



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
21 APRIL 2021

**REPORT ON:** IMPLEMENTATION OF NATIONAL WHISTLEBLOWING STANDARDS

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** DIJB23-2021

**1.0 PURPOSE OF REPORT**

1.1 The purpose of this report is to update the Integration Joint Board on work being undertaken to prepare for the implementation of the National Whistleblowing Standards.

**2.0 RECOMMENDATIONS**

It is recommended that the Integration Joint Board (IJB):

- 2.1 Note the information around the implementation of the National Whistleblowing Standards. See Appendices 1 and 2.
- 2.2 Notes the content of the report and the expectation that IJBs must ensure that all HSCP staff, across both the local authority and the NHS, as well as any students, trainees, agency staff or volunteers, must be able to raise a concern through this procedure.
- 2.3 Each IJB must develop an agreement which sets out how staff employed by both the NHS board and the local authority can raise concerns about services that are the responsibility of either the NHS board or the local authority. This agreement must ensure that concerns about NHS services can be considered through the Standards.
- 2.4 Note the preparatory work undertaken with NHS Tayside and Tayside Health and Social Care Partnerships. See section 5 and Appendix 3.
- 2.5 Note that Dundee City Council have an existing Whistleblowing Procedure. See section 6 and Appendix 4.
- 2.6 Note that reporting of Whistleblowing incidents within the Dundee Health and Social Care Partnership must be undertaken by Dundee Health and Social Care Partnership and by NHS Tayside. See section 7.
- 2.7 Note the planned training and communication for the workforce around the Whistleblowing Standards. See section 8.

**3.0 FINANCIAL IMPLICATIONS**

3.1 None

**4.0 MAIN TEXT**

4.1 From the 1<sup>st</sup> April 2021 NHS organisations will be required to follow the National Whistleblowing Principles and Standards. The Principles and Standards explain what is expected of NHS organisations and contractors about their handling of whistleblowing concerns.

- 4.2 The Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS service providers to respond when staff raise concerns, including supporting the person raising a concern.
- 4.3 Information around the National Whistleblowing Principles and Standards is available from the website <https://inwo.spsso.org.uk/>
- 4.4 Specific information for Health and Social Care Partnerships is available from the website and from the document “Application of Whistleblowing Standards in contractor/joint-working scenarios” (Appendix 1) and “Information for health and social care partnerships” (Appendix 2).
- 5.0 Preparatory Work Undertaken by NHS Tayside and Tayside Health and Social Care Partnerships**
- 5.1 Work has been undertaken by representatives from NHS Tayside and the three Tayside Health and Social Care Partnerships to agree how the Whistleblowing Standards would be implemented.
- 5.2 The Whistleblowing Agreement between [Angus Health and Social Care Partnership], [Dundee Health and Social Care Partnership] and [Perth and Kinross Health and Social Care Partnership] and NHS Tayside Board has been drafted (Appendix 3).
- 6.0 Dundee City Council’s Whistleblowing Procedure**
- 6.1 Dundee City Council have an existing Whistleblowing Procedure (Appendix 4).
- 6.2 Where a Whistleblowing incident is received about a Health and Social Care Partnership service through Dundee City Council’s Whistleblowing process, Dundee City Council’s Corporate Fraud Team will liaise with the Dundee Health and Social Care Partnership Chief Officer to identify whether it is a Whistleblowing incident that falls within the National Whistleblowing Standards.
- 7.0 Whistleblowing Reporting**
- 7.1 Whistleblowing incidents and actions taken will be reported quarterly to the Integration Joint Board.
- 7.2 Whistleblowing incidents and actions taken by Dundee Health and Social Care Partnership will be reported quarterly to NHS Tayside.
- 8.0 Training and Communication for the Workforce**
- 8.1 Anyone providing a service for the NHS needs to know about the National Whistleblowing Standards.
- 8.2 The INWO team have created two learning programmes. One is for staff needing an overview of the Standards and the other is for managers. The managers’ programme is for any person working in the NHS who is likely to receive concerns. It covers in-depth what a manager needs to know to be able to respond to a concern. The modules are now available on the Turas website.
- 8.3 Communication for the workforce will be undertaken using documents developed by the INWO.
- 9.0 POLICY IMPLICATIONS**
- 9.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.
- 10.0 RISK ASSESSMENT**
- 10.1 This report has not been subject to a risk assessment as it is provided for information and does not require a policy decision from the Integration Joint Board.

**11.0 CONSULTATIONS**

11.1 The Chief Finance Officer and the Clerk were consulted in the preparation of this report.

**12.0 BACKGROUND PAPERS**

12.1 None.

Dave Berry  
Chief Finance Officer

DATE: 12 April 2021



## Application of Whistleblowing Standards in contractor/joint-working scenarios

### Introduction

A subject of much discussion amongst Whistleblowing Champions has been how NHS Boards handle whistleblowing concerns where their employees work with other organisations or where they have outsourced services.

Ahead of the soft launch of the National Whistleblowing Standards ('the Standards') on 1 April, this note attempts to:

- set out an understanding of the appropriate general approach; and
- explore how it should be implemented.

### What INWO requires of NHS Boards

NHS boards are required to ensure that those to whom services are outsourced have access to the Standards.

