

Governing Body Meeting Date:
5 June 2014



**Harrogate and Rural District
Clinical Commissioning Group**

Report Sponsor

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Report Author

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1. Title of Paper: Whistleblowing Policy (HR)

2. CCG Corporate Objectives supported by this paper

	CCG Corporate Objective	Tick
1	Engage and enable local people to be involved in decisions made about the healthcare we commission	
2	Commission services to ensure and improve quality and safety of services and improve outcomes	✓
3	Achieve a sustainable Health Economy	
4	Deliver transformational service change	
5	Develop strong and mature partnerships	
6	Develop a strong, sustainable and successful CCG	✓

3. CCG Values Underpinned in this paper

	CCG Values	Tick
1	Respect and Dignity	✓
2	Commitment to Quality of Care	✓
3	Compassion	
4	Improving Lives	
5	Working Together for Patients	✓
6	Everyone Counts	

4. Executive Summary

This paper presents the draft Whistleblowing Policy for Harrogate and Rural District CCG.

5. Any statutory / regulatory / legal / NHS Constitution implications

This policy provides a frame work for local implementation of the Public Interest disclosure Act 1998 (PIDA).

6. Equality Impact Assessment

All HR policies are subject to the Equality Impact Assessment Process. There have not been any positive or negative impacts identified from this policy in regard to any of the protected characteristics.

7. Implications/Actions for Public and Patient Engagement

Not applicable

8. Recommendations / Action Required

The Governing Body is asked to agree the draft Whistleblowing Policy and delegate the final approval to be authorised by the Senior Management team following ratification by the Joint Trade Union Partnership Forum.

9. Assurance

HR Policies are reviewed periodically to ensure they remain up to date.

For further information please contact:

Kerry Ryan
Human Resources Business Partner (NYHCSU)
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1.0 Introduction

The purpose of this report is to present the draft Whistleblowing Policy for Harrogate and Rural District Clinical Commissioning Group, 'the CCG'.

2.0 Background

The primary aim of the Whistleblowing Policy is to implement the Public Interest disclosure Act 1998 (PIDA) and provides a mechanism and points of contact for making a disclosure. Although covered by PIDA and the principles of this policy, fraud and safeguarding concerns are managed under separate processes and this policy sign posts to these.

This policy is based on the NHS Business Services Authority National Policy provided to CSU's and has been adapted locally. Although it has been discussed with the Joint Trade Union Partnership Forum (JTUPF) as part of the development process, this was in June 2013. The policy is in the new approved HaRD CCG Policy Framework Document and as such it will be resubmitted for ratification from the JTUPF in June 2014. All CCG staff had the opportunity to contribute to the policy as part of the development process.

This policy will supersede the previous Whistleblowing Policy inherited from North Yorkshire and York PCT. The draft policy is provided as Appendix 1.

3.0 Conclusion and Recommendation

The CCG must have a mechanism for staff to raise concerns at work and therefore it is recommended that the Governing Body approve the draft version of this policy and provide delegated authority to the Senior Management Team to approve the final version following ratification from the JTUPF.

WHISTLEBLOWING POLICY

July 2014

Authorship:	CSU Transition HR Policy Lead- adapted for local use by North Yorkshire and Humber commissioning Support Unit on behalf of HaRD CCG.
Committee Approved:	CCG Governing Body
Approved date:	5 June 2014
Review Date:	Periodically or if statutory changes are required
Equality Impact Assessment:	Completed – Screening/Full [delete as app]
Sustainability Impact Assessment:	Completed
Target Audience:	Council of Members, Governing Body and its Committees and Sub-Committees and CCG Staff
Policy Reference No:	HaRD001
Version Number:	1

The on-line version 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.

POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date on Intranet

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1 INTRODUCTION

1.1 All of us at one time or another have concerns about what is happening at work. Usually these concerns are easily resolved. However, when they are about patient care or patient services, professional practice, unlawful conduct, dishonesty, financial malpractice, or a danger to health, safety or the environment, or a cover up of any of these, it can be difficult to know what to do.

You may be worried about raising such issues or may want to keep the concerns to yourself, perhaps feeling it is none of your business or that it is only a suspicion. You may feel that raising the matter would be disloyal to colleagues, managers or to the CCG. You may have said something but found that you have spoken to the wrong person or raised the issue in the wrong way and are not sure what to do next.

