## WHISTLEBLOWING POLICY

<table>
<thead>
<tr>
<th>Post holder responsible for Policy:</th>
<th>Senior HR Manager</th>
</tr>
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<tbody>
<tr>
<td>Directorate/Department responsible for Policy:</td>
<td>Human Resources</td>
</tr>
<tr>
<td>Contact details:</td>
<td>01392 402027</td>
</tr>
<tr>
<td>Date written:</td>
<td>November 2003</td>
</tr>
<tr>
<td>Date revised:</td>
<td>October 2008</td>
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</table>
| Approval route (names of committees): | JSCNC October 2008  
OMG November 2008  
Trust Executive March 2009  
Governance Committee September 2009  
Trust Executive September 2009 |
| Level of Impact Assessment (Screening or Full – attach to policy) | Screening |
| Date of final approval: | September 2009 |
| Date due for revision: | September 2011 |
| Date policy becomes live: | September 2009 |
| This document replaces: | N/a |

**This policy etc. covers:** (Please tick ✓ relevant box below)

<table>
<thead>
<tr>
<th>Healthcare Standards (CORE)</th>
<th>C8</th>
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<tr>
<td>Healthcare Standards (DEVELOPMENTAL)</td>
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<td>Finance</td>
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<td>Service Development Strategy</td>
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<td>Performance Management X</td>
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<tr>
<td>Local Delivery Plan</td>
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<td>Assurance Framework</td>
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<td>Complaints X</td>
</tr>
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</table>

**Other** (Please specify): NHSLA Risk Management Standards for Acute Trusts, standard 1.2

Note: This policy has been assessed for any equality, diversity or human rights implications.

**Controlled document**

This document has been created following the Royal Devon and Exeter NHS Foundation Trust Policies, Procedures, Protocols, Guidelines and Standards Policy. It should not be altered in any way without the express permission of the author or their representative.
COMMUNICATION PLAN

The following action plan will be enacted once the policy etc. has been approved.

<table>
<thead>
<tr>
<th>Staff groups that need to have knowledge of the policy</th>
<th>All employees of the Trust, together with bank workers, the self-employed, contractors and agency staff working within the Trust.</th>
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<tbody>
<tr>
<td>The key changes if a revised policy*</td>
<td>Clarification that the Disciplinary, Capability and Appeals Policy &amp; Procedure will apply in cases where someone maliciously raises a matter they know is untrue or where there are reprisals against an employee who raises a genuine concern. Addition of a flow chart, management guidelines including the role of the Non Executive Director, timescales for response times reference Case Management and sample letters to support the process. Introduction of investigation template.</td>
</tr>
<tr>
<td>The key objectives</td>
<td>To remind employees of the Trust’s Policy and Procedure for raising work related concerns.</td>
</tr>
<tr>
<td>How new staff will be made aware of the policy, e.g. induction process, cascade etc.</td>
<td>Induction process, intranet.</td>
</tr>
<tr>
<td>Training available to staff</td>
<td>Induction</td>
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<tr>
<td>Any other requirements</td>
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*delete as appropriate
1. OVERVIEW OF THE POLICY

1.1 To remind employees of the Trust’s Policy and Procedure for raising work related concerns.

2. CHANGES TO EXISTING POLICY

2.1 Note that the Disciplinary, Capability and Appeals Policy & Procedure will apply in cases where someone maliciously raises a matter they know to be untrue, or where there are reprisals against someone who raises a genuine concern. Addition of a flow chart, management guidelines including the role of the Non Executive Director, timescales for response times reference Case Management and sample letters to support the process. Introduction of investigation template.

3. SPECIFIC ISSUES TO BE RAISED WITH EMPLOYEES

3.1 Open to all employees, including permanent, temporary and bank workers. Also to those who are self-employed, contractors and agency staff working within the Trust.

4. MANAGER AND EMPLOYEE ACTION

4.1 Managers to ensure that all employees, including those listed under 3.1 above, are informed of the availability of the policy. Existing employees should be advised of the revisions.

