

HR.26 Whistleblowing Policy

Document Summary

This policy supports a climate of openness, honesty and trust between clinicians, managers and staff where each feel they have the opportunity to raise issues in the knowledge that legitimate concerns will be dealt with promptly and appropriately.

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Accountable Director	Company Secretary
Policy Author	Head of Risk Management

Important Note:

The Intranet version of this document is the only version that is maintained.

Any printed copies should therefore be viewed as 'uncontrolled' and, as such, may not necessarily contain the latest updates and amendments.

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1. SCOPE

This policy applies to all staff employed by Wye Valley NHS Trust. All staff have the right to draw to the attention of their employer any matter which could be damaging to the interests of patients, visitors or other staff. This policy may also be used by other staff working within the Trust which includes Council staff on secondment, bank staff, contractors and volunteers.

2. INTRODUCTION

Wye Valley NHS Trust is committed to the delivery of high quality care to the people of Herefordshire and to tackling any wrongdoing or malpractice. As part of this commitment, it is important to ensure that staff have the opportunity to raise any concerns about the delivery of patient and client care, the services provided and the standards applied by the Trust.

The Trust wishes to encourage a climate of openness, honesty and trust between clinicians, managers and staff where each feel they have the opportunity to raise issues in the knowledge that legitimate concerns will be dealt with promptly and appropriately.

The aim of this policy is to provide an effective and confidential procedure by which staff of any profession, occupation or seniority can raise genuine concerns without fear of victimisation.

This policy complies with the NHS Constitution pledge to support staff that raise concerns and the requirements of the Public Interest Disclosure Act 1998.

3. STATEMENT OF INTENT

The Public Interest Disclosure Act 1998 exists to protect individuals who, within the criteria specified, raise any concerns that they may have. It is important that all individuals are fully aware of the protection afforded to them by this Act and what disclosures they can, and cannot make within the confines of the Act. In July 2013 the Enterprise and Regulatory Reform Act 2013 made a number of changes to the present whistleblowing legislation which are reflected in this policy.

The Act applies to people who reasonably believe the disclosure is made in the public interest, voicing genuine concerns about wrongdoing at work. criminal activities, failing to comply with legal obligations, acting contrary professional codes of conduct, miscarriage of justice, danger to health and safety or the environment, fraud, financial irregularities, corruption, bribery, dishonesty and the cover up of any of these..

The above is not intended as an exhaustive list, and individuals will need to judge for themselves whether or not an issue is serious enough to warrant reporting. If in any doubt, the individual is encouraged to seek advice and voice his/her concern (See Section 6.2).

A whistle blower is not a 'sneak' or a 'trouble maker' but someone who comes to a decision to express a concern after a great deal of thought. The law only requires that there be a genuine doubt – the individual is not expected to produce unquestionable evidence to support the concern.

The purpose of this policy is to provide a framework to promote responsible whistle blowing. It is intended to support and assist staff in bringing genuine concerns (for example, about the

conduct of others or patient care) to the attention of appropriate people (See Section 6.1) within the Trust who can initiate an investigation into matters raised.

4. DEFINITIONS

A Public Interest Disclosure – a disclosure by a worker concerning a wrongdoing on the part of their employer.

Protected Disclosures – include information about: an alleged criminal offence; a failure to comply with a legal obligation; acting contrary to professional codes of conduct, a miscarriage of justice; a breach of health and safety such that an individual has been, is, or is likely to be endangered; damage to the environment; or information that one of the above has been or is likely to be deliberately concealed. It also includes fraud, financial irregularities, corruption, bribery, dishonesty and the cover up of any of these.

The disclosure is made to the employer, a legal advisor or a prescribed person or body listed in the Public Interest Disclosure Order 1999 (see 6.8).

A disclosure is not protected unless the employee reasonably believes that the disclosure is made in the public interest

Whistleblower - a person who raises a concern about alleged wrongdoing occurring in an organization or body of people. Usually this person would be from that same organization. Whistleblowers may make their allegations internally (for example, to other people within the accused organization) or externally to prescribed bodies (regulators, law enforcement agencies) or, if certain criteria are met, to non prescribed bodies (the media or to groups concerned with the issues).