Below is an abridged version of INWO's guidance to Boards on this area. The full version is [here](#).

- It is the NHS board's responsibility to ensure that primary care and other contracted service providers have procedures in place that are in line with these Standards. This must form a part of all contracts or service level agreements with contracted service providers.
- Boards must have mechanisms for ensuring compliance with these requirements, including the requirement to report concerns handling information on a quarterly basis.
- Boards must have a confidential contact, who staff from primary care and contracted providers can contact if they do not feel able to raise their concerns within their own organisation.
- This confidential contact must be able to provide information and support to the person raising a concern. They must be familiar with routes for progressing such concerns and the requirements of the Standards.
- Where an investigation within the contracted service is not possible, due to potential conflicts of interest, the provider must discuss the concern with the NHS board contracting the service, and work with the board to investigate the issue.
- NHS boards must be willing to assist with the investigation of concerns raised in relation to primary care or contracted services.

Regarding NHS Boards and IJBs:

- Each IJB must develop an agreement which sets out how staff employed by both the NHS board and the local authority can raise concerns about services that are the responsibility of either the NHS board or the local authority.
- This agreement must ensure that concerns about NHS services can be considered through the Standards.

All contracts and agreements should refer to INWO's role.

## Notes

- 'Employee(s)' refers to anyone covered by the Standards, so includes former employees, volunteers and students.

## General approach

There are 3 aspects to consider:

- Who the **employer** is
- Who **investigates**
- Who acts to **resolve** the issue

The **employer** is responsible for protecting the whistleblower, no matter who investigates the issue or who resolves it.

Primary responsibility for **investigating** lies with the whistleblower's employer. It could investigate; or it could agree that the body it is working with/for should investigate; or it could agree that a joint investigation should be undertaken.

Responsibility for **resolving** the issue lies with the organisation(s) providing the service.

## Examples

The examples below seek to apply the above general approach.

### NHS Board employees

#### Example 1: 'home' NHS Board employee blows whistle on practices of another NHS board

Let us assume that two NHS boards, Board A & Board B, work together (under a memorandum of understanding or other arrangement). An employee of Board A (the 'home' board) chooses to blow the whistle on a Board B working practice they feel is putting at risk patients and/or staff.

- The Board A **employee** would need to raise the issue with Board A - their **employer** - under Board A's Whistleblowing Policy, which will incorporate the Standards.
  - Thereafter, Board A would be obliged to afford its employee the protection offered by the Standards:
    - Board A's employee, Board A's responsibility to protect them.
    - Board A's responsibility would include ensuring confidentiality was maintained. It could not disclose their employee's identity to Board B other than with the express agreement of the whistleblowing employee.
- Board A could investigate; or it could agree that Board B would investigate; or it could agree to a joint investigation.
  - Regardless of who conducted the investigation, Board A would need to protect the whistleblower's identity.
- Board B might need to act to **resolve** the issue; or Board A might need to; or both Boards might need to.
  - Regardless of who acted to resolve the issue, Board A would be responsible for its employee under the Standards.

### **Example 2: 'away' NHS Board employee blows the whistle on practices of 'home' NHS board**

Reversing the example 1 scenario, say an employee of Board B (the 'away' board) working with Board A blows the whistle regarding a Board A working practice.

- The Board B **employee** must raise the issue with Board B (their **employer**) to be afforded the protection of the Standards.
  - They will **not** be protected by the Standards if they raise the issue with Board A.
- Board B could **investigate**; or it could invite Board A to investigate; or it could agree to a joint investigation.
- Board B and/or Board A would act to **resolve** the issue.

### **Contractors' employees**

The same principles and general approach apply to contracted/outsourced services as to the 'home' and 'away' examples above.

NHS Boards are required to gain assurance that everyone providing a service to it is covered by the Standards and able to access them.

### **Example 3: contractor's employee blows the whistle about the contractor's working practices in its provision to services to an NHS Board**

Let us assume that an NHS Board contracts out part of its service. An employee of the contractor is concerned about one of the contractor's working practices in the NHS Board setting. They want to blow the whistle.

- The **employer** in this example is the contractor.
  - The contractor's employee can blow the whistle under the Standards **but must do so under the contractor's Whistleblowing Policy**, which must incorporate the Standards.
  - As the whistleblower's **employer**, the contractor is responsible for affording its employee the protections conferred by the Standards.
  - The NHS Board would not be entitled to know the identity of the contractor's employee who has blown the whistle.
- The contractor would need to discharge its responsibility, under the Standards, to investigate.
  - It could **investigate** the matter itself; or it could ask the NHS Board to investigate; or it could agree to a joint investigation.
  - See comments below.
- The contractor and/or the NHS Board would act to **resolve** the issue.

#### **Example 4: contractor's employee blows the whistle about an NHS Board's working practices**

This is to example 3 as example 2 is to example 1.

An employee of the contractor is concerned about one of the NHS Board's working practices in the NHS Board setting in which they work for the contractor. They want to blow the whistle.