5. ISSUES FOLLOWING IMPACT ASSESSMENTS

5.1 Open to all those listed in 3.1 above.

6. LOCATION OF HARD/ELECTRONIC COPY OF THE POLICY ETC.

6.1 Trust intranet under Policies and Procedures.
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GUIDELINES FOR EMPLOYEES WISHING TO RAISE WORK RELATED CONCERNS

“If workers bring information about a wrongdoing to the attention of their employers or a relevant organisation, they are protected in certain ways under the Public Interest Disclosure Act 1998. This is commonly referred to as “blowing the whistle”.” www.acas.org.uk

1. INTRODUCTION

All of us, at one time or another, may have concerns about what is happening at work. Usually, these concerns are easily resolved, however, when they are about:

- Unethical/Unlawful conduct
- Financial malpractice
- Dangers to the public or the environment
- Breaches of confidentiality and/or security
- Concerns about the provision of care to a patient, or care group
- Concerns about a colleague’s professional conduct and performance
- Deliberate covering up of information about any of the above six matters

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 that 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 organisation. You may decide to say something but find that you have spoken to the wrong person or raised the issue in the wrong way and are not sure what to do next.

The Trust has produced this policy to make clear both your entitlement to raise concerns and the way in which you can do this at an early stage and in the right way. We would rather that you raised the matter when it is just a concern, at an early stage rather than delay and wait for proof. You should, where possible, raise concerns within 14 days of the incident or issue.

If something is troubling you that you think we should know about or look into, please use these guidelines. If, however, you are aggrieved about your personal position, please use the Grievance/Dispute Resolution Policy & Procedure, which you can get from your Manager or Human Resources Department. These guidelines are primarily for concerns where the interests of others, patients or employees or of the Trust itself are at risk.

If in doubt we would encourage you to raise any issue promptly through the pathways described in this policy.

Other Trust policies that may be relevant to whistle blowing are shown in Appendix A.

2. AIMS

Through implementing this policy the Trust aims to protect employees from being subjected to a detriment by their employer for making a protected disclosure. In so doing the Trust is complying with the Employment Rights Act 1996 and the Public Interest Disclosure Act 1998.
The Trust also aims to create a method by which employees can alert it to risks, practices or issues of which it may be unaware and which may be of cause for concern.

3. SCOPE

This policy applies to all employees and Directors of the Trust, including permanent, temporary and bank workers, and also to the self-employed, contractors and agency workers within the Trust.

4. OUR ASSURANCES TO YOU

4.1 Your Safety

The Royal Devon and Exeter NHS Foundation Trust Board has approved this policy and is committed to its content and the spirit within which it was written.

We undertake that if you raise a genuine concern under these guidelines, these will be treated seriously and sensitively and you will not be at risk of losing your job or suffering any form of retribution as a result. Providing you are acting in good faith, it does not matter if you are mistaken.

The Trust does not extend this assurance to someone who maliciously raises a matter they know is untrue. In this instance this would become a disciplinary matter in line with the Disciplinary, Capability and Appeals Policy and Procedure.

4.2 Confidentiality

The Trust will not tolerate the harassment or victimisation of anyone raising a genuine concern. Reprisals against an employee in such cases will be treated as a disciplinary matter which may lead to a sanction up to and including dismissal.

This policy encourages you to raise concerns and not to remain anonymous, by ensuring that you will be protected from victimisation. However, if you wish to remain anonymous, we will attempt to protect your identity. This may not always be possible as employees who report concerns may be required to give evidence as a witness, in situations where disciplinary or criminal action is taken.

We will use our discretion in maintaining the anonymity of the individual concerned and will take into account various factors such as the seriousness of the issue(s) raised and the likelihood of obtaining information from alternative sources, which would confirm the allegation.