Grievance - a dispute about the employee's own employment position addressed using the Grievance Policy.

5. DUTIES

5.1 The Trust Chairman: is the nominated Lead Whistleblowing Contact, and will oversee the operation of this policy.

5.2 The Corporate Secretary: is responsible for ensuring this policy is implemented (See Section 8).

5.3 All Trust Managers: have a duty to:

- Take staff concerns seriously
- Consider them carefully and undertake an investigation
- Understand the difficult position a member of staff may be in
- Seek appropriate advice (See Section 6.2)
- Take prompt action to resolve the concern or refer it on to an appropriate person (See Section 6.1)
- Keep the member of staff informed of the process
- Monitor and review the situation
- Inform senior managers
- Ensure individuals who genuinely report concerns are not penalised in any way

5.4 All Trust Staff: have a responsibility to:

- Ensure that the best standards of care are achieved
- Report any concerns that something is happening which might compromise this standard to a member of Trust staff as outlined in this policy
- Raise concerns in good faith with a true belief that a malpractice has occurred
- Not raise concerns with any malicious intent

6. HOW TO RAISE A CONCERN

Any member of staff who reasonably believes they have concerns which relate to one of the following areas are encouraged to follow the internal procedure as laid out here prior to pursuing any external routes which may be available:

- Clinical malpractice including the abuse of patients in care.
- System failures, for example a failure to record and action an untoward incident.
- Criminal offences which have, or are likely to be committed.
- Concerns about health and safety or the environment, including not complying with the Health and Safety at Work Act 1974.
- Financial irregularities, including suspected fraud or bribery
- Breach of codes of conduct or rules.
- Where evidence may have been concealed or destroyed.
- Where there has been a previous disclosure of the same information which has not been actioned

In certain cases it is recognised that individuals may be reluctant to voice their concerns, particularly if the conduct or action of a colleague is involved. This may be true particularly with a member of staff in a senior position or from a different discipline or profession, but this should not inhibit the concern being raised.

6.1 Who to Contact

The Trust recognises that raising a concern in line with the Whistleblowing Policy can be a difficult and stressful decision. The following steps should be taken:

Step One

In the first instance you should report your concerns either verbally or in writing to your **Line Manager or Lead Clinician/Professional**. They may advise that the matter is one for the grievance, bullying or harassment procedures.

The line manager will follow the procedure outlined in Appendix 1 Whistleblowing Management Guide and arrange an initial confidential meeting within five working days. Following the meeting the manager will provide a written response within five working days, confirming the details of the discussion and outlining further action to be taken if required. The manager will ensure that any further investigation is completed within an agreed timescale. On completion of the investigation the outcome will be confirmed in writing to the employee (with a meeting to provide feedback if requested).

If for any reason you do not wish to approach your line manager – for example if you believe them to be involved in the wrongdoing – you can approach another manager within the trust.

Step Two

In most cases Step One should be sufficient to resolve issues. However if you feel unable to raise the concern with your line manager or lead clinician/professional or another manager or if you have raised it but believe that they have failed to make a proper investigation you can raise it with the **Chief Executive** or any of the **Executive Directors**.

They will take appropriate action as outlined in Appendix 1 and arrange an initial confidential meeting, investigate your concerns and confirm the outcome in writing in the same time frame as in Step One.

Step Three

If you feel that it is not appropriate to raise your concern with your line manager, lead clinician/professional, other managers, the Chief Executive or other Board Directors or if you have raised it but believe that they have failed to make a proper investigation you can raise it with the **Trust Chairman** who is the nominated Lead Whistleblowing Contact. Should the issue involve the Chairman, the nominated lead shall be the Deputy Chairman.

The normal route of contacting the Chairman is through the **Company Secretary** but if you do not feel this is appropriate you may approach the Chairman directly via 07795 427811.