Harrogate and Rural District Clinical Commissioning Group (CCG) has introduced this policy to enable you to raise your concerns or suspicions about any issues of malpractice at an early stage and in the right way. We know from experience that to be successful we must all try to deal with issues on their merits. The CCG welcomes your genuine concerns and is committed to dealing responsibly, openly and professionally with them. Without your help, we cannot deliver a safe service and protect the interests of patients, staff and the CCG. If you are worried, we would rather you raised it when it is just a concern than to wait for proof.

If something is troubling you which you think we should know about or look into, please use this procedure. However, if you are aggrieved about your personal position then this is not the appropriate procedure and you should seek advice from your manager or the North Yorkshire and Humber Commissioning Support Unit (CSU) Workforce Department.

This policy is primarily for concerns where the interests of others, most especially patients, or of the CCG itself, are at risk. It can also be used by staff in order to raise allegations against colleagues in terms of safeguarding children or adults. It can be used by volunteers, trainees, agency workers, home workers, contractors and independent consultants as well as all CCG employees.

If in doubt – raise it!

1.2 This policy aims to:

- encourage employees to feel confident in raising serious concerns regarding the practice of the CCG,
- provide avenues for employees to raise those concerns and receive feedback on any action taken,
- ensure that employees receive a response to their concerns,
- reassure employees that they will be protected from possible reprisals, subsequent discrimination, victimisation or disadvantage if they have a reasonable belief that they have made any disclosure in the public interest.

- 1.3 The CCG also has separate policies to cover fraud and safeguarding concerns which provide further guidance and details separate procedures for reporting suspected cases of fraud. If your concern relates to a suspected incidence of fraud or safeguarding then please refer to the fraud or safeguarding policies respectively. Please note that the principles of this policy will still apply.

2 ENGAGEMENT

During the development of this policy the following groups were involved in the consultation process:

- All staff
- Governing Body
- Membership of North Yorkshire and Humber CSU Joint Trade Union Partnership Forum

Specialist Advice was sought from:

- Shaun Fleming
- East Coast Audit Consortium (ECAC)
- Rosemary Crockett
- Policy Manager - Whistleblowing Helpline

3 IMPACT ANALYSES

3.1 Equality

An equality impact assessment has been completed for this policy. No positive or negative impacts were identified for any protected characteristic. In applying this policy, the CCG will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

Appendix 3 shows the completed assessment.

3.2 Sustainability

A sustainability impact assessment has been completed for this policy. It was not found to have any positive or negative impacts. The assessment can be found in Appendix 4.

3.3 Bribery Act 2010

Under the Bribery Act 2010, it is a criminal offence to:

- Bribe another person by offering, promising or giving a financial or other advantage to induce them to perform improperly a relevant function or activity, or as a reward for already having done so; and

- Be bribed by another person by requesting, agreeing to receive or accepting a financial or other advantage with the intention that a relevant function or activity would then be performed improperly, or as a reward for having already done so.

4 SCOPE

This policy applies to all employees and any agency or contract staff whilst they are working at the CCG, and is in accordance with the CCG's Equality and Diversity policy.

