or victimisation of anyone raising a genuine concern. It is recognised that you may nonetheless want to raise a concern in confidence under this policy and procedure. If you ask us to protect your identity by keeping your confidence, we will not disclose it without your consent. If the situation arises where we are not able to resolve the concern without revealing your identity (for instance because your evidence is needed in court), we will discuss with you whether and how we can proceed.

If you do not tell us who you are, it will be more difficult for us to look into the matter or to protect your position or provide feedback however, the Trust will investigate all anonymous reports received and ensure the appropriate action is taken in accordance with this and any other relevant Trust policies.

6.3 Employee Representation

Staff have the right to consult, seek guidance and support from a professional organisation or trade union, and from statutory bodies such as the Nursing and Midwifery Council, the General Medical Council and the Boards of the Council for Professional Allied to Medicine.

In additional, confidential advice can be sought from an HR Adviser within the Trust. This support and advice can be sought at any stage of the procedure.

All staff have the right to be accompanied by a trade union representative or workplace colleague at any stage of the procedure.

7. Raising Concerns: Whistle-Blowing Policy and Procedure

Once you have told us of your concern, we will look into it to assess initially what action should be taken. This may involve an internal inquiry or a more formal investigation. We will tell you who will be handling the matter, how you can contact him/her and whether your further assistance may be needed. If you request it, we will write to you summarising your concerns and setting out how we propose to handle it.

You may be asked how you think the matter might best be resolved. If you do have any personal interest in the matter, we do ask that you tell us at the outset. If your concern falls more properly within the Trust's Grievance Procedure we will tell you.

While the purpose of this policy and procedure is to enable us to investigate possible malpractice and take appropriate steps to deal with it, we will give you as much feedback as we properly can. Please note, however, that we may not be able to tell you the precise action we take where this would infringe a duty of confidence owed by us to someone else.

At whatever stage the concern is raised it is essential that appropriate feedback is provided to those that raise concerns to demonstrate that the concerns are being addressed and reassure those raising concerns that appropriate action has been taken.

7.1 How to raise a concern

i. Staff Support Advisers

Trust employees who volunteer to act as a 'listening ear' to anyone who has a concern. They are fully trained to be able to offer impartial, confidential support and information to staff.

ii. Line Manager

Members of staff who wish to raise a matter of concern should first raise the issue with their line manager. This may be done verbally or in writing. The Line Manager/Lead Clinician is responsible for meeting with you and for

investigating the matter thoroughly following a similar procedure to that outlined in the Trust's Grievance Procedure.

The line manager will provide an initial written response within 7 working days of a member of staff raising or discussing their concern.

The line manager/nominated person investigating the concern will provide feedback to the member of staff who raised the concern so that they know that the matter has been taken seriously by the Trust.

If the concerns relate to the actions of their immediate line manager, then members of staff should raise their concern with the next level of management.

iii. Designated Senior Managers

Where members of staff believe their immediate line manager has not dealt with their concerns effectively, or the matter is considered more serious to require more senior input, staff should formally raise the matter in writing to the appropriate Divisional Operational Director/ Director.

They will acknowledge receipt of your concern and then meet with you within 14 days, subject to your availability. The meeting will either resolve your concern or agree on appropriate action to be taken such as further investigation. They will report back further after the investigation or any agreed action proposed within 7 working days.

If you are unsure who to contact at this level, please seek advice from the HR Department or your staff representative or seek independent advice as detailed in paragraph 7.2 below.

iv. Chief Executive

If your concern remains unresolved or you are not satisfied with the response, you may raise it with the Chief Executive or the Trust Chairman who will acknowledge receipt of your concern and then meet with you within 14 days, subject to the availability of all parties.

Alternatively the named Non-Executive Director responsible for Whistleblowing is Mr Stephen Howarth. He can be contacted confidentially through the Chief Executive's or Chairman's office on telephone number ext. 30883.