The nominated lead will arrange an initial interview which will be strictly confidential and will ascertain the area of concern and write a brief summary of the interview, which will be agreed by both parties. The nominated lead, following discussion with you will raise the concern with the Director they deem relevant who will commission the appropriate investigations.

6.2 Where to get Advice

If you are unsure whether to use this policy or you want confidential and independent advice at any stage you can contact:

Free Government Funded Helpline – NHS and Social Care staff that have concerns about patient care but are unsure how to raise them or simply want advice on best practice, can call free on: 08000 724 725 for free, independent and confidential whistleblowing advice.

‘Public Concern at Work’: The independent charity ‘Public Concern at Work’ can provide free and confidential advice at any stage about how to raise concerns about serious malpractice at work. They can be contacted on 020 7404 6609 or visit www.pcaw.co.uk

Trade Union / Professional Associations: Employees may speak in confidence to their trade union or professional association representative who will advise on the appropriate course of action.

Human Resources Managers: Human Resources advice and managers are available to offer confidential advice on the policy.

NHS Protect: Any member of staff who suspects that fraud or bribery is taking place can contact Karen Sharrocks (Local Counter Fraud Specialist) directly on 07825 218654, or contact NHS Protect directly on 0800 0284060 or www.reportnhsfraud.nhs.uk

NHS Protect leads on work to identify and tackle crime across the health service and tackles issues of fraud, bribery and corruption within the NHS. All allegations of fraud or financial

malpractice should be referred to the Local Counter Fraud Specialist or Director of Resources.

6.3 Concerns about the Chief Executive/Chair

If the complaint is about the Chief Executive/Chair of the Trust, the designated officer should raise the issue with the Chief Executive at the Clinical Commissioning Group, who will decide on how the investigation will proceed. This may include an external investigation.

6.4 Staff Confidentiality

The Public Interest Disclosure Act 1998 encourages employees to raise their concern openly (where those involved know what the issue is and who has raised it). This makes it easier for the Trust to assess the issues, investigate the matter and protect the member of staff raising the concern.

The Trust also has respect for the confidentiality of staff raising concerns. If a member of staff does not wish the Trust to disclose their identity, this will not occur without their prior agreement. If the Trust is unable to resolve the concern without revealing identity (i.e. as part of a formal disciplinary process or as required by law), the Trust will discuss how to proceed beforehand with the member of staff.

6.5 Protection of Staff Raising Concerns

The Trust gives complete assurance that any member of staff raising a genuine concern using this procedure will not be penalised or disadvantaged in any way for doing so. The Trust will treat any bullying, harassment or victimisation of a whistle blower (including informal pressures) as serious misconduct, and this will be dealt with under the Disciplinary Policy.

6.6 Safeguards against false or malicious allegations

All concerns will be investigated and provided that staff believe they are acting in the public interest, from genuine concerns, it does not matter if the investigation shows that the concerns were mistaken.

However, if a member of staff deliberately makes an allegation which is known at the time by them to be malicious, false, and/or made out of spite, it will result in disciplinary action being taken against them as per the Disciplinary Policy.

6.7 Whistleblowing or Grievance

Whistleblowing is where an employee has a concern about danger or illegality that has a public interest aspect – usually because it threatens others (e.g. members of the public or patients). A grievance or private complaint is, by contrast, a dispute about the employee's own employment position and would usually be best addressed using the Grievance Policy. It is acknowledged that there will be occasions when a whistleblowing issue is entangled within a grievance, and Human Resources Managers can provide guidance in these situations.

Concerns about bullying and harassment should be considered under the Trust's Prevention of Bullying and/or Harassment Policy.

6.8 External Contacts

The aim of this policy is to ensure that issues of concern are openly voiced within the Trust and action taken to remove the causes of that concern where possible. However, if a member of staff remains unsatisfied with the outcome of the internal procedure, they have the right to pursue the matter via external routes. The Trust advises that advice is sought from trade unions, professional associations or the independent charity 'Public Concern at Work' prior to disclosure outside the Trust.

Disclosure to prescribed bodies will be protected provided the employee honestly and reasonably believes the information and any allegation in it are substantially true.