5 POLICY PURPOSE & AIMS

- 6.1 The CCG is committed to the principle of public accountability. The CCG will investigate genuine and reasonable concerns expressed by employees relating to malpractice within the CCG and will ensure that employees are not discriminated against or suffer a detriment as a result of making such a disclosure, as laid down by the Public Interest Disclosure Act 1998 (PIDA).
- 6.2 The CCG encourages all individuals to raise any concerns that they may have about the conduct of others in the CCG or the way in which it is run.
- 6.3 This policy incorporates the requirements of the Public Interest Disclosure Act 1998 (PIDA) and the Bribery Act 2010. Where instances of fraud are identified these should be reported immediately to the Chief Finance Officer or the Local Counter Fraud Specialist (see Appendix 1) who, where appropriate, will arrange for the matter to be referred to the police for investigation and notified to NHS Protect. Please refer to the fraud policy. One of the basic principles of public sector organisations is the proper use of public funds and this would include the assets bought through public funds. It is therefore important that all CCG employees are aware of the rules against any acts involving bribery, dishonesty, corruption or damage to CCG property. For simplicity all such offences are hereafter referred to as "fraud".
- 6.4 Where safeguarding concerns are raised these should be reported immediately to the responsible safeguarding officer in line with the safeguarding policy.
- 6.5 The three fundamental public service values underpinning the NHS and all public sector work, specified by the NHS Code of Conduct for Boards published by the NHS Executive in April 1994 are Accountability, Probity and Openness. All those who work in the public sector should be aware of, and act in accordance with, these values. Acting with honesty and integrity forms a cornerstone of the public sector values.
- 6.6 The CCG is a public sector body and its employees are required to be honest and impartial in the conduct of their business. All employees of the CCG should be aware of the Standards of Business Conduct documentation published on the CCG's intranet. The Governing Body is absolutely committed to maintaining an honest, open and well-intentioned atmosphere within the CCG.
- 6.7 All employees have a duty to report instances where they witness others failing to demonstrate the expected levels of integrity in their working life. This will include bribery, fraud, corruption or bringing the CCG, the NHS or wider public service in to disrepute.
- 6.8 This policy should be read in conjunction with the guidance in Appendix 1.
- 6.9 Appendix 2 provides a summary of the PIDA Act 1998.

6 DEFINITIONS

CSU – Commissioning Support Unit

LCFS – Local Counter Fraud Specialists

7 ROLES / RESPONSIBILITIES / DUTIES

7.1 Director of Human Resources and Governance

The CSU Director Human Resources will be responsible for ensuring that employment law and the CCG's policies and procedures are adhered to throughout the investigation.

7.2 Chief Officer

The Chief Officer will have an overview of the issues involved and will keep the Governing Body informed of the progress of any investigation as necessary.

7.3 Governance and Audit Committee

The Governance and Audit Committee will review any reports submitted to it in respect of this policy, and consider any necessary recommendation.

7.4 Managers

Concerns will normally be reported to an employee's line manager. The manager will be responsible for passing the details to the workforce team, or in cases of fraud to the LCFS or Director of Finance unless it is clear that the concerns are groundless.

7.5 Staff

All staff are responsible for being aware of this policy and for raising any concerns they have using appropriate procedure.

8 IMPLEMENTATION

Once approved, a copy of the policy will be stored electronically in the Intranet.

9 TRAINING & AWARENESS

All employees will be made aware of the policy on joining the organisation and will be encouraged to read and understand it's process. All existing staff will be made aware of the policy and regular training sessions will be organised for management of staff.

10 MONITORING & AUDIT

The implementation of this policy will be audited at appropriate intervals and reported to the CCG Governing Body.

11 POLICY REVIEW

The policy and procedure will be reviewed periodically by the CCG in conjunction with operational managers, the CSU and Trade Union representatives. Where review is necessary due to legislative change, this will happen immediately.

12 REFERENCES

- CCG Fraud Policy
- CCG Safeguarding Policy

13 ASSOCIATED DOCUMENTATION

The following documents should be referred to in conjunction with this policy.

- CCG Fraud Policy
- CCG Safeguarding Policy
- NHS Code of Conduct for Boards
- CCG Concern Report Form
- CCG Disciplinary Policy
- CCG Bullying and Harassment Policy

14 PROCEDURE

14.1 Principles

- 14.1.1 Any matter raised under this procedure will be investigated thoroughly, promptly and confidentially and the outcome of the investigation reported back to the employee who raised the issue.
- 14.1.2 No employee will be victimised for raising a matter under this procedure for raising a legitimate concern. Co-workers who harass or bully someone on the grounds they have made a protected disclosure are personally liable, and the employer is vicariously liable for such actions (subject to a defence they have taken 'all reasonable steps' to prevent workers acting this way).
- 14.1.3 In the event that misconduct is discovered as a result of any investigation under this procedure the organisation's disciplinary procedure will be invoked in addition to any external measures.
- 14.1.4 Where it can be demonstrated that an employee knowingly supplied false information when raising a concern the organisations disciplinary procedure will be invoked.
- 14.1.5 The CCG will treat all such disclosures in a confidential and sensitive manner. The identity of the individual making the allegation may be kept confidential so long as it does not hinder or frustrate any investigation. However, the investigation process may reveal the source of the information and the individual making the disclosure may need to provide a statement as part of the evidence required.
- 14.1.6 This policy encourages individuals to put their name to any disclosures they make. Concerns expressed anonymously are much less credible, but they may be considered at the discretion of the CCG.