If you are unable to contact Mr Howarth telephone, you should write to him directly, care of the Trust Headquarters, Executive Suite, Sky Level, Worcestershire Royal Hospital. A personal appointment will then be made for you to meet with him. All correspondence should clearly state on the envelope **"To be Opened by Addressee only"** and this will be forwarded unopened to ensure confidentiality. Alternatively, any Non-Executive Director will be happy to discuss your concerns with you and can be contacted in the same way.

7.2 Independent Advice

If you are unsure whether to use the procedure or you want advice at any stage you may also seek guidance and support from your professional organisation or trade union, and from statutory bodies such as the Nursing and Midwifery Council, the General Medical Council and the Health and Care Professions Council.

Independent Advice can also be obtained from: -

- The NHS whistleblowing helpline on 0800 724 725. The helpline is available weekdays between 08.00 and 18.00 with an out of hours answering service on weekends and public holidays.
- The independent charity “public concern at work” on 020 7404 6609. They can provide free confidential advice at any stage about how to raise a concern about serious malpractice at work.

7.3 External Contacts

Please be certain that you have exhausted all internal options and that you are sure that your intentions are right, before considering reporting your concerns to a non-NHS agency.

An employee who has exhausted all locally established procedures, including reference to the Chief Executive, and have taken advice, might wish to consult with his or her Member of Parliament or any other statutory body, in confidence. As a courtesy, employees should notify the Chief Executive of this action.

7.4 Concerns regarding possible Fraud, bribery or corruption

For matters concerning suspected fraud, bribery or corruption you should contact the Trust’s Local Counter Fraud Specialist (LCFS) contact details Paul Westwood (07545 502400). Any information will be treated in strict confidence. The source of any allegation will not be disclosed to the subject of the investigation without consent.

It is important that interviews or investigations are undertaken only by the LCFS, who will ensure that all investigative work is carried out in compliance with the NHS Fraud and Corruption Manual.

In addition there is also a confidential “NHS Fraud and Corruption Reporting Line” on 0800 028 40 60, on which your concerns about fraud may be discussed. All calls are treated in confidence and callers may remain anonymous if they wish.

8 Guidance for Investigating Concerns

Guidance has been agreed and can be found in **Appendix 6**

9. Financial risk assessment

There are no direct financial risks associated with the policy (**Appendix 5**).

10. Equality requirements

In considering whistle-blowing incidents, the Trust is committed to ensuring that it treats its staff fairly, equitably and reasonably and that it does not discriminate against individuals or groups on the basis of their race, disability, sex, age, religion or belief, gender reassignment or sexual orientation. An Equality Impact

Assessment has been undertaken in accordance with Trust policy and attached as **Appendix 2**.

11. Consultation

The policy has been developed in partnership with the joint negotiating and Consultative Committee and has been subject to consultation with staff representatives.

12. Approval process

The policy has been approved by the Joint Negotiating and Consultative Committee (**Appendix 3**).

13. Implementation arrangements

The policy will be implemented immediately upon approval (**Appendix 4**).

14. Dissemination process

The policy will be placed in the Trust's Document Finder and on the HR pages on the Intranet and will be publicised through Chief Executive's briefing, the monthly HR News update, policy update briefings for managers and notified to the Trust Board by the Workforce and Organisational Development Group.

15. Training and awareness

Awareness of this Policy will be raised throughout the Trust. It will be included in all Induction training and will also form an integral part of all Management Development training.

Specific training will be provided for those managers who will be required to undertake formal investigations.

16. Monitoring and compliance

The HR Department will monitor individual cases that they are aware of.

The Workforce and Organisational Development Group and the JNCC will receive reports as and when the Whistle-blowing Procedure is applied.

The Trust Board will be made aware of any significant Whistle-blowing issues by the Director of Human Resources and Organisational Development.

17. Development of the Policy

This Policy will be reviewed after two years from the date of issue, or earlier, in light of changing circumstances/legislation.