The Care Quality Commission: To raise a concern about the health or adult social care service the information given will be treated with confidence concerns can be raised anonymously. Phone: 03000 616161 Email: enquiries@cqc.org.uk

NHS Protect: To report fraud, bribery or other financial malpractice. Phone: 0800 0284060. Email: www.reportnhsfraud.nhs.uk

The Audit Commission: provides a confidential public interest disclosure line for employees of councils and NHS bodies where they are unable, or unwilling, to report internally. Staff can contact the dedicated Whistleblowers' Hotline on 0845 052 2646

The Health and Safety Executive: about health or safety at work or the health and safety of the public. Phone 0300 0031647. Website: www.hse.gov.uk

Disclosure to non-prescribed persons, for example the Press, MPs, the police will be protected under the Public Interest Disclosure Act 1998 provided that the employee:

- Reasonably believes the information is substantially true
- Does not make the disclosure for personal gain
- In all the circumstances it is reasonable for the worker to make the disclosure

The employee must also:

- Reasonably believe that if they were to disclose the matter to their employer or a prescribed person they would be subject to detrimental treatment.
- Reasonably believe that the employer would conceal or destroy evidence if the disclosure was made to their employer
- Or have previously made the same disclosure to the employer to no avail

Staff should carefully think about any information that they are considering releasing into the public domain and obtain advice from the Trust's Company Secretary (ext 4000), their manager and/or the appropriate trade union/professional association representative.

Employees are reminded that disclosure, even where warranted, does not give an employee the right to disclose confidential information such as patient details.

7. TRAINING

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

Staff will be provided with information on this policy at the Trust Mandatory Induction and through Team Brief.

8. MONITORING COMPLIANCE WITH THIS DOCUMENT

The table below outlines the Trusts monitoring arrangements for this policy/document.

Aspect of compliance or effectiveness being monitored	Monitoring Method	Individual responsible for the monitoring	Frequency of the monitoring activity	Group/ committee which will receive the findings / monitoring report	Group / committee / individual responsible for ensuring that the actions are completed
Board informed of any whistleblowing issues raised	Review confidential Board minutes	The Company Secretary	Annual	Board	The Company Secretary
Staff knowledge of the whistleblowing process.	Electronic Survey of all staff	The Head of Risk Management	Two yearly	Board	The Company Secretary

9. REFERENCES/ BIBLIOGRAPHY

The Enterprise and Regulatory Reform Act 2013
 Department for Business Innovation & Skills (February 2013) *Blowing the whistle to a prescribed person*
 Department of Health (September 2011) *The NHS Constitution and Whistleblowing: Consultation Report*
 Ministry of Justice (July 2011) *Bribery Act 2010*
 Department of Health (November 2010) *Confidentiality: NHS code of Practice*
 Social Partnership Forum & Public Concern at Work (2010) *Speak up for a healthy NHS*
 Department of Health (March 2010) *The NHS Constitution*
Public Interest Disclosure Act 1998

10. RELATED TRUST POLICY/PROCEDURES

Currently there are separate Human Resources policies in place which apply to staff working in Wye Valley NHS Trust – these affect Herefordshire Council staff and staff previously employed by Hereford Hospitals NHS Trust and Herefordshire Primary Care Trust.. Staff will need to follow the policy which relates to their employer.

HR.01 Grievance Policy
 HR.38 Prevention of Bullying and/or Harassment Policy
 HR.02 Disciplinary Policy
 IG.05 Confidentiality Code of Conduct Policy
 MF.33 Standards of Business Conduct Policy
 Whistleblowing Management Guide No 04

11. EQUALITY IMPACT ASSESSMENTS

Wye Valley NHS Trust recognises the diversity of our staff and community. Our aim is therefore to provide a safe environment free from discrimination and a place where all staff and users of our services are treated fairly, with dignity and appropriately to their need.