In exercising this discretion, the factors to be taken into account will include:

- The seriousness of the issues raised
- The credibility of the concern
- The likelihood of confirming the allegation from attributable sources.

14.2 The Public Interest Disclosure Act 1998

- 14.2.1 The above act provides protection for employees who raise legitimate concerns about specified matters. These are called "qualifying disclosures". A qualifying disclosure is one made in the public interest by an employee who reasonably suspects:
- a criminal offence;
 - a miscarriage of justice;
 - an act creating risk to health and safety;
 - an act causing damage to the environment;
 - a breach or failure to comply with any legal or professional obligation or regulatory requirement;
 - bribery;
 - financial fraud or mismanagement;

- unauthorised disclosure of confidential information;
- abuse in care;
- patient safety;
- a concealment of any of the above is being or is likely to be committed.

It is not necessary for the employee to have proof that such an act is being, has been, or is likely to be committed, a reasonable belief is sufficient.

Only disclosures about specified types of malpractice may qualify for protection. A worker who is victimised or penalised for making a protected disclosure can bring an action for compensation against the employer at an employment tribunal.

14.3 Confidentiality

14.3.1 Employees raising a concern should be aware of the need to follow this procedure and in particular to maintain confidentiality. Allegations of Breaches in Confidentiality will be dealt with using the appropriate procedures, through the use of the CCG Disciplinary Policy.

14.3.2 The identity of the individual who has raised a concern will be protected on request and will not be disclosed without consent. Whether and how to proceed will be discussed with the whistleblower if the situation arises where the concern cannot be resolved without revealing their identity (for example, because there is an internal investigation or evidence is needed in court).

14.3.3 Any employee raising a concern must be aware that they may be asked to present evidence to substantiate any allegations made, and/or to provide a written statement. In addition, they may be asked to explain their allegations during any disciplinary proceedings that may result from them.

15 HOW TO RAISE A CONCERN

We all have a responsibility and duty (often reinforced in Professional Codes of Conduct) to draw to the attention of CCG management any anxieties or concerns which we may have in respect of the conduct of another employee where we consider that this conduct may be detrimental to the interests of patients and/or employees of the CCG. This includes instances which compromise or appear to compromise the standards laid down by the CCG, including health and safety, ethical behaviour, clinical governance, corporate governance or probity protocols. There may be implications for you as an individual if you do not raise your concerns with CCG management or, as a minimum, discuss the matter with your professional organisation.

15.1 Step One

If you have a concern about any issue, we hope you will feel able to raise it in the first instance with your manager.

15.2 Step Two

If you don't feel Step one is appropriate or it hasn't worked, please raise the matter with a CCG Senior Officer or Director. Please say if you want to raise the matter in confidence so that they

can make appropriate arrangements. We will ask if you would like us to write to you summarising your concern and the action we propose to take.

If you are unsure who to contact please ask one of the advice bodies listed below or someone from the CSU Workforce Team.

15.3 Step Three

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

- CSU Director of Human Resources and Governance (Amanda Wilcock 01904 601123) or
- Chair of the CCG (Dr Alistair Ingram 01423799300) or
- CCG Non Executive Director

15.4 This procedure is intended to provide employees with an opportunity within the CCG to raise concerns. If, however, they are not satisfied with any action taken and feel it is right to take the matter outside the CCG, they should ensure that they do not disclose information which should properly remain confidential. Employees will need to confirm this with the person or organisation they decide to contact.

15.5 In light of the procedure laid down in this Policy it is expected that all employee's concerns can be addressed and dealt with internally or externally, and without reference to the media. An employee who has exhausted all the locally established procedures and who has taken account of any initial advice which they may have been given may, as a last resort, consider speaking to the media. If the employee considers that the involvement of the media is appropriate they should seek advice (or further advice) from professional or other representative organisations and preferably discuss matters further with their manager before taking this step.

15.6 Such action, if entered into unjustifiably, could unreasonably undermine public confidence in the services provided by your colleagues and the CCG. Employees are therefore strongly advised to first seek further specialist guidance as noted above.