- As in example 3, the **employer** is the contractor.
  - The contractor's employee can blow the whistle under the Standards **but must do so under the contractor's Whistleblowing Policy**, which must incorporate the Standards.
  - The contractor, as the whistleblower's **employer**, is responsible for affording its employee the protections conferred by the Standards.
  - The NHS Board would not be entitled to know the identity of the contractor's employee who has blown the whistle.
- The contractor, as employer, has the primary responsibility to investigate.
  - Although it *could* choose to **investigate** the matter itself, it would probably need to ask the NHS Board to investigate or agree to a joint investigation.
- The contractor and/or the NHS Board would act to **resolve** the issue. (Most likely the NHS Board in this instance.)

#### **Who should investigate if a contractor's employee blows the whistle?**

Under the Standards, the primary responsibility for investigating a whistleblowing complaint is on the **employer**. They need to ensure they discharge that responsibility effectively.



How might this work in practice?

Taking the 4 examples above in turn:

1. Board employee blows the whistle on their own Board:
  - matter will invariably be investigated by that Board.
2. Board employee blows the whistle on the practices of another Board:
  - 'home' board (employer) should agree with 'away' board who will lead the investigation.
3. Contractor's employee blows the whistle on the contractor's practices in provision of NHS service:
  - Contractor will investigate; but
  - may require input from NHS Board.
4. Contractor's employee blows the whistle on the NHS board's practices:
  - contractor should agree with the NHS board will investigate.

In examples 3 & 4 above, NHS boards will likely have greater expertise than contractors in investigating. They may also have access to the people/data required to resolve the issue. **Therefore, there seems a logic in the default position - particularly for Stage 2 cases - being that NHS Boards should lead on the investigation of any whistleblowing issues relating to the service they provide even if the concern is raised by a contractors' employees.**

NHS boards could incorporate such an approach into new contracts as a condition.

Some smaller contractors are unlikely to have expertise or capacity to investigate Stage 2 cases, so escalating those to the relevant NHS Board may be the **only** way in which they can comply with the Standards. A requirement to escalate Stage 2 cases may be seen as a blessing rather than as a curse.

That is not to say that NHS Boards should ALWAYS investigate whistleblowing issues raised by contractors' employees. There may be instances in which an alternative approach makes more sense, in which case that is the approach that should be pursued.

**Keith Charters**

3 March 2020





The National Whistleblowing Standards

## Part 8

# Information for health and social care partnerships

**JANUARY 2020**

Final draft – shared for information by the SPSO, ahead of publication  
in Summer 2020 – exact date to be confirmed



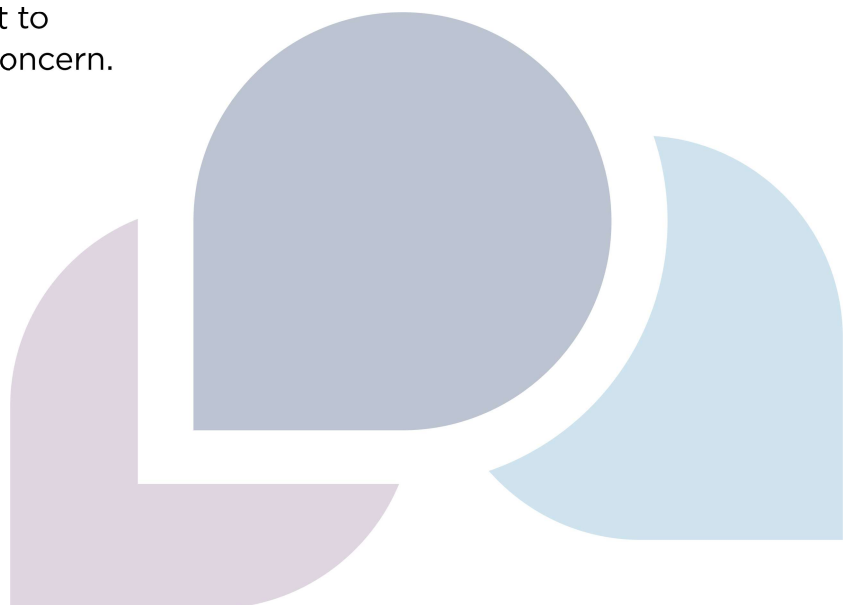
## Promoting raising concerns

1. The Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS service providers to respond when staff raise concerns, including supporting the person raising a concern. This document reviews the expectations and options for health and social care partnerships (HSCPs) in implementing the Standards.
2. Listening and responding to concerns raised by staff about the way services are provided is a vital way in which organisations can improve their services. HSCPs are in an unusual position in having employees from two organisations delivering services together. The challenges this creates in governance arrangements must not get in the way of staff raising concerns when they see working practices which are unsafe or risky, or where they believe there has been improper conduct, mismanagement or fraud.
3. People working in joint teams may feel reluctant or uneasy in raising concerns relating to staff with different lines of management, or where employers have different arrangements in place for whistleblowing. It is, therefore, more important than ever that senior managers in HSCPs and the integration joint board (IJB) itself promote a culture that encourages staff to raise issues or concerns at the earliest opportunity.
4. Senior managers play a critical role in promoting a culture that encourages staff to raise issues or concerns. Their leadership and behaviour sets the tone for the way other staff behave. All NHS services must strive for a culture that welcomes concerns from people working within their services, whoever they are, and whatever their concern, with the focus on good governance and delivering safe and effective services.