In line with the Equality Act 2010 an Equality Impact Assessment was carried out at the developmental stage of this document. No detriment was identified

Equality Impact Assessment

1	Name and Job Title of person completing assessment	Wendy Huxley Marko Head of Risk Management
2	Name of service, policy or function being assessed	Whistleblowing Policy
3	What are the main objectives or aims of the service/policy/function?	This policy supports a climate of openness, honesty and trust between clinicians, managers and staff where each feel they have the opportunity to raise issues in the knowledge that legitimate concerns will be dealt with promptly and appropriately.
4	Date	30/08/13

Stage 1: Initial Screening

5	What evidence is available to suggest that the proposed service/policy/function could have an impact on people from the protected characteristics? Document reasons, e.g. research, results of consultation, monitoring data and assess relevance as: <i>Not relevant or Relevant Low/Medium/High</i>		
	Protected Characteristic	Relevance	Evidence
A	Race	Not relevant	
B	Religion/Spirituality	Not relevant	
C	Gender	Not relevant	
D	Disability	Not relevant	
E	Sexual Orientation	Not relevant	
F	Age	Not relevant	
G	Pregnancy/maternity	Not relevant	
H	Gender reassignment	Not relevant	
I	Marriage and Civil Partnership	Not relevant	
J	Carers	Not relevant	
If you assess the service/policy/function as not relevant , please proceed to section 11. If you assess the service/policy/function as relevant , continue to Stage 2, Full Equality Impact Assessment.			

Stage 2: Full Equality Impact Assessment

6	Are there service user, public or staff concerns that the proposed service/policy/function may be discriminatory, or have an adverse impact on people from the protected characteristics?
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A	Public	
B	Staff	
<p>If there are no concerns proceed to section 11. If there are concerns, amend service/policy/function to mitigate adverse impact, consider actions to eliminate adverse impact, or justify adverse impact</p>		
7	Can the adverse impact be justified	
8	What changes were made to the service/policy/function as result of information gathering?	
9	What arrangements will you put in place to monitor impact of the proposed service/policy/function on individuals from the protected characteristics?	

10	List below actions you will take to address any unjustified impact and promote equality of outcome for individuals from protected characteristics. Consider actions for any procedures, services, training and projects related to the service/policy/function which have the potential to promote equality.		
	Action	Lead	Timescales
11	Review date		
<p>I am satisfied that this service/policy/function has been successfully equality impact assessed. Date: 30/08/13 Author: Wendy Huxley Marko</p>			
<p>Please send the completed assessment for scrutiny to: Quality & Safety Manager, Quality & Safety Manager, Trust HQ, County Hospital, Union Walk, Hereford. HR1 2ER.</p>			

Whistleblowing Management Guide

Document Summary

This Management Guidance is intended to provide practical advice and guidance on dealing with concerns raised through whistleblowing, and should be read in conjunction with the 'Whistleblowing Policy'.

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MANAGEMENT GUIDE: WHISTLEBLOWING

This Management Guide is intended to provide practical advice and guidance on dealing with concerns raised through whistleblowing, and should be read in conjunction with the 'Whistleblowing Policy'.

1. HOW TO RAISE A CONCERN

- 1.1. If an employee becomes aware of an issue that should be managed under this policy they should immediately inform their line manager either orally or in writing. The individual should state that they wish to raise the matter in confidence so that appropriate arrangements can be made. The process to be followed is outlined in Template B.
- 1.2. If the employee does not wish to approach their immediate line manager, they can raise the issue with any other manager within the Trust. Alternatively, the employee may contact a Human Resources Manager, their Trade Union / Professional Association representative, any Executive Director, or any Whistleblowing Contact (Non-Executive Director) for further advice.
- 1.3. An initial confidential interview will be arranged with the member of staff within five working days. They may be accompanied by a trade union/professional association representative, colleague or friend. A note-taker is advisable.
- 1.4. Guidance on how to conduct the meeting can be found in Template C. All timescales may be extended, if necessary, by mutual agreement.
- 1.5. Following the meeting, the employee will be sent an initial written response to their concern within five working days (Template D). This will summarise the issues raised, explain how the matter will be dealt with and provide details of who will be handling it and how they may be contacted. All timescales may be extended, if necessary, by mutual agreement.
- 1.6. The manager must assess whether action is necessary. If further investigation is required, the manager will raise the concern with a Whistleblowing Contact who will commission the appropriate investigation. This should be completed within seven working days.
- 1.7. Following completion of the review or investigation, the Whistleblowing Contact will confirm the outcome in writing to the employee (Template E). If necessary, a meeting should be convened between the employee, manager and/or Whistleblowing Contact to provide feedback on any action taken.
- 1.8. The employee may request further feedback subject to the Trust's duty of confidence to patients or third parties. However, details of any disciplinary action taken should remain confidential to the individual concerned.