16 INVESTIGATING PROCESS

16.1 Due to the varied nature of these sort of complaints, which may involve internal investigators and / or the police, it is not possible to lay down precise timescales for such investigations. The investigating officer should ensure that the investigations are undertaken as quickly as possible without affecting the quality and depth of those investigations.

16.2 The CSU Workforce team shall advise those involved in the investigation in matters of employment law and other procedural matters.

16.3 Any potential disciplinary matters will be dealt with by the CCG in conjunction with the CSU and, where appropriate, relevant external bodies.

- 16.4 If the complainant is not satisfied that their concern is being properly dealt with by the investigating officer, they have the right to raise it in confidence with the Chief Officer / Chair, or one of the designated persons described above.
- 16.5 If the investigation finds the allegations unsubstantiated and all internal procedures have been exhausted, but the complainant is not satisfied with the outcome of the investigation, the CCG recognises the lawful rights of employees and ex-employees to make disclosures to prescribed persons (such as the Health and Safety Executive or, where justified, other relevant external bodies).

17 HELP & ADVICE

- 17.1 At any point either before raising the concern or at any stage in this procedure an employee may involve a Trade Union or Professional Association Representative who will be able to provide help and advice.
- 17.2 Free, independent and confidential advice can be obtained from the Whistleblowing Helpline for NHS and Social Care on 08000 724 725.
- 17.3 Support and advice is available from Public Concern at Work and the NAO Comptroller and Auditor General at the following addresses:

Public Concern at Work 3rd Floor, Bank Chambers 6 - 10 Borough High Street London, SE1 9QQ Tel: 020 7404 6609 Website: http://www.pcaw.co.uk	The Comptroller and Auditor General National Audit Office 157-197 Buckingham Palace Road London SW1W 9SP Telephone: 020 7798 7999
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APPENDICES

- Appendix 1 Guidance to Staff
- Appendix 2 Summary of Public Interest Disclosure Act 1998
- Appendix 3 Equality Impact Assessment
- Appendix 4 Sustainability Assessment

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GUIDANCE TO STAFF**Q - What should you do if you suspect malpractice?**

Do make an immediate note of your concerns

Do convey your suspicions to someone with the appropriate authority and experience

Do in cases of suspected fraud tell the LCFS Steven Moss and Glyn Thomas which can be contacted by e-mail Steven.moss@york.nhs.uk or Glyn.Thomas@york.nhs.uk or phone: 01904 725145 or 01904 725166 or the Director of Finance or contact the NHS National Fraud & Corruption reporting line on 08000 724 725 or report online at www.reportnhsfraud.nhs.uk in cases of fraud.

Don't do nothing

Don't be afraid of raising your concerns

Don't accuse any individuals directly

Don't try to investigate the matter yourself

Don't tell anyone about your suspicions other than those with the proper authority

GUIDANCE TO MANAGERS

Do be responsive to staff concerns

Do note details

Do try to evaluate the allegation objectively

Do deal with the matter promptly

Do advise the appropriate person:

- Line Manager
- CSU Director of Human Resources and Governance/CSU Workforce Team
- Director of Finance.
- Local Counter Fraud Specialist
- Safeguarding Officer

Don't ridicule suspicions raised by staff

Don't approach or accuse any individuals directly

Don't convey your suspicions to anyone other than those with the proper authority

Don't try to investigate the matter yourself

SUMMARY OF THE PUBLIC INTEREST DISCLOSURE ACT 1998

The Act applies to the public, private and voluntary sectors. It aims to improve accountability and good governance in all organisations by assuring workers concerned about malpractice that it is safe to raise their concerns. It also encourages employers to be receptive to such concerns and penalises them if they respond by victimising the worker.

The Act sets out the circumstances in which a disclosure of information may be protected. In brief, to obtain that protection, workers must act reasonably and responsibly. An employee who makes a rash disclosure (to the media for example, of a matter which could and should have been raised internally) will not be protected.

Only disclosures about specified types of malpractice may qualify for protection. A worker who is victimised or penalised for making a protected disclosure can bring an action for compensation against the employer at an employment tribunal.