We do not encourage employees to make disclosures anonymously. Proper investigation may be more difficult or impossible if we cannot obtain further information from you. It is also more difficult to establish whether any allegations are credible and have been made in good faith. If you are in any doubt you can seek advice from Public Concern at Work, the independent whistleblowing charity, who offer a confidential helpline. Their contact details are at the end of this policy within section 7.

Whilst pursuing the aim of openness, it is imperative that patient confidentiality is maintained and that confidence in the services provided by the Trust is not unreasonably undermined or compromised. Similarly, as employees have certain
obligations and responsibilities to the Trust as their employer, it is important that the employer/employee relationship is not compromised.

5. **HOW TO RAISE A CONCERN INTERNALLY**

5.1 In the pursuit of service excellence and patient care the Trust encourages all staff to seek continuous improvement in the way in which they carry out their day to day responsibilities. In the course of this it would be expected that staff would raise issues directly with their line managers, to which staff would reasonably expect a fair and consistent response. In this context, issues raised in this way that are not resolved to a satisfactory conclusion and where the concerns relate specifically to the Trust, its employees or its patients, staff should exercise their right to lodge a grievance through the whistleblowing policy.

Where an employee believes there is an instance of Fraud being committed, they should report this immediately to the Director of Finance and Business Development who will initiate a full investigation into allegations lodged.

5.2 **Step one**

The Trust operates an open, ‘no blame’ culture in which employees can safely raise concerns about malpractice or risks or issues which may cause issues for the Trust, its employees or its patients their line Managers within 14 days of the incident, either verbally or in writing. We recognise that there may be exceptions to this timescale.

It is not advisable for you to investigate the matter before raising the concern, nor do you have to wait until you have ‘proof’ of your suspicions. You should not seek to obtain evidence by covert means. You will, however, be expected to demonstrate that there are reasonable grounds for raising the concern under the whistleblowing policy.

Your line manager has a duty to act on this promptly passing any concern, within 7 working days, to the Director of Finance and Business Development or The Director of Nursing and Patient Care, the named Non Executive Director or one of the Joint Medical Directors for consideration.

It will be for one of these nominated Directors, together with the Director of Human Resources, to decide whether the incident/issue should be investigated in line with this policy or whether the issue is already resolved and therefore is only recorded.

5.3 **Step Two**

If you feel unable to raise the matter directly with your manager, for whatever reason, please raise the matter verbally or in writing with:

Miss S. Tracey  OR  Miss M.N. Orzel  
Director of Finance & Business  Director of Nursing and Patient  
Development  Care  
Royal Devon and Exeter  Royal Devon and Exeter Hospital  
Hospital (Wonford)  (Wonford)  
Area E, Level 2  Area E, Level 2  
Barrack Road  Barrack Road,  
Exeter, Devon  Exeter, Devon.  
EX2 5DW  EX2 5DW  
Tel. 01392 402362  Tel. 01392 403947
5.4 Step Three

If these channels have been followed, and you still have concerns which have not been addressed, or if you feel that the matter is so serious that you cannot discuss it with any of the above, please contact the Chief Executive directly:

Mrs. Angela Pedder  
Chief Executive  
Royal Devon and Exeter Hospital (Wonford)  
Area E, Level 2  
Barrack Road  
Exeter  
Devon  
EX2 5DW  
Tel. 01392 402357

Or, in her absence, Miss Elaine Hobson, Chief Operating Officer, Tel.01392 402391

She will then take a decision as to whether an investigation/further investigation needs to be carried out in line with this policy. If so she will appoint Senior Officers of the Trust to undertake the investigation and report back to her.

She will report back to you in relation to the issue after her consideration of your complaint or when an investigation has been completed and there is an outcome.

5.5 Appeal

Employees have the right of appeal if they believe that the process of their whistleblowing complaint was not followed as described within the policy. Appeal should be made to the Chairman within 15 days of the date of the outcome letter.