18. Appendices

| | |
|-------------------|---|
| <u>Appendix 1</u> | Contact Schedule |
| <u>Appendix 2</u> | Equality impact assessment for Trust-wide Policies |
| Appendix 3 | Checklist for the review and approval of key document |
| Appendix 4 | Plan for dissemination of key document |
| Appendix 5 | Financial risk assessment |
| Appendix 6 | Guidance for Investigating Concerns with flowchart |

Appendix 1**Internal Contact Numbers****1. DIRECTORS**

Chief Executive ext 30883
Chief Medical Officer ext 30391
Chief Nurse ext 30391
Director of Human Resources and Organisational
Development 33904
Director of Resources and Deputy Chief Executive 30883
Director of Strategic Development

2. CHAIRMAN/NON-EXECUTIVE DIRECTORS

The Chairman and Non-Executive Directors can be contacted via the PA to
Chief Executive/Chairman.

3. CHIEF EXECUTIVE'S HOTLINE 39393.**4. LOCAL COUNTER FRAUD SPECIALIST**

0121 507 4719
07545 502400

If these numbers are not obtainable during leave etc. use 0121 507 4179.

5. HUMAN RESOURCES DEPARTMENT

Worcestershire Royal Hospital & Alexandra Hospital
Ext 44153 or 33858
(01905 760410)

6. TRADE UNIONS

Trade Union Representatives are available at each of the Hospital sites. If you
require advice or support the contact details of the various unions in the Trust are
provided in more detail on the Trust Intranet and you can obtain this information
by clicking on the link below and this will take you directly to the Union
Information page.

<http://www.worcsacute.nhs.uk/departments-a-to-z/union-information/>

EXTERNAL USEFUL CONTACTS

1. Public Concern At Work:

Public Concern At Work is an independent charity whose lawyers can give you free confidential advice about raising concerns regarding serious malpractice at work. Telephone 020 7404 6609 or got to www.pcaw.org.uk

2. The [National Whistleblowing Helpline](http://www.nwhelpline.org.uk) provides advice for staff on raising concerns and is also available to employers for advice about good policy and governance arrangements.

For free, independent and confidential advice call **08000 724 725** or email enquiries@wbhelpline.org.uk.

3. The Health and Safety Executive

Contact can be made via - Concerns@hse.gsi.gov.uk or by phoning the concerns Team on 0300 0031647 in office hours, 8.30am – 5.00pm, Monday - Friday.

4. NHS Fraud and Corruption Reporting Line

0800 028 40 60

5. Department of Health

Customer Service Centre, Department of Health, Richmond House, 79 Whitehall, London SW1A 2NS. Email: dhmail@dh.gsi.gov.uk Telephone 020 7210 4850

6. Care Quality Commission (CQC)

Call them on 03000 616161

Email them at: enquiries@cqc.org.uk

Write to them at: CQC
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Appendix 2

Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

| | | Yes/No | Comments |
|----|---|--------|----------|
| 1. | Does the policy/guidance affect one group less or more favourably than another on the basis of: | | |
| | • Race | No | |
| | • Ethnic origins (including gypsies and travellers) | No | |
| | • Nationality | No | |
| | • Gender | No | |
| | • Culture | No | |
| | • Religion or belief | No | |
| | • Sexual orientation including lesbian, gay and bisexual people | No | |
| | • Age | No | |
| 2. | Is there any evidence that some groups are affected differently? | No | |
| 3. | If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable? | N/A | |
| 4. | Is the impact of the policy/guidance likely to be negative? | N/A | |
| 5. | If so can the impact be avoided? | - | |
| 6. | What alternatives are there to achieving the policy/guidance without the impact? | N/A | |
| 7. | Can we reduce the impact by taking different action? | N/A | |