Malpractice

The Act applies to people at work raising genuine concerns about crime, failure to comply with any legal duty (including negligence, breach of contract, breach of administrative law), miscarriage of justice, danger to health and safety or the environment, and the cover up of any of these. In the NHS this includes a worker raising concerns about risks to patients or about financial malpractice. It applies whether or not the information is confidential and whether the malpractice is occurring in the UK or overseas.

Individuals Covered

In addition to employees, the Act covers other workers, trainees, agency staff, homeworkers and all self-employed NHS professionals (i.e. doctors, ophthalmologists, dentists and pharmacists). The usual employment law restrictions on minimum qualifying period and age do not apply. It does not cover the genuinely self-employed (other than in the NHS), volunteers, the intelligence services, army or police officers.

Internal Disclosures

A disclosure to the employer will be protected if the employee (often referred to as a “whistleblower”) has an honest and reasonable suspicion that the malpractice has occurred, is occurring or is likely to occur. Where a third party is responsible for the malpractice, this same test applies to disclosures made to it.

Legal Advice

To ensure that people concerned about malpractice can get independent and confidential advice about how the Act works, disclosures to lawyers are protected.

NHS and Quangos

To promote accountability in public life, the same protection as for internal disclosures applies where someone in the NHS or a public organisation blows the whistle direct to the sponsoring department. There is no requirement that such concerns be raised internally first.

Regulatory Disclosures

Special provision is made for disclosures to organisations, which are prescribed under the Act. Those relevant to the NHS are:

- Public sector finance – Audit Commission
- Fraud and fiscal irregularities – Serious Fraud Office, Inland Revenue, Customs and Excise
- Health and Safety dangers – the relevant enforcing authority (Health & Safety Executive or Local Authority)
- Environmental dangers – the Environment Agency
- Others – Care Quality Commission, Charity Commission, Occupational Pensions Regulatory Authority

Such disclosures will be protected where the whistleblower meets the tests for internal disclosures and additionally, honestly and reasonably believes that the information and any allegation contained in it are substantially true.

Wider Disclosures

First, the concern must have been raised with the employer or a prescribed regulator, unless:

- The worker reasonably believed s/he would be victimized if s/he did do
- There is no prescribed regulator and the worker reasonably believed there would be a cover-up
- The matter was exceptionally serious

If one of the above pre-conditions is met, and the Tribunal is satisfied that disclosure was reasonable, the whistleblower will be protected.

Wider disclosures (e.g. to the police, the media, MPs and non-prescribed regulators) are protected if, in addition to the tests for regulatory disclosures, they are not made for personal gain and the following provisions are met:

- In deciding the reasonableness of the disclosure the Tribunal will consider the identity of the person it was made to, the seriousness of the concern, whether the risk or danger remains, and whether the disclosure breached a duty of confidence the employer owed a third party.
- Where the concern had been raised with the employer or a prescribed regulator, the Tribunal will also consider the reasonableness of their response.
- Finally, if the concern had been raised with the employer, the Tribunal will consider whether any whistleblowing policy in the organization was or should have been used.

Full Protection

Where a worker or employee is victimised for blowing the whistle in breach of the Act, s/he can bring a claim at an Employment Tribunal. The usual limits on awards in employment law will not apply under the

Public Interest Disclosure Act. Workers and employees who lose their jobs in breach of the Act will be fully compensated for their losses. Awards for victimisation short of dismissal will also be uncapped and based on what is just and equitable in all the circumstances.

Where an employee (but not other workers) is dismissed for blowing the whistle, s/he may apply within seven days for an interim order. Where the Tribunal considers that the employee is likely to win at the full hearing, it will order that s/he keeps his/her job or is paid his/her wages pending the full hearing.

The provisions on interim relief do not apply to self-employed professionals in the NHS. Nor can a tribunal make a Re-employment Order where the contract of a self-employed professional has been terminated in breach of the Act. However, as such workers will be entitled to recover their full losses at an Employment Tribunal; re-employment may well be an option the employer may wish to consider in the event of a claim under the Act.

Gagging Clauses

Gagging clauses in employment contracts and severance agreements are void insofar as they conflict with the Act's protection.

Criminal Offences

Where the disclosure of that information was itself a criminal offence, such as under the Official Secrets Act, the whistleblower will not be protected under the Act if s/he has or would have been convicted of the offence.