MANAGEMENT GUIDE: WHISTLEBLOWING

Template A: Dealing with Concerns

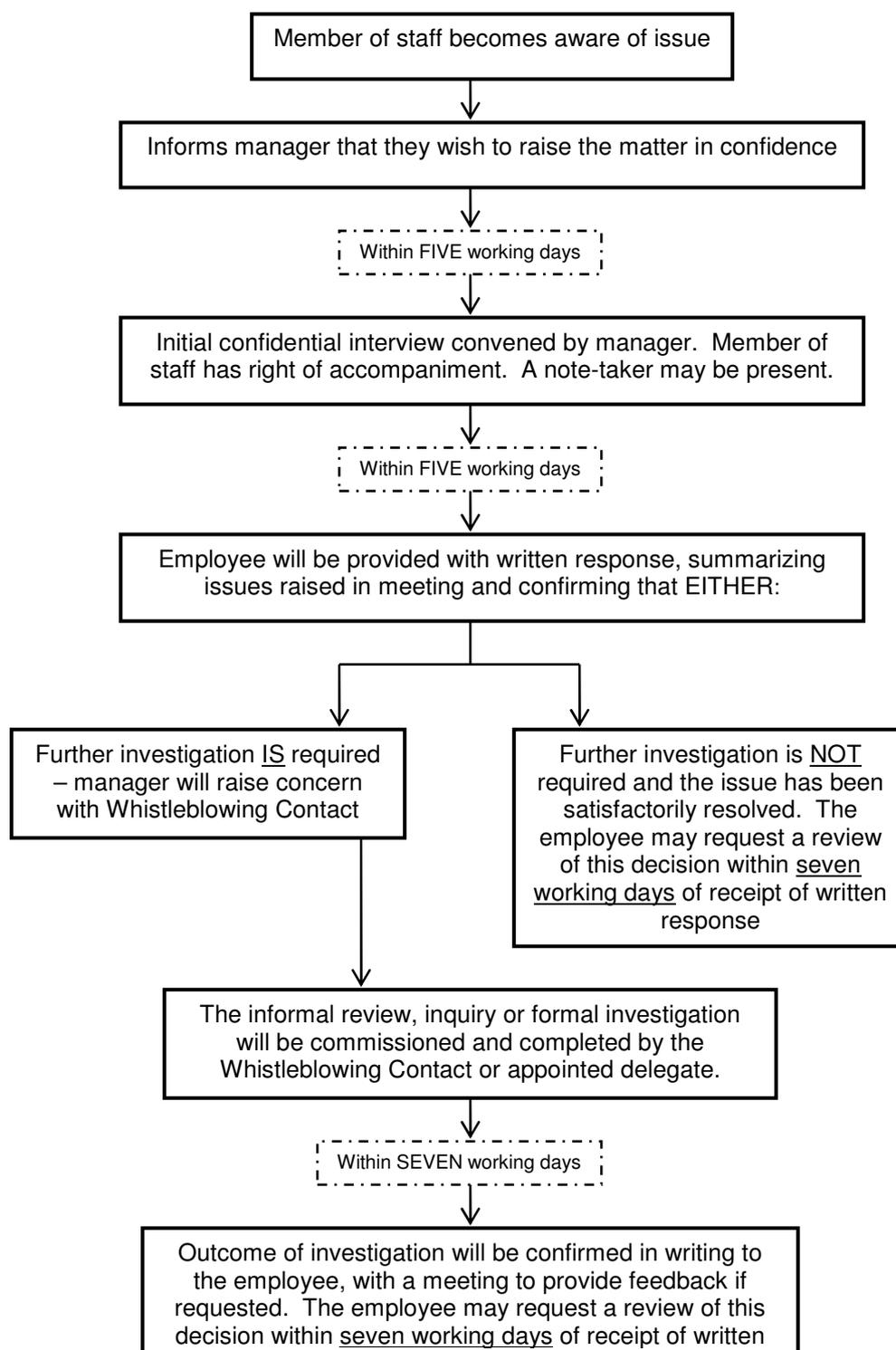
WHAT SHOULD I DO IF A MEMBER OF STAFF RAISES A CONCERN WITH ME?