Appendix 3

Checklist for the Review and Approval of Key Document

To be completed by the key document author and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

| | Title of document being reviewed: | Yes/No/Unsure | Comments |
|-----------|--|--|-----------------|
| 1. | Title | | |
| | Is the title clear and unambiguous? | yes | |
| | Is it clear whether the document is a guideline, policy, protocol or standard? | yes | |
| 2. | Rationale | | |
| | Are reasons for development of the document stated? | yes | |
| 3. | Development Process | | |
| | Is the method described in brief? | yes | |
| | Identify which people have been involved in the development including stakeholders/users? | | |
| | Name | Job Title | |
| | Denise Harnin | Director of Human Resources and OD | |
| | Julie Stupart | Asst. Director of Human Resources | |
| | Kath Ackah | Unison Branch Chair | |
| | Shaunee Irvine | Interim Staff Chair - RCN representative | |
| | JNCC Staff Side | Unison, Unite, RCM, RCN, BAOT, | |
| | | Yes/No/Unsure | Comments |
| | Do you feel a reasonable attempt has been made to ensure relevant expertise has been used? | yes | |
| 4. | Content | | |
| | Is the objective of the document clear? | yes | |
| | Is the target population clear and unambiguous? | yes | |
| | Are the intended outcomes described? | yes | |
| | Are the statements clear and unambiguous? | yes | |

| | Title of document being reviewed: | Yes/No/Unsure | Comments |
|------------|--|---------------|-----------------------------------|
| 5. | Evidence Base | | |
| | Is the type of evidence to support the document identified explicitly? | yes | |
| | Are key references cited? | yes | |
| | Are the references cited in full? | yes | |
| | Are supporting documents referenced? | yes | |
| 6. | Approval | | |
| | Does the document identify which committee/group will approve it? | yes | |
| | If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document? | yes | |
| 7. | Dissemination and Implementation | | |
| | Is there an outline/plan to identify how this will be done? | yes | |
| | Does the plan include the necessary training/support to ensure compliance? | yes | |
| 8. | Document Control | | |
| | Does the document identify where it will be held? | yes | |
| | Have archiving arrangements for superseded documents been addressed? | yes | |
| 9. | Process to Monitor Compliance and Effectiveness | | |
| | Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document? | yes | There will be monitoring of cases |
| | Is there a plan to review or audit compliance with the document? | yes | |
| 10. | Review Date | | |
| | Is the review date identified? | yes | |
| | Is the frequency of review identified? If so is it acceptable? | yes | |
| 11. | Overall Responsibility for the Document | | |
| | Is it clear who will be responsible for co-ordinating the dissemination, | yes | |

| | Title of document being reviewed: | Yes/No/ Unsure | Comments |
|--|--|-------------------|----------|
| | implementation and review of the document? | | |

Individual Approval (this section to be completed by managerial/professional lead)

If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.

| | | | |
|-----------|--|------|--|
| Name | | Date | |
| Signature | | | |

Committee Approval

If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.

| | | | |
|-----------|---|------|----------------------------|
| Name | Denise Harnin | Date | 10 th July 2015 |
| Signature | On behalf of the Joint Negotiating and Consultative Committee | | |

Appendix 4

Plan for Dissemination of Key Documents

To be completed by the key document author and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

| | | | |
|--|---|---------------------------------------|----------------------|
| Title of document: | Raising Concerns – Whistleblowing Policy and Procedure | | |
| Date finalised: | | Dissemination lead: | |
| Previous document already being used? | Yes | Print name and contact details | |
| If yes, in what format and where? | Trust Policy document held on intranet under HR pages and Document Finder | | |
| Proposed action to retrieve out-of-date copies of the document: | Delete existing policy and replace with revised policy | | |
| To be disseminated to: | How will it be disseminated, who will do it and when? | Paper or Electronic | Comments |
| All staff | Daily Update New staff through induction | electronic | Verbal presentations |
| All staff | Publication on HR Document Finder | electronic | |
| Managers | Publication through the Monthly Trust Briefing | electronic | |
| Trust board | Through report to Integrated Governance Committee | electronic | |
| Managers | Line Managers Briefing Document | Electronic | |