[Extract from the Public Concern at Work Briefing Pack]

1. Equality Impact Analysis											
Policy / Project / Function:	Whistleblowing Policy										
Date of Analysis:	25/9/13										
This Equality Impact Analysis was completed by: (Name and Department)	CSU Workforce Department										
What are the aims and intended effects of this policy, project or function ?	<ul style="list-style-type: none"> • Harrogate and Rural District Clinical Commissioning Group (CCG) has introduced this policy to enable employees to raise their concerns or suspicions about any issues of malpractice at an early stage and in the right way • This policy is primarily for concerns where the interests of others, most especially patients, or of the CCG itself, are at risk. It can also be used by staff in order to raise allegations against colleagues in terms of safeguarding children or adults. It can be used by volunteers, trainees, agency workers, home workers, contractors and independent consultants as well as all CCG employees 										
Please list any other policies that are related to or referred to as part of this analysis?	<ul style="list-style-type: none"> • Fraud and Bribery (Public Interest Disclosure) • Disciplinary Policy • Equality and Diversity Policy • Safeguarding Policy 										
Who does the policy, project or function affect ? Please Tick ✓	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Employees</td> <td style="text-align: right; padding: 2px;">✓ <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Service Users</td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Members of the Public</td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Other (List Below)</td> <td style="text-align: right; padding: 2px;">✓ <input type="checkbox"/></td> </tr> <tr> <td colspan="2" style="padding: 2px;">Volunteers/independent consultants and agency workers</td> </tr> </table>	Employees	✓ <input type="checkbox"/>	Service Users	<input type="checkbox"/>	Members of the Public	<input type="checkbox"/>	Other (List Below)	✓ <input type="checkbox"/>	Volunteers/independent consultants and agency workers	
Employees	✓ <input type="checkbox"/>										
Service Users	<input type="checkbox"/>										
Members of the Public	<input type="checkbox"/>										
Other (List Below)	✓ <input type="checkbox"/>										
Volunteers/independent consultants and agency workers											

2. Equality Impact Analysis: Screening

	Could this policy have a positive impact on...		Could this policy have a negative impact on...		Is there any evidence which already exists from previous (e.g. from previous engagement) to evidence this impact
	Yes	No	Yes	No	
Race	<input type="checkbox"/>	✓	<input type="checkbox"/>	✓	
Age	<input type="checkbox"/>	✓	<input type="checkbox"/>	✓	
Sexual Orientation	<input type="checkbox"/>	✓	<input type="checkbox"/>	✓	
Disabled People	<input type="checkbox"/>	✓	<input type="checkbox"/>	✓	
Gender	<input type="checkbox"/>	✓	<input type="checkbox"/>	✓	
Transgender People	<input type="checkbox"/>	✓	<input type="checkbox"/>	✓	
Pregnancy and Maternity	<input type="checkbox"/>	✓	<input type="checkbox"/>	✓	
Marital Status	<input type="checkbox"/>	✓	<input type="checkbox"/>	✓	
Religion and Belief	<input type="checkbox"/>	✓	<input type="checkbox"/>	✓	
Reasoning	This policy applies to all staff equally regardless of any protected characteristics. The application of the policy can be monitored through data collection and analysis if concerns are raised				

If there is no positive or negative impact on any of the Nine Protected Characteristics go to Section 7

3. Equality Impact Analysis: Local Profile Data

Local Profile/Demography of the Groups affected (population figures)	
General	Total number of employees in the CCG is 24
Age	12% of staff employed are under 30 17% of staff are over 55 71% are aged 30-55
Race	79% staff employed in the CCG are White 8% staff are Non-white 13% of staff have are not stated/undefined their ethnicity
Sex	46% staff employed are female 54% staff employed are male
Gender reassignment	No information at this stage
Disability	83% of staff employed declared themselves as having no disability No staff have declared a disability 17% did not declare /undefined
Sexual Orientation	75% of staff described themselves as heterosexual 25% did not wish to respond /undefined
Religion, faith and belief	Christianity is the largest religious group declared by staff in the CCG (38%) 33% of staff have other beliefs/religious beliefs 29% were undefined or did not wish to declare
Marriage and civil partnership	73% of employees are married. No employees are in a civil partnership
Pregnancy and maternity	No information yet as the CCG has not been established long enough to build meaningful data