## Requirement to meet the Standards

5. All those working in HSCPs **must** be able to raise concerns about NHS services, and **must** have access to the support they need to do so, whoever their employer is. Any concerns about the delivery of NHS services must be handled in line with the requirements of these Standards, and anyone raising a concern through these Standards will have access to the INWO, whoever their employer is.
6. IJBs must ensure that all HSCP staff, across both the local authority and the NHS, as well as any students, trainees, agency staff or volunteers, must be able to raise a concern through this procedure.

7. This includes:
  - 7.1. providing clear information about who staff and other workers can raise concerns with, either within their service or at a more senior level;
  - 7.2. ensuring access to the 2 stage procedure (see Part 3 of the National Whistleblowing Standards), where the worker has agreed to use this procedure;
  - 7.3. the availability of support (see Part 2) for those involved in raising a concern;
  - 7.4. the ability to raise concerns about senior staff (see Part 4);
  - 7.5. a requirement to record all concerns (see Part 5);
  - 7.6. a requirement to report all concerns to the IJB and the NHS board on a quarterly basis (see Part 5); and
  - 7.7. a requirement to share information about how services have improved as a result of concerns, taking care not to identify who raised the concern.
8. Anyone raising a concern about a service provided by NHS Scotland must be signposted to the INWO at the end of this process. More information about this is available in Part 3 of the Standards.
9. It may be that in considering concerns about NHS services, issues are identified which relate to local authority services. If that is the case, the whistleblower should be signposted to the INWO in respect of issues that relate to NHS services and the Care Inspectorate or other appropriate regulatory or oversight body for issues that relate to local authority services.
10. An agreement by the IJB may be required to ensure support and protection for all those working within the HSCP, in raising concerns about its NHS services.



## Ensuring equity for staff

11. The requirement to have the Standards in place for all NHS services and not for local authority services could lead to disparity between those working for HSCPs. It could also lead to some confusion around which procedure to use, these Standards or the local authority's procedure for raising concerns. This could be particularly difficult where these services are closely integrated.
12. While this procedure must be available to all those working within NHS services, it is also important for those working in any of the HSCP's other services to also feel able to raise concerns. This is critical to:
  - 12.1. effective governance arrangements;
  - 12.2. enable safe and efficient delivery of services;
  - 12.3. ensure equity for staff whoever they work for;
  - 12.4. assist senior managers in sharing a consistent message in encouraging staff to raise concerns through a simple and straightforward procedure; and
  - 12.5. enable a joined up approach to raising concerns, where lessons can be learnt across the organisation.
13. With this in mind, and particularly where services have been effectively integrated, the INWO recommends that HSCPs adopt the same approach to handling concerns raised about local authority services as they do in relation to NHS services. This would extend any agreement in place in relation to the raising of concerns for NHS services, and would ensure that all those working within the HSCP have equal access to a procedure in line with these Standards. The only variation would need to be at the review stage, when concerns about different services would need to be signposted as appropriate, to the INWO, the Care Inspectorate or in some cases, Audit Scotland.
14. The details of any extended agreement are for each IJB and their HSCP to consider; each HSCP have different arrangements in place for the delivery of their services, and it will be for them to consider whether such an agreement should cover all of their services or only the NHS services. This may depend to some extent on how differentiated the HSCP's services are from other local authority services; it would not be appropriate to create confusion for local authority staff in how to raise concerns about their services.
15. Chief officers are responsible for ensuring that systems and procedures are in place for raising concerns within these Standards, in relation to NHS services. They must also take a leading role in reviewing arrangements in relation to local authority services, and taking forward any changes to ensure the Standards can be met, as well as any other changes to ensure equity of access across the HSCP.

## How to raise concerns

16. Those working in HSCPs must be able to raise concerns in several ways, including:
  - 16.1. with their line manager or team leader (whether they are employed by the NHS or the local authority);
  - 16.2. a more senior manager from either employer if circumstances mean this is more appropriate; or
  - 16.3. a confidential contact for raising concerns (in some places there may also be speak up ambassadors or advocates); this may be someone within the board.
17. A key element of the Standards is for those people who raise concerns to be advised of their right, and agree to access this procedure. This can be done in the initial conversation about the concern, or following receipt of an email.
18. Within HSCPs, the confidential contact will need to be familiar with the way concerns are handled across its services, as well as the board's expectations around handling concerns.
19. The board's whistleblowing champion will have a role in ensuring that appropriate arrangements are in place to ensure delivery of the Standards. (Further information

about this role is available in Part 2 of the Standards.) They will be able to provide guidance for HSCP managers on how concerns raised in relation to NHS services must be handled, as well as sharing information about appropriate governance arrangements.

## Recording of concerns

20. The detailed information about recording concerns (Part 5 of the Standards) is also applicable to concerns raised within HSCPs in relation to their NHS services.
21. Each HSCP needs to consider how they hold information about concerns that have been raised through this procedure. In particular, there need to be systems in place to ensure that personal information is only shared with individuals as agreed or explained to the person raising the concern. The details of the concern itself, and how it has been handled, need to be stored in a way that will enable reporting and monitoring of concerns and concerns handling.
22. This may mean that concerns about local authority services are recorded separately from those relating to NHS services. Any joint systems that are developed will need to be able to separate out concerns about NHS services from those about the local authority services, so the NHS board can carry out appropriate monitoring of these concerns.