Ms Angela Ballatti  
Chairman  
Royal Devon and Exeter Hospital (Wonford)  
Area E, Level 2  
Barrack Road  
Exeter  
Devon  
EX2 5DW
5.6 Fraud and Corruption

If your concern is about fraud or corruption, you should contact:

Miss S. Tracey  
Director of Finance & Business Development  
Royal Devon and Exeter Hospital (Wonford)  
Area E, Level 2  
Barrack Road,  
Exeter  
Devon EX2 5DW  
Tel. 01392 402362

OR

Devon & Cornwall Counter Fraud Service  
c/o Internal Audit  
Crown Yealm House  
South Molton  
Devon  
EX36 3LH

Local Counter Fraud Specialist – Tel. 01769 575118 or 01803 653328

Or the National NHS Fraud and Corruption Reporting Line: 0800 028 40 60

6. HOW WE WILL HANDLE THE MATTER

Once you have told us of your concern, we will assess initially what action should be taken, (see management guidelines at Appendix C, and flowchart at Appendix F). This may involve an internal inquiry, or a more formal investigation. We will tell you who is handling the matter, how you can contact him/her, and whether your further assistance may be needed. We will write to you, summarising your concern, and setting out how we propose to handle it. When you raise the concern, you may be asked how you think the matter might best be resolved. If you do have any personal interest in the matter, we do ask that you tell us at the outset. If your concern falls more properly within the Grievance/Dispute Resolution Policy & Procedure we will tell you.

We will also appoint a Non Executive Director to oversee the investigation process and their role will be to ensure that the investigation is thorough, fair and objective by receiving regular progress updates from the investigating manager every 2 weeks as a minimum.

While the purpose of these guidelines is to enable us to investigate possible mal-practice and take appropriate steps to deal with it, we will give you as much feedback as we properly can. If requested, we will confirm our response to you in writing. Please note, however, that we may not be able to tell you the precise action we take where this would infringe a duty of confidence owed by us to someone else.

7. EXTERNAL ADVICE

If you are unsure whether to use this procedure or you want independent advice at any stage, you may contact:
• if applicable, your staff side representative;
• the independent charity Public Concern at Work on 0207 404 6609. Their lawyers can give you free confidential advice at any stage about how to raise a concern about serious malpractice at work.

7.1 External Contacts

While we hope these guidelines give you the reassurance you need to raise such matters internally, we recognise that there may be circumstances where you can properly report matters to outside bodies, such as professional regulators or the police. Public Concern at Work or, if applicable, your staff side representative, will be able to advise you on such an option and on the circumstances in which you may be able to contact an outside body safely.

If you are considering making a disclosure to the media you are strongly advised to first seek guidance from a professional, or other representative body. Alternatively you may wish to discuss the matter with your manager or professional head.

Whilst we hope these guidelines give you the reassurance you need to raise such matters internally, we would rather you raised a matter with the appropriate regulator (likely to be the Care Quality Commission) than not at all. Provided you are acting in good faith and have reasonable grounds for raising the concern, you can also contact the statutory bodies/organisations shown on Appendix B.

If you make the decision to refer to an outside body, you may wish to consider informing the Chief Executive. However it should be made clear that staff are not required to do so.

8. IF YOU ARE DISSATISFIED

If you are dissatisfied with our response, remember you can go to the other levels and bodies detailed in these guidelines.

While we cannot guarantee that we will respond to all matters in the way that you might wish, we will try to handle the matter fairly and properly. By using these guidelines, you will help us to achieve this.

9. References

British Standards Institution Whistleblowing Arrangements – Code of Practice
ACAS
APPENDIX A

OTHER RELEVANT TRUST POLICIES/PROCEDURES/GUIDELINES

• Prevention of Harassment & Bullying at Work Policy
• Grievance/Dispute Resolution Policy & Procedure
• Disciplinary, Capability and Appeals Policy & Procedure
• Equal Opportunities Policy
• Employment of Related Persons Policy
• Health & Safety Policy
• Standing Financial Instructions
• Countering Fraud in the NHS (Leaflet for staff)
APPENDIX B