There are a number of things you should bear in mind:

- **Thank the worker for raising the matter, even if the concern proves mistaken**
 - The law only requires that there be a genuine doubt – the individual is not expected to produce unquestionable evidence to support the concern.
- **Remember that there are two sides to every story**
- **Respect the individual's concerns about their own position and career**
 - The Trust gives complete assurance that any member of staff raising a genuine concern using this procedure will not be penalised or disadvantaged in any way for doing so.
- **Respect the individual's request for confidentiality**
 - The Trust has respect for the confidentiality of staff raising concerns and if a member of staff does not wish the Trust to disclose their identity, this will not occur without their prior agreement.
- **Avoid any unrealistic expectations**
- **Emphasise to managers and workers that victimising people who raise concerns is a disciplinary offence**
 - The Trust will treat the harassment or victimisation of a whistle blower (including informal pressures) as serious misconduct, and this will be dealt with under the 'Disciplinary Policy'.
- **Advise the employee that you will report back about the outcome of any enquiry and remedial action you plan to take**
 - The outcome of the initial meeting and any follow up investigations must be confirmed in writing – guidance on this can be found in Template D.
- **Always remember that you may have to explain how you dealt with the concern**
- **If in doubt, take advice – contact your HR Manager for advice on handling the interview and dealing with the issues that arise**

MANAGEMENT GUIDE: WHISTLEBLOWING

Template B: Dealing with Concerns – Process



All timescales may be extended if necessary by mutual agreement, and confirmed in writing.

MANAGEMENT GUIDE: WHISTLEBLOWING

Template C: Conducting an Initial Discussion

CONDUCTING AN INITIAL DISCUSSION WITH A MEMBER OF STAFF

Managers are encouraged to follow the meeting structure outlined below when conducting an initial discussion with a member of staff wishing to raise a concern through the Whistleblowing policy and procedure.

This meeting should take place away from the workplace where practicable. The employee has the right of representation and a note-taker is advisable.

Questions to ask:

- What is the incident, occurrence or activity that you would like to raise a concern about?
- Are you raising the concern yourself or on behalf of another member of staff or patient?
- Please provide me with the following details:
 - What happened / might happen?
 - When did it occur / might it occur?
 - Where did it occur / might it occur?
 - Who was involved / may be involved?
 - How long has this been happening?
- How did you become aware of it?
- Is there any supporting information or evidence?
- Are there any other witnesses that you know of?
- Has the matter been raised with anyone else internal or external to the Trust, if so whom and when? Were any actions agreed?
- Is there any thing else you would like to bring to the Trusts attention?

Thank the employee for bringing it to your attention.

Advise that they will receive written confirmation of the discussion within five working days and that this will include details of any further investigation to take place if required.

Respect the individual's request for confidentiality – disclosure of identity will not take place without prior discussion with the employee.



The County Hospital
Union Walk
Hereford
HR1 2ER

Ref:
Date: **DATE**

Tel: 01432 355444
Direct: 01432 3#####
Email:

STRICTLY PRIVATE AND CONFIDENTIAL
NAME
ADDRESS
ADDRESS
ADDRESS
ADDRESS
POSTCODE

Dear **NAME**

Re: Meeting on DATE

I write to confirm that the investigation into your concern raised through the Trust's Whistleblowing Policy has now been concluded.