## Monitoring, reporting and learning from concerns

23. The detailed information about monitoring, reporting and learning from concerns (Part 5 of the Standards) is also applicable to concerns raised within HSCPs in relation to their NHS services.
24. It is important for all services to listen to staff concerns, and, where appropriate, for this to lead to organisational learning and service improvements. Learning can be identified from individual cases closed at stage 2 and through statistical analysis of concerns resolved at stage 1 of the procedure. This may include the potential for improvements across other areas of the service. Any learning that is identified from concerns must be recorded within the case record, including any action planning.
25. NHS boards are responsible for collating reports of concerns raised in relation to the services they deliver, including those raised within the HSCPs in its area. In this way, boards will be able to identify areas for specific attention, based on the themes and trends across these HSCPs. Feedback from this process provides the opportunity to demonstrate the benefits of raising concerns.
26. Each HSCP is also expected to show their staff that they value the concerns that are raised by staff and other workers. All IJBs must ensure that information is published and promoted about the concerns that have been raised about their services, unless this is likely to identify individuals. High-level information (with very limited information about what was investigated) may still be appropriate, and will provide the opportunity to show staff that managers will listen and respond to concerns.

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**INDEPENDENT  
NATIONAL  
WHISTLEBLOWING  
OFFICER**



People Centred | Improvement Focused



## Whistleblowing Agreement

### Between

**[Angus Health and Social Care Partnership], [Dundee Health and Social Care Partnership] and [Perth and Kinross Health and Social Care Partnership] and NHS Tayside Board**

#### **1 INTRODUCTION**

- 1.1 The purpose of this agreement is to ensure support and protection for all those working within the Health and Social Care Partnership, (hereinafter referred to as the "HSCP") in raising concerns across the services they deliver.
- 1.2 This agreement applies to all those that work for the HSPC including students, volunteers, trainees and agency staff.
- 1.3 For partner organisations who work within a Health and Social Care Partnership (hereinafter referred to as "the Partners") this agreement will mean that those that work for the HSPC can raise concerns about services which are the responsibility of either the NHS Health Board or the Local Authority.
- 1.4 Any concerns about the delivery of NHS services will be handled in accordance with the National Whistleblowing Standards.
- 1.5 The Partners will adopt the same approach to handling concerns raised about local authority services as they do in relation to NHS services.
- 1.6 The Partners shall ensure that the principles of public interest disclosure are sustained.

#### **Roles**

##### **The Chief Executive, NHS Tayside**

The Chief Executive will:

- be responsible for ensuring that there is an effective whistleblowing procedure in place with a robust investigation process which demonstrates how the organisation learns from the concerns they receive.
- work with board members to decide how oversight of the implementation of these Standards will be achieved, and who will have responsibility for this.

## **Executive directors, NHS Tayside**

Executive directors will be responsible on the Chief Executive's behalf for:

- managing whistleblowing concerns and the way the organisation learns from them
- overseeing the implementation of actions required as a result of a concern being raised
- investigating concerns, and/or deputising for the chief executive on occasion.
- signing off stage 2 decision letters. They may also be responsible for preparing decision letters, though this may be delegated to other senior staff

## **Chief Officers**

Chief Officers must:

- ensure that systems and procedures are in place for raising concerns within the Standards in relation to NHS services.
- ensure that systems and procedures are in place for raising concerns in line with the Standards in relation to local authority services.
- take a leading role in reviewing arrangements in relation to local authority services, taking forward any changes to ensure the Standards can be met,
- ensure equity of access across the HSCP.

## **HR or Workforce Directors**

HR or Workforce directors are responsible for:

- ensuring all staff have access to this procedure, as well as the support they need if they raise a concern.
- ensuring that anything raised within HR procedures which could amount to a whistleblowing concern is appropriately signposted to this procedure for full consideration.
- ensuring that all staff are made aware of the Standards and how to access them, including the channels available to them for raising concerns.
- that managers have the training they need to identify concerns that might be appropriate for the Standards/or the equivalent procedure adopted by the Partners and have the skills to handle stage 1 concerns.

HR teams will also be involved in assisting managers and confidential contacts to identify HR issues that are raised within concerns, and to provide appropriate signposting in relation to these HR issues. HR functions should not be involved in investigating whistleblowing concerns, unless the concern directly relates to staff conduct issues.

## **Investigators**

Senior staff must welcome concerns and make sure they are investigated by people who have the appropriate skills and knowledge to investigate the concern and are authorised to take action. The investigator will:

- be trained in what their role involves and how to carry it out.
- take full account of the sensitivities of the case, and have strong inter-personal skills, including skills in supportive conversations.
- be able to separate out the HR from the whistleblowing concerns, and to focus on the issues which are appropriate for this procedure.
- listen to those who have raised the concern or are involved in the service, to judge what is appropriate and reasonable, and how the service improvements can be taken forward.
- gather relevant facts and confirm these in an objective, confidential and sensitive way.
- be impartial, independent and accountable.
- must not be involved in investigations where they have a conflict of interest, or may be seen to have a conflict of interest.
- communicate the procedures for raising concerns clearly.
- take account of the National Whistleblowing Principles have time set aside to carry out the investigation.