STATUTORY BODIES/ORGANISATIONS

British Psychological Society
St. Andrews House
48 Princess Road East
Leicester
LE1 7DR
Tel: 0116 254 9568

Health Professionals Council
Park House
184 Kennington Park Road
London
SE11 4BU
Tel: 0207 582 0866

General Dental Council
37 Wimpole Street
London
W1G 8DQ
Tel: 0207 887 3800

Royal Pharmaceutical Society of Great Britain
1 Lambeth High Street
London
SE1 7JN
Tel: 0207 735 9141

Nursing and Midwifery Council
23 Portland Place
London
W1B 1PZ
Tel: 0207 637 7181
WHISTLEBLOWING – MANAGEMENT GUIDELINES

These guidelines are to be used in conjunction with the Whistleblowing Policy and are designed to guide managers through the process. There is also a flow chart attached to show the process. (See Appendix F).

1. If you receive any concern about malpractice, risks or issues, you have a duty to act on this promptly. You must pass any concern to the Director of Finance and Business Development or The Director of Nursing and Patient Care, the named Non Executive Director or one of the Joint Medical Directors for consideration. It will be for one of these nominated Directors, together with the Director of Human Resources to decide whether the incident/issue should be investigated in line with this policy or whether the issue is already resolved and therefore is only recorded.

In instances of suspected fraud the Director of Finance and Business development will follow the Trust Counter Fraud policy.

We would prefer you to raise any issue as near to the alleged incident as possible, preferably within 14 days of it occurring. However we do recognise that this will not always be possible.

The nominated Director together with the Director of Human Resources will pass a copy of the complaint to the Chief Executive.

2. Stage 1. The first stage will be the receipt of a whistleblowing complaint by the Chief Executive. He/she may then delegate to one of his/her Executive Directors the responsibility for investigation into the complaint. The investigation should commence within 14 days of investigation team selection. Where the complaint is in relation to any clinical issue the Medical Director should be included at an early stage, consideration may also be given to whether an external specialist advisor, external to the Trust should be engaged. The Executive Director should be accompanied throughout the investigation by an experienced HR Manager. The complaint should be heard within 21 days of receipt by the Chief Executive. Appendix H contains a template to be followed at all investigative meetings.

The Trust will also appoint a Non Executive Director to oversee the investigation process and their role will be to ensure that the investigation is thorough, fair and objective. The Non Executive Director would not be required to sit in on investigatory meetings or interviews but would be required to meet the investigating manager regularly throughout the investigation and be appraised of the process of the investigation and the findings. Where the Non Executive Director has concerns about the process being followed or the ability of either of the investigators this should be immediately raised with the Director of Human Resources.

3. Stage 2. The Executive Director will meet with the whistleblower and hear the complaint. The whistleblower will be offered rights of representation during any meeting, (entitlement is to a staff side representative or workplace colleague). (See sample letter at Appendix D). This must happen within 21 days of receipt by the Chief Executive.

4. The notes of the investigation meeting with the whistleblower should be forwarded to the whistleblower as soon as reasonably practicable, so that they may check the notes for accuracy(See sample letter at Appendix E). They should then hand write any amendments, remembering that this is a record of the investigation meeting. The whistleblower may if they
wished to add a separate page of any additional information they have remembered since the meeting. On completion this should be signed and returned to the investigation team.

5. At the end of the investigation a report will be formulated which will go to the Chief Executive. He/she will then consider whether he/she feels any further investigation is required. The report should be prepared within 7 days of the completion of the investigation.

6. If the report is approved by the Chief Executive and in the event of any of the allegations being found, the report will go to the Governance Committee for consideration of actions to be taken. At this stage the Director of Human Resources must be informed so that he/she can ensure that actions requested by the Governance Committee are followed through, within 21 days.

7. Following this an outcome letter will be sent to the whistleblower by the Chief Executive confirming the outcomes and actions recommended by the Governance Committee, if appropriate.