At your meeting with **MANAGER** on **DATE**, you advised **HIM/HER** of the following concern:

Insert details

I have investigated this matter and have concluded that this issue is now resolved as follows (**Insert details**).

I hope that this satisfies your concerns, but if not, you may request a review of this decision by writing to the Chief Executive within seven working days of receipt of this letter.

Thank you for bringing this matter to our attention. If you have any concerns or queries in the meantime, please do not hesitate to contact me.

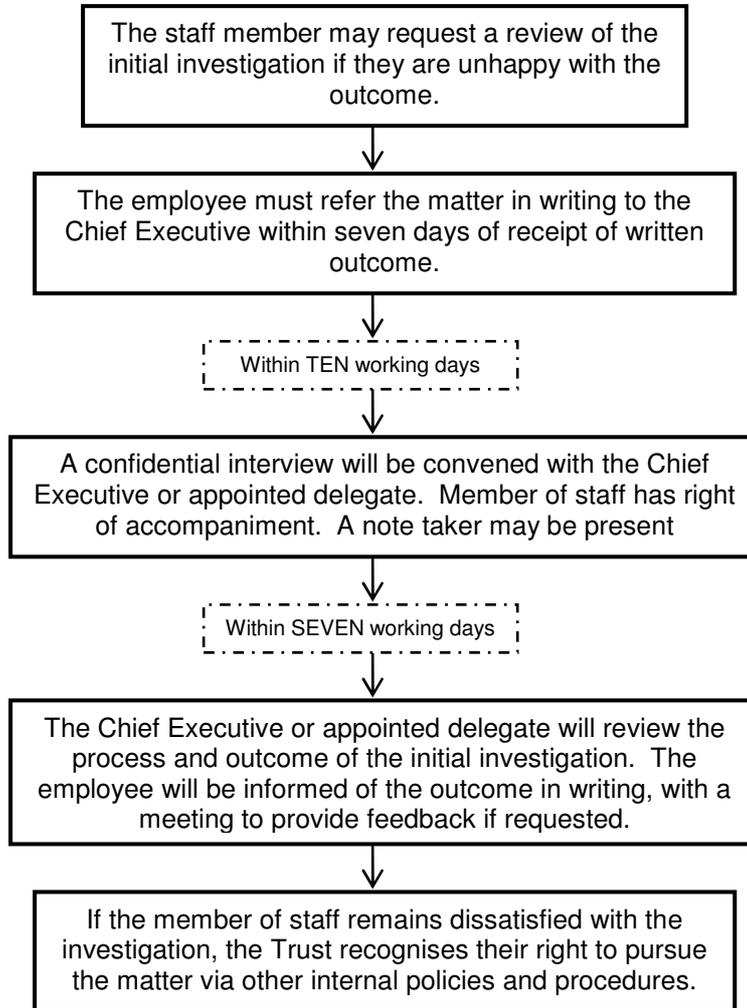
Yours sincerely

NAME
WHISTLEBLOWING CONTACT

2. How to Request a Review of the Investigation

- 2.1. If the outcome of the review or investigation does not satisfactorily resolve the original concerns raised by the individual, they should refer the matter in writing (with copies of relevant correspondence) to the Chief Executive within seven working days of receipt of the written outcome (in the event that the concern relates to the Chief Executive or Chairman, contact should be made with a Non-Executive Director). The process to be followed is outlined in Template F.
- 2.2. A confidential interview will be convened with the Chief Executive or appointed delegate. The employee may be accompanied by a trade union/professional association representative, colleague or friend. A note-taker is advisable.
- 2.3. The Chief Executive or appointed delegate will review the process and outcome of the initial investigation. The employee will be notified of his/her decision in writing within seven working days, with a meeting convened to provide further feedback if requested.
- 2.4. If the member of staff remains dissatisfied with the investigation, the Trust recognizes their right to pursue the matter via other internal policies and procedures.

MANAGEMENT GUIDE: WHISTLEBLOWING
Template F: Requesting a Review – Process



All timescales may be extended if necessary by mutual agreement, and confirmed in writing.