## **Decision-makers**

Decision-makers must

- take account of the National Whistleblowing Principles
- be trained in what their role involves and how to carry it out
- give everyone involved the right to be heard
- not have a personal interest in the situation or the outcome
- act only on the evidence
- make decisions in good faith and without bias
- consider any person whose interests will be affected by the decision

## **Managers**

All managers must be:

- aware of the whistleblowing procedure and how to handle and record concerns that are raised with them.
- trained and empowered to make decisions on concerns at stage 1 of this procedure.

## **NHS Whistleblowing Champion**

The NHS Board's Whistleblowing Champion will:

- ensure that appropriate arrangements are in place to ensure delivery of the Standards within Health and Social Care Partnerships.

- provide guidance for HSCP managers on how concerns raised in relation to NHS Services must be handled, as well as sharing information about appropriate governance arrangements.
- Will produce a regular report for the Staff Governance Committee on concerns which have been raised within Health and Social Care Partnerships.

### **Confidential Contact**

The Partners and NHS will appoint a Confidential Contact as an initial point of contact for staff who want to raise a concern.

### **Whistle blowing policy**

The Partners will adopt the same approach to handling concerns raised about local authority services as they do in relation to NHS services to ensure that all those working within the HSCP have equal access to a procedure in line with these Standards. The only variation will be at the review stage, when concerns about different services would need to be signposted as appropriate, to the INWO, the Care Inspectorate or in some cases, Audit Scotland.

### **Raising a Concern**

Procedures for raising concerns should accord with the National Whistleblowing Standards. Those working within a HSCP whether they work for the NHS or the Local Authority will be able to raise a concern in the following ways;

- With their line manager or team leader
- With a more senior manager
- With a confidential contact

### **Investigation**

Where a whistleblowing concern has been raised regarding either services which are jointly managed or the concern relates to both health and local authority services then both partner organisations will identify an officer or officers who can resolve the situation. If it is not possible to resolve the situation, or the matter is of such a serious nature, then both partner organisations will identify investigating officers from each partner organisation who can investigate the matter in accordance with the Standards.

If a concern includes issues of fraud, the Integrated Joint Board 's fraud liaison officer should be contacted for advice.

### **Recording and Monitoring**

Concerns which are raised in relation to NHS services will be notified to the INWO Liaison Officer. These concerns will be recorded, and form part of the regular report made by the Whistleblowing Champion to the Staff Governance Committee in accordance with the Standards.

Concerns relating to Local Authority services will record separately from NHS services.

## **Data Protection**

The Partners will put in place systems to ensure that personal information is only shared with individuals as agreed or explained to the person raising the concern. The details of the concern itself, and how it has been handled, will be stored in a way that will enable reporting and monitoring of concerns and concerns handling.

## **Governance**

The Partners must:

- have clear governance arrangements to ensure that someone is accountable for putting in place the procedure for raising concerns, and for monitoring and reviewing that procedure.
- following an investigation, make sure that any lessons learned are shared locally and more widely across the organisation and inform people what improvements have been made as a result of the investigation.
- use the outcomes of concerns to identify and demonstrate learning and improvement and share best practice, both in providing services and in the procedure itself.
- ensure that procedures for raising concerns are fair to the person raising the concern, people investigating concerns, and anyone else involved in the investigation.
- ensure that procedures for raising concerns are accessible to the person raising the concern.
- Ensure that procedures for raising concerns should be objective, based on evidence and driven by the facts and circumstances.
- Ensure that procedures for raising concerns should keep to the National Whistleblowing Standards.
- have systems in place to make sure all reported whistleblowing concerns are investigated quickly and appropriately, and to monitor how they are handled.
- show those that work for them that they value the concerns that are raised by staff and other workers.
- All IJBs must ensure that information is published and promoted about the concerns that have been raised about their services, unless this is likely to identify individuals.

## **Review**

This agreement will be subject to annual review by both partner organisations.





<b>Title</b>	Whistleblowing Policy
<b>Purpose</b>	To encourage and assist employees to report any concerns they have about possible fraud or other wrongdoing in connection with Council operations or activities and to ensure that all concerns reported are dealt with thoroughly and consistently.
<b>Scope</b>	The policy applies to all those directly employed by the Council and to agency, casual and supply workers and contractors who are working for or on behalf of the Council. For the purposes of this policy, all these groups are 'employees'.
<b>Author</b>	Head of Human Resources and Business Support.

## WHISTLEBLOWING POLICY

### 1. Introduction

The Council aims to deliver the best possible services it can to the people of Dundee. One of the ways it does this is by operating to the highest standards of conduct. It will always try to act openly, honestly and ethically and it expects that everyone who works for or with the Council will do the same.

The Council needs to know where these standards are not being met - where fraud, misconduct or other wrongdoing may be taking place. Actions like these can have a negative impact on those who depend on us for services, including the many vulnerable groups we serve. They also damage the Council's reputation and reduce people's trust in us. If we are made aware of wrongdoing we can investigate and stop it. In addition, work will be done with services to tighten the internal control environment so that the risk of these issues happening again is reduced.