8. In the event that the investigation team find that the complaint is unfounded they will still write a final written report to the Chief Executive. If the report is approved by the Chief Executive an outcome letter will go to the whistleblower from the Chief Executive and the report will not go to the Governance Committee.

9. The whistleblower has the right of appeal if they believe that the process within the policy has not been followed. Appeal is to the Chairman in line with the Trust’s Disciplinary, Capability and Appeals Policy and Procedure. Appeals should be made to the Chairman within 15 days of the outcome letter.

10. On receipt of the appeal against the process the Chairman will discuss with the Board collectively whether they feel that the investigation undertaken was appropriate or if they feel that further investigation should be undertaken.

11. In the event that further investigation is deemed appropriate it will be for the Chairman and the Director of Human Resources to jointly agree an appropriate senior member of the Trust team to undertake this investigation with an experienced HR Manager. These should not be the same managers as the original investigation. The further investigation should take place within 21 days of the decision.

12. A report (within 7 days of the completion of the investigation) will go to the Chairman and the Director of Human Resources, who will then consider whether they require any further investigation.

13. If the report is approved by the Chairman and the Director of Human Resources, and in the event of any of the allegations being found, the report will go to the Board for consideration of actions to be taken. At this stage the Director of Human Resources must ensure that actions are followed through.

14. Following consideration by the Board an outcome letter will be sent to the whistleblower, from the Chairman, confirming the outcomes and actions to be taken if appropriate. The letter should be sent within 7 days of the Board decision.

15. In the event that the complaint is unfounded an outcome letter will go from the Chairman to the whistleblower and the report will not go to the Board.

16. There is no further right of appeal against the process or decision at this stage.

Whistleblowing Policy
JSCNC Approved October 2008
OMG Approved November 2008
Trust Exec March 2009
Governance Committee September 2009
Trust Exec September 2009
APPENDIX D

SAMPLE LETTER OF RESPONSE TO EMPLOYEE (WHISTLEBLOWER)

Dear

I am writing to confirm receipt of your letter dated …………… in which you have formally raised concerns regarding………………………………

After consideration of the issues that you have raised I have made the decision that

EITHER:

a) the concerns you have raised fall more properly within the Grievance/Dispute Resolution Policy and Procedure (copy attached), and if you wish to take the matter further you should follow the process outlined in that document.

   You can talk this through in more detail with a member of the HR Operations team who will be able to talk through the process with you.

OR

b) I believe that your complaint warrants a formal investigation and I have asked …………… to lead this investigation with a nominated HR representative. They will contact you shortly to arrange to meet with you and hear the detail of your complaint as part of this investigation.

   Following the initial meeting with yourself, and any appropriate investigations, which will be decided upon by the nominated investigatory team, a report will be prepared and returned to me (Chief Executive). I will then consider whether I believe a thorough investigation has been undertaken or whether I require any further actions to be undertaken.

   Once I am satisfied with the extent of the investigation I will write to you and confirm the outcomes of the investigation and where appropriate any corrective actions that are to be undertaken as a result of your raising your concerns.

   At any formal meeting with the investigatory team you may of course be accompanied at the hearing by either a staff side representative or workplace colleague.

   Please confirm your attendance at the meeting, and advise whether you will be bringing someone with you and if so, who it will be.

If you have any queries about the contents of this letter, please let me know.

Yours sincerely,
APPENDIX E

SAMPLE LETTER TO EMPLOYEE ENCLOSING NOTES OF INVESTIGATORY MEETING

Dear

Thank you for attending the meeting on ……………… in connection with your complaint concerning……………………………………………………………………..

I enclose a copy of the notes of the meeting for your retention. I would be grateful if you would sign the second copy of the notes and return it to me denoting that you feel the notes are accurate. If you wish to make any amendments please do so in ink and initial each change. I would remind you that the notes are not verbatim and should form an overview of the discussions on the day and not any subsequent views. If however you have any supplementary information that you wish to give you may add this on a separate piece of paper and attach it to the notes.