4. Equality Impact Analysis: Equality Data Available

<p>Is any Equality Data available relating to the use or implementation of this policy, project or function?</p> <p>Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine <i>Protected Characteristics</i> – referred to hereafter as ‘<i>Equality Groups</i>’.</p> <p>Examples of <i>Equality Data</i> include: (this list is not definitive)</p> <ol style="list-style-type: none"> 1. Application success rates <i>Equality Groups</i> 2. Complaints by <i>Equality Groups</i> 3. Service usage and withdrawal of services by <i>Equality Groups</i> 4. Grievances or decisions upheld and dismissed by <i>Equality Groups</i> 5. <i>Previous EIAs</i> 	<p>Yes <input type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p> <p>Where you have answered yes, please incorporate this data when performing the <i>Equality Impact Assessment Test</i> (the next section of this document).</p>
<p>List any Consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function</p>	<p>Joint Trade Union Partnership Forum</p> <p>North Lincolnshire CCG Quality Group</p> <p>North Lincolnshire CCG Audit Group</p>
<p>Promoting Inclusivity How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation</p>	<p>This Policy does not directly promote inclusivity, however, it provides a framework to handle workplace concerns in a clear and consistent manner.</p>

5. Equality Impact Analysis: Assessment Test

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
Gender (Men and Women)	✓			
Race (All Racial Groups)	✓			
Disability (Mental and Physical)	✓			
Religion or Belief	✓			
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	✓			

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
Pregnancy and Maternity	✓			
Transgender	✓			
Marital Status	✓			
Age	✓			

6. Action Planning

As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:

7. Equality Impact Analysis Findings

Analysis Rating:	<input type="checkbox"/> Red	<input type="checkbox"/> Red/Amber	<input type="checkbox"/> Amber	<input type="checkbox"/> Green
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DRAFT

Brief Summary/Further comments	
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Approved By		
Job Title:	Name:	Date:

Sustainability Impact Assessment

Staff preparing a policy, Governing Body (or Sub-Committee) report, service development or project are required to complete a Sustainability Impact Assessment (SIA). The purpose of this SIA is to record any positive or negative impacts that this is likely to have on sustainability.

Title of the document	Whistleblowing Policy
What is the main purpose of the document	To provide a framework for raising concerns at work
Date completed	27th May 2014
Completed by	Kerry Ryan

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Travel	Will it provide / improve / promote alternatives to car based transport? Will it support more efficient use of cars (car sharing, low emission vehicles, environmentally friendly fuels and technologies)? Will it reduce 'care miles' (telecare, care closer) to home? Will it promote active travel (cycling, walking)? Will it improve access to opportunities and facilities for all groups?	0 0 0 0 0		
Procurement	Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery? Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives? Will it promote ethical purchasing of goods or services? Will it promote greater efficiency of resource use?	0 0 0 0		

	Will it obtain maximum value from pharmaceuticals and technologies (medicines management, prescribing, and supply chain)? Will it support local or regional supply chains? Will it promote access to local services (care closer to home)? Will it make current activities more efficient or alter service delivery models?	0 0 0 0		
Facilities Management	Will it reduce the amount of waste produced or increase the amount of waste recycled? Will it reduce water consumption?	0 0		
Workforce	Will it provide employment opportunities for local people? Will it promote or support equal employment opportunities? Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)? Will it offer employment opportunities to disadvantaged groups?	0 0 0 0		
Community Engagement	Will it promote health and sustainable development? Have you sought the views of our communities in relation to the impact on sustainable development for this activity?	0 0		
Buildings	Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)? Will it increase safety and security in new buildings and developments? Will it reduce greenhouse gas emissions from transport (choice of mode of transport, reducing need to travel)? Will it provide sympathetic and appropriate landscaping around new development? Will it improve access to the built environment?	0 0 0 0 0		
Adaptation to Climate Change	Will it support the plan for the likely effects of climate change (e.g. identifying vulnerable groups; contingency planning for flood, heat wave and	0		

	other weather extremes)?			
Models of Care	Will it minimising 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes?	0		
	Will it promote prevention and self-management?	0		
	Will it provide evidence-based, personalised care that achieves the best possible outcomes with the resources available?	0		
	Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?	0		