Those who work for or with the Council will usually be in the best position to become aware of possible wrongdoing. Where they do, it is essential that they report their concerns to the correct people in the Council. The purpose of this policy is to encourage employees to report suspicions of wrongdoing and to ensure that such reports will be taken seriously and dealt with thoroughly, appropriately and in a consistent way.

The reporting of suspected wrongdoing at work is often described as 'whistleblowing'. Employees who 'blow the whistle' are, subject to certain conditions, regarded by law as making a 'protected disclosure'. The terms of the Public Interest Disclosure Act 1998 (PIDA) give employees protection against suffering harm for having made such a disclosure. This policy and its supporting procedures incorporate the protection given by the Act.

### 2. Policy Statement

The Council will encourage and assist employees to 'blow the whistle' - to report any reasonable concern they have about possible wrongdoing at or in connection with its work. The Council will support those who 'blow the whistle' and ensure that they suffer no harm as a result of reporting or trying to report a concern. It will consider every report and act appropriately on the findings of investigations.

The Council will act openly and transparently in dealing with concerns. Whilst it will try to address issues through its own processes, it will invite the involvement of external agencies immediately if this is required.

The remainder of this policy and its supporting procedures describe the principles the Council will observe and the actions it will take to meet these commitments.

### **Scope**

This policy is about dealing with issues which are in the 'public interest'. The matters that it will address are described immediately below.

The policy is not for dealing with employees' personal issues e.g. complaints about contracts of employment. These should be raised and will be dealt with under the terms of the Council's Grievance Procedure or another appropriate procedure.

However, the overriding priority is that genuine concerns about wrongdoing are reported and reported promptly. It is preferable that a concern is reported under a procedure which is not applicable to the particular case rather than not reported at all.

### **'Employees'**

Those who become aware of/or witness wrongdoing in relation to Council work may be directly employed by the Council, may be agency, casual or supply workers or may be contractors. Consequently, for the purposes of this policy, the term 'employee' includes all of these categories.

### **3. What Should Be Reported?**

An employee should report their concerns where they believe that any of the following has happened, is happening or is likely to happen:-

- a criminal offence e.g. fraud, stealing from the Council or its service users, abuse of service users
- the improper use of Council or other public funds or any other financial irregularity
- the improper use of Council assets e.g. information, equipment (including IT), vehicles or buildings
- bribery i.e. payment for favours or to influence decisions or behaviour or any other corrupt activity
- a failure to comply with a legal obligation e.g. a statutory duty to provide a certain level of care
- an action or a failure to act which endangers the health or safety of an individual(s) e.g. failure to comply with a safety policy or procedure or a safe system of work.
- an action damaging the environment
- a miscarriage of justice
- the concealment of information about any of the above

#### 4. Principles

In implementing this policy, the Council will:-

- make it as simple and straightforward as possible to report a concern - offering a range of methods and enabling 24/7 and anonymous reporting
- protect employees who report genuine concerns from any form of harm or disadvantage because they have reported or intend to report a concern
- take disciplinary action against any employee who is found to have bullied, victimised, harassed or in any way acted against an employee because they have reported a concern or intended to do so
- treat all reported concerns seriously and deal with them thoroughly and in a consistent way
- treat all reports confidentially and protect, as far as possible, the identity of an employee who makes a report and does not wish their identity to be known
- deal with anonymous reports on their merits and investigate these as far as is appropriate and possible
- where possible, acknowledge the receipt of all reports and inform the reporting employee of the progress of any investigation and its outcome
- ensure that employees who are thinking about reporting a concern or who have already done so are aware of the internal and external sources of advice and support available to them
- deal with suspected wrongdoing through its internal processes as far as is possible but involve external agencies immediately if it becomes necessary to do so
- ensure that all supervisors and managers are enabled, through induction, information and other support, to promote this policy and to respond appropriately where an employee reports a concern to them

#### 5. Reporting Concerns

Employees will be able to report concerns in a variety of ways.

Preferably, they will speak to their supervisor/ manager. However, they may not feel able to do that e.g. their supervisor may be involved in the suspected wrongdoing or the individual may just want to make an anonymous report. Whatever the reason, if an employee wants to take another route, they can:-

- speak to a senior manager in their service
- report online
  - on the Council's internet site: Click on **Council Services; A – Z** then go to Fraud Reporting or Whistleblowing, or
  - on the Council's intranet, One Dundee: Click on **Do It Online**; Report Fraud or Whistleblowing

- e-mail to [whistleblowing@dundeecity.gov.uk](mailto:whistleblowing@dundeecity.gov.uk)
- telephone 01382 431250 or 0300 123 5829
- Send a letter to: Dundee City Council, Corporate Services Department, Corporate Fraud Team, 50 North Lindsay Street, DUNDEE, DD1 1NZ.
- seek the help of their Trade Union

Employees should report their concerns to the Council in the first instance, but are entitled to raise their concerns with external bodies - 'prescribed persons' - which in Scotland are principally the Secretary to the Accounts Commission for Scotland and the Auditor General for Scotland.

Employees will be told about this option but it will be stressed that they should use internal processes first.