Please return these notes within 1 week of receipt of the letter. If not received from you by this time I will assume that you believe the content to be correct and accurate.

Please let me know if you have any questions or concerns.

Yours sincerely
Receipt of Whistleblowing Complaint heard by Chief Executive or Director of Finance and Business Development (Stage 1)

Chief Executive or nominated deputy to meet with Whistleblower & hear complaint – should be Chief Executive or Executive Director + HR Director, Whistleblower & Representative (Stage 2). To commence within 14 days and be heard within 21 days. Non Executive Director appointed to oversee the process.

INVESTIGATION REQUIRED
Team to be nominated, 1 Senior Manager, 1 HR Manager
Report to be prepared within 7 days of investigation completion

Report to Chief Executive

NO INVESTIGATION REQUIRED
Outcome Letter sent to Whistleblower
Whistleblower has right to appeal

INVESTIGATION REQUIRED
Outcome Letter sent to Whistleblower with Right of Appeal

Appeal to Chairman and HR Director
Within 15 days of date of outcome letter

Chairman & HR Director to discuss with Board whether further investigation needed or not.

Chair & HR Director to review additional evidence

Satisfied with investigation findings – Outcome letter sent to Whistleblower. Case Closed

HR Director to ensure actions undertaken as result of Whistleblowing complaint and report to Chair and Chief Executive

Not Satisfied with investigation findings
Further Investigation Required, must take place within 21 days of decision.

Investigation team reformed and additional investigation undertaken

Governance Committee

Outcome letter to Whistleblower within 7 days of committee
No further appeal

HR Director to ensure actions undertaken as result of Whistleblowing complaint and report to Chair and Chief Executive

Governance Committee for Comment where allegations found only

Outcome Letter Sent to Whistleblower with Right of Appeal

No Appeal Raised
Case Closed
### CONSTITUTION OF PANELS/ACTIONS TO BE TAKEN

<table>
<thead>
<tr>
<th>ACTION</th>
<th>UNDERTAKEN BY</th>
<th>TIMESCALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complaint raised with Chief Executive</td>
<td>Employee</td>
<td>Where possible, within 14 days of incident or issue arising.</td>
</tr>
<tr>
<td>Investigation</td>
<td>Chief Exec or nominated deputy + HR Director to nominate Senior Manager + HR Manager</td>
<td>To begin within 14 days of nomination</td>
</tr>
<tr>
<td>Complaint heard</td>
<td>Senior Manager + HR Manager to meet with employee where appropriate. Employee has right to be represented by staff side rep. or work based colleague. Non Executive Director to oversee process + to receive regular updates at least every 2 weeks.</td>
<td>complaint heard within 21 days of commencement of investigation.</td>
</tr>
<tr>
<td>Report to Chief Executive</td>
<td>Investigation Panel</td>
<td>Within 7 days of completion of investigation</td>
</tr>
<tr>
<td>Report to Governance Committee for comment</td>
<td>Investigation Panel</td>
<td>Within 7 days of completion of investigation where allegations found</td>
</tr>
<tr>
<td>Appeal</td>
<td>Chairman and HR Director to discuss with Board.</td>
<td>Within 15 days of receipt of outcome letter</td>
</tr>
<tr>
<td>Actions undertaken as a result of complaint + report to Chair and Chief Executive. OR Further investigation undertaken.</td>
<td>HR Director</td>
<td>Within 21 days</td>
</tr>
<tr>
<td></td>
<td>Senior member of Trust team + experienced HR Manager. (Must not have been involved in original investigation).</td>
<td>To begin within 21 days</td>
</tr>
<tr>
<td>Report to Chairman + HR Director</td>
<td>Investigation Panel to prepare</td>
<td>Within 7 days of completion of the investigation</td>
</tr>
<tr>
<td>Report to Board (if complaint allegations are found). Outcome letter to employee with actions to be taken.</td>
<td>Investigation Panel</td>
<td>Within 7 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Within 7 days</td>
</tr>
<tr>
<td>Oversee actions to be taken and report to Chair and Chief Exec.</td>
<td>HR Director</td>
<td>Report within 7 days of completion of actions</td>
</tr>
</tbody>
</table>
Appendix H

Investigation interview template

Introduction
This template is designed as a guide for managers to be used during the investigatory meetings with both the whistleblower and any employees who attend investigatory meetings as part of this process.