Dissemination Record - to be used once document is approved.

| | | | |
|---|--|--------------------------------|--|
| Date put on register / library of procedural documents | | Date due to be reviewed | |
|---|--|--------------------------------|--|

| Disseminated to: (either directly or via meetings, etc) | Format (i.e. paper or electronic) | Date Disseminated | No. of Copies Sent | Contact Details / Comments |
|--|--|--------------------------|---------------------------|-----------------------------------|
|--|--|--------------------------|---------------------------|-----------------------------------|

Appendix 5

Financial Risk Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

| | Title of document: | Yes/No |
|----|--|---------------|
| 1. | Does the implementation of this document require any additional Capital resources | No |
| 2. | Does the implementation of this document require additional revenue | No |
| 3. | Does the implementation of this document require additional manpower | No |
| 4. | Does the implementation of this document release any manpower costs through a change in practice | No |
| 5. | Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff | No |

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration before progressing to the relevant committee for approval.

Guidance for investigating concerns raised under the Whistleblowing Policy and Procedure

Introduction

The investigation of concerns raised under the Whistle-blowing Policy and Procedure there are a number of considerations as follows:

- In cases reported under the Whistle-blowing Policy the whistleblower is a witness **not** a complainant and is raising the concern for others to investigate.
- Concerns may be raised in confidence and it is important that the difference between confidentiality and anonymity is made clear to the whistleblower.
- The whistle-blower is protected by the Public Interest Disclosure Act subject to certain requirements (see Trust's Whistleblowing Policy and Procedure).

Investigating concerns raised with line Managers

If a concern is raised with you under the terms of the Whistle-blowing Policy and Procedure it is important that you:

- support the individual who raises the concern;
- ensure that the whistleblower is not victimised or retaliated against for bringing the case forward;
- listen to the complaint, keep an open mind keep a written record of the initial conversation and if possible agree the accuracy with the individual;
- ensure that you understand what they are saying by clarifying facts;
- ensure that the person concerned understands the Whistle-blowing Policy and Procedure and that raising a genuine but unfounded concern will not expose them to disciplinary action but that maliciously raising false concerns is a disciplinary offence;
- explain that feedback will be given on the investigation of the concerns raised and that if the concern is raised confidentially their identity will not be disclosed without their consent.

Managing the Investigation

If contacted by an individual wishing to raise a concern under this policy, the individual should be given the option of a face to face meeting either on site or at an alternative agreed location. Where this is declined the individual may put their concerns in writing.

The purpose of a meeting is to clarify the substance and obtain further information about the concerns in terms of:

- what happened – the nature of the incident(s)
- who was involved
- when it occurred – dates and times
- where it occurred – locations
- who was present when incident(s) took place
- why it occurred (if possible)
- any effects on the whistleblower (including those which may have been experienced outside of work)
- any reaction of the person(s) concerned at the time of the incident

- the frequency of any incidents
- whether the individual has any personal interest in the matter
- whether the individual has or is pursuing any other complaints and/or if they have been subject to any recent investigations in respect of their conduct or competence
- any other issues relating to the concern.
- The investigating officer should then ensure the following:
- the statement is typed and agree a time with the person concerned to sign the statement and/or agree the contents
- confirm at this stage that the concern will be investigated in confidence but identify any person you feel you may have to contact to gain some initial advice
- state what happens next and the sequence and timetable of events; and
- ensure that the whistleblower has access to support counselling/advice if required and emphasise that any harassment or bullying will not be tolerated and must be reported immediately.

NB *Although any concerns raised under this policy are raised in confidence this does not mean that you are required to investigate alone. After considering all the facts you may feel it necessary to contact the whistleblower again and agree as to what and to whom the information will need to be given. This should normally be to someone who can be seen as impartial and who is also bound by the rules of confidentiality.*