## **6. Protecting Employees who Report Wrongdoing**

The Council will ensure that no employee suffers harm or disadvantage because they have reported or intended to report a concern about suspected wrongdoing provided that they:-

- have reasonable grounds to suspect the wrongdoing, and
- are not acting maliciously or for personal gain

An employee who reports a concern on this basis is automatically protected by law against dismissal for having done so. The Council will protect the employee from suffering any detriment e.g. harassment, victimisation or discrimination because they have made or intend to make a report.

Any employee suspected of bullying, harassing, discriminating against or taking any other action against an employee because they have reported suspected wrongdoing or in order to deter them from doing so will be subject to the terms of the Disciplinary Procedure.

The Council recognises that reporting a concern about wrongdoing may be difficult and stressful. It will therefore offer the employee support and assistance e.g. confirm the various protections to which they are entitled and, where appropriate, offer counselling and advise them of the various sources of information, advice and support which are available, internally and externally.

## **7. Dealing with Reports**

All reports, however they are received, will be shared with the Head of Human Resources and Business Support, the Senior Manager – Internal Audit and the Head of Democratic and Legal Services. They or their delegated officer will determine how to respond e.g. whether an investigation or other action is required and how this should be progressed.

It is likely that an employee who reports a concern will be asked to a meeting to discuss it. If that happens they will have the right to be accompanied by a work colleague or a trade union representative.

The action taken in response to a reported concern will depend on the nature of the concern. The Council may:-

- carry out an internal investigation (HR, Internal Audit and / or Corporate Fraud Team)

- deal with the matter through an internal procedure
- refer the issue to the Police and/or to external auditors,
- refer the issue to an external public or regulatory authority
- bring in external specialists to investigate where required

It may be that no investigation is required.

It is impossible to be prescriptive about how a concern will be dealt with. All reports will be considered seriously, on their merits and as quickly as is reasonably possible. The nature of a concern will determine the nature, type and extent of any investigation required and the reasonable length of any such investigation. However, as soon as it is clear that this is to exceed three months, there should be a review meeting involving the Head of Human Resources and Business Support, and/or the Senior Manager - Internal Audit and/or the Head of Democratic and Legal Services.

## **8. Confidentiality**

The Council will, as far as is reasonably possible, protect the identity of an employee who makes a disclosure and does not wish their identity to be known.

However, identifying the employee may be unavoidable in the course of investigations or formal proceedings e.g. where a statement is required or if the issue has to be referred to an external agency.

## **9. Anonymous Reporting**

A key aim of this policy is to give employees the confidence to report concerns 'openly'. However the Council recognises that it may receive anonymous reports of wrongdoing. Where this happens it will take action after considering the seriousness of the alleged wrongdoing, the credibility of the report and the availability of alternative and attributable sources to support, or not, what has been reported.

Anonymous reports are not the preferred option. However, the Council would prefer to be told about wrongdoing anonymously, rather than not hearing about it at all.

## **10. Feedback to Employees who Raise Concerns**

Unless they request otherwise, the Council will write to an employee who submits a concern, acknowledging its receipt, within five working days. It will maintain contact with the employee, telling them as much of the following as possible:

- how the report will be dealt with
- how long this is likely to take
- whether their further involvement is required and, if so, how
- how the matter has been dealt with
- the name and details of a person they can contact if they wish to discuss anything relating to the concern

If the employee wishes, and subject to any legal and/or confidentiality constraints, the Council will let the employee know the outcome of their report. Where they cannot be given any or full details, the Council will tell them as much as it can and explain why there are matters that it cannot tell them about.

Where an employee's report of suspected wrongdoing proves to be unfounded they will not be subject to any action against them provided that they had reasonable grounds to suspect wrongdoing and were not acting maliciously or for personal gain.

However, an employee who is found to have reported wrongdoing without reasonable cause, for personal gain or with malicious or other inappropriate intent will be subject to the terms of the Disciplinary Procedure.

## 11. Supporting Employees

Employees with questions or concerns about whistleblowing and/or this policy can contact the Human Resources, Internal Audit or Legal teams or their trade union. They can get general information at the ACAS website at:-

<http://www.acas.org.uk/index.aspx?articleid=1919> or specific help from the independent charity Protect <http://www.pcaaw.co.uk/>

## 12. Communication and Training

The terms of this policy will be communicated to all employees following its approval and then be the subject to regular 'refresher' publicity campaigns. Supervisors and managers will be given information and support to carry out their responsibilities and the policy will be included in all induction training.

## 13. Recording and Reporting

The Head of Human Resources and Business Support, the Senior Manager – Internal Audit and the Head of Democratic and Legal Services will be responsible for recording all reports received and the action taken in response. The Executive Director of Corporate Services will report on activity to the Scrutiny Committee annually.

### Downloading documents

All the documents on the Our People pages are kept under continuous review. They will be amended from time to time to reflect changes in Council policy or procedures and in the law. Clearly, any copy which you download to your own files or to print cannot be updated.

Whilst you may need to use a paper copy of a document for reference at a meeting etc. please do not rely on a downloaded copy as an accurate statement of the policy or procedure. Always refer to the Our People pages so that you have an up-to-date and accurate version of any human resources document.

<b>Implementation of original policy</b>		August 2017
<b>Planned Review Date</b>	<b>Actual Review Date</b>	<b>Summary of Changes</b>
August 2019		
	June 2019	"Public Concern at Work" changed to "Protect"