The list of areas to cover are the essentials for all investigating managers and he/she should also add the specific areas of questioning after discussing this with their HR lead.

Any investigation must ensure that all parties whether the whistleblower or those being investigated are managed sensitively and equally, affording all the right of representation and accompaniment by either a staff side representative or workplace colleague.

A record of all meetings must be made, such may not be verbatim notes but should represent the key aspects of the investigatory meeting as detailed below. It should also recognise the need for adjournments/breaks and the reason for these.
Investigation template

Complaint ………………………………………………………………………………………………………………………………………………………………
…………………………………………………………………………………………
…………………………………………………………………………………………
Employee ………………………………………………………………………………………………………………………………………………………………
Whistleblower - Does he/she wish to remain anonymous
Witness ………………………………………………………………………………………………………………………………………………………………
Contact Details ……………………………………………………………………………………………………………………………………………………………
.................................................................................................................................
Questions/tasks | Role | Completed
-----------------|------|------------------
Welcome to the meeting and thank for attending | Investigating manager |
Right of representation
• Check that the employee is aware of their right of representation
• Note names of any representative and which union if appropriate | Investigating Manager and HR lead |
Outline process for the meeting Whistleblower
• Ensure the witness knows that the meeting will be noted and the statement may be used in a formal process such as a disciplinary case at a later stage.
• Listen fully to details of complaint and take copies of any written evidence that the whistleblower is able to give. He/she may ask their representative to assist them in giving their version of events.
• Ensure that you reassure and acknowledge that this is a difficult situation and support employee in the process.
• Ask questions to clarify or understand employee version of events.
• Allow time for the employee to clarify.
• When you believe that you have a clear picture of events reflect your understanding back to the whistleblower to check.
• Detail any amendments they may make
• If the meeting is difficult and heated ensure that you are clear with the employee about the need to remain calm, allow breaks for feelings to subside and ensure that these issues are appropriately reflected in the notes. | Investigating manager |
**Outline process for the meeting**

- Ensure the witness knows that the meeting will be noted and the statement may be used in a formal process such as a disciplinary case at a later stage.
- Explain the reason for the meeting and what you are there to discuss. Ensure that the witness is clear about the areas that you wish to discuss with them. If there is written evidence they may need time to look through this and consider their response. If necessary adjourn to allow them time to do this.
- Listen fully to details given by the witness, he she may ask their representative to assist them in giving their version of events.
- Ensure that you reassure and acknowledge that this is a difficult situation and support witness in the process.
- Ask questions to clarify or understand witness version of events.
- Allow time for the witness to clarify.
- When you believe that you have a clear picture of events reflect your understanding back to the witness to check.
- Detail any amendments they may make.
- If the meeting is difficult and heated ensure that you are clear with the employee about the need to remain calm, allow breaks for feelings to subside and ensure that these issues are appropriately reflected in the notes.

**Closing the meeting**

- Confirm that the notes will be typed and sent to them to check that this is an accurate reflection of the meeting. They should sign and return as soon as possible retaining a copy.
- Ensure that the employee is reminded that these notes may be used in any formal process for instance a disciplinary case.
- Ensure that the employee is supported at the end of the meeting, it may be appropriate to offer counselling or occupational health support.
- Ensure that the employee has a contact number for any remaining queries concerning the meeting.

**Whistleblower at the close of the meeting**

- You will need to be clear about timescales for the investigation.
- Inform whistleblower about your intention to regularly update them, how this will happen and when.
- Give them a contact number for any queries.
- Reassure whistleblower that you are taking their complaint seriously and will deal with matters as soon as reasonably practicable.