

Speaking Up (Whistle-Blowing) and Speak Up Policy

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Lincolnshire Community Health Services NHS Trust

Whistle-blowing Policy

Version Control Sheet

No.	Section/Para/ Annex	Description of Amendments	Date	Amended by (Name)
1		To be Archived	June 2006	
2	Throughout document	Policy Statement included. Template, Logo, Contact names and organisation names updated. Taken out of first person grammatically. Inserted E&D statement Monitoring paragraph made more explicit and additional contact details included.	March 2009	Sheila Manning Senior HR Manager
2.1	Whole Document	Policy realigned following implementation of Transforming Community Services agenda and new legal entity	22 March 2011	Rachael Elli- Ingamells
2.2	Whole Document	General updates/changes to document following Employment Policy Group Review following comments from Employment Policy Group	August 2011	Rachael Elli- Ingamells
2.3	Whole Document		Nov 2011	Rachael Elli- Ingamells
2.4	Page 13	Statement added due to new guidance being released	January 2012	Rachael Elli- Ingamells
3	Whole Document	New legislation requirements	June 2013	Kate Hopkins
3.1	Extension required due to new guidance		October 2015	
3.2	Extension approved		Feb 16	Corporate Assurance Manager
3.3	Extension agreed		May 2016	Audit Committee
4	Whole Document	Amended sections include:- Background Introduction Purposes & Assurances Procedure has been moved from main body into an appendices Appendix 3 Appendix 4	October 2015	Lyndsey Clapham
5	Full Policy review	Amended sections include:	June 2018	Laura Herrick

Lincolnshire Community Health Services NHS Trust

Whistle-blowing Policy

Policy Statement

Background

This policy complements the national policy introduced by NHS Improvement and NH England on Freedom to Speak Up: raising concerns (whistleblowing) policy for the NHS which is a standard integrated policy, aimed at improving the experience of whistleblowing in the NHS. <https://improvement.nhs.uk/resources/freedom-to-speak-up-whistleblowing-policy-for-the-nhs> .

Whistle-blowing may be described as a process of reporting matters of malpractice regarding patient/service user care, service provision, use of resources or environmental issues that have not/are not being dealt with adequately by other processes.

Statement

Any employee at one time or another may have concerns about what is happening at work. Usually these concerns are easily resolved through the line management structure. However, when they are about unlawful conduct, financial malpractice, fraud and corruption, or concerns about the quality of patient care, it can be difficult to know what to do.

The interests of patients and ensuring high quality care are of paramount importance to the organisation. All employees, bank and agency workers, students, volunteers, Non-Executive Directors and all other paid or unpaid agreement holders therefore have a duty to draw to the attention of managers any matter which they consider to be damaging to patient interest. The organisation encourages those who work in our services to put forward suggestions which may benefit patient care and/or service delivery.

This policy enables employees to raise concerns about such malpractice at an early stage and in the right way. The organisation would rather that employees raised any matter when it is just a concern than wait for proof. This would be in the best interests of patients and carers in the longer term. This includes not only employees but also contractors providing services, agency workers and trainees on vocational and work experience schemes.

It also makes clear that victimisation or retribution against those who use this policy will not be tolerated.

Responsibilities

The Board and Chief Executive are committed to this policy and will ensure that Directors make all managers aware of their responsibility to ensure all staff are familiar with, and have access to this policy.

Training Dissemination

On induction programmes and through managers updating their employees
Web-site and Posters on notice boards

Resource implication

Policy potentially prevents discrimination and claims for victimisation/unfair dismissal etc.

Equality Statement

This policy aims to meet the requirements of the Equality Act 2010 and ensure that no employee receives less favourable treatment on the grounds of gender, sexual orientation, transgender, civil partnership/marital status, appearance, race, nationality, ethnic or national origins, religion/belief or no religion/belief, disability, age, carer, pregnancy or maternity, social status or trade union membership

Lincolnshire Community Health Services NHS Trust
Whistle-Blowing Policy

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Lincolnshire Community Health Services NHS Trust

Whistle-Blowing Policy

1. Introduction

Lincolnshire Community Health Services NHS Trust is committed to ensuring the highest standards of service and the highest possible ethical standards. It is the responsibility of all individuals covered by this policy to report a situation where this objective may be compromised.

Anyone at one time or another may have concerns about what is happening at work. Usually these concerns are easily resolved through the line management structure. However when they are about unlawful conduct, financial malpractice, fraud and corruption, or concerns about the quality of patient care, it can be difficult to know what to do.

All NHS staff have a professional duty to raise matters of concern including risks to patients and if they do not raise these concerns and patients are harmed, they could be held to be partly culpable.

Lincolnshire Community Health Services NHS Trust has this policy to enable employees to raise concerns about such malpractice at an early stage and in the right way. It also assures employees that any concerns raised will be addressed appropriately. The organisation would rather that employees raised any matter when it is just a concern rather than wait for proof. This would be in the best interest of patients and carers in the longer term. This includes not only employees but also contractors providing services, bank staff and agency workers, volunteers and students/trainees on vocational and work experience schemes.

Inherent within all of its practices the organisation is committed to the principles of diversity, equality of treatment and equality of opportunity and believes that direct or indirect discrimination against any person is unacceptable.

Employees who are aggrieved about their personal or collective positions should use the Grievance Policy.

2. Purpose / Assurances

The Whistleblowing policy is primarily for concerns where the interest of others or of the organisation itself are at risk as a result of the actions of other staff and/or service provision.

If a member of staff is troubled by anything which they think Lincolnshire Community Health Services NHS Trust should know or look into they should use this policy. The name and contact details of the current contact person to whom they can speak to confidentially can be found on whistleblowing posters on notice boards or by following the link on the website poster.

If in doubt – raise it!

When a member of staff, acting in the public interest, expresses a reasonable concern they will not be penalised in any way. Victimisation by other members of staff towards the employee will not be tolerated under any circumstances. Any such behaviour will be dealt with as a disciplinary offence (under the organisation's Disciplinary Policy and Procedure.) and could lead to dismissal.

The policy can also be appropriately used where concerns over staff safety, corporate governance or use of NHS resources are an issue. The policy's objectives include:

- The resolution of complaints at the lowest level possible to bring about a practical satisfactory solution
- The avoidance of breaches of confidentiality of patients
- The avoidance of inappropriate actions which would damage the organisation's ability to deliver healthcare to the local population

3. Relationship with other Policies and Procedures

The provisions of this policy should not detract from or deter employees from making use of other policies and procedures, and staff are entitled to raise issues under the appropriate procedure. The following policies can also offer support and guidance to staff.

- Disciplinary Policy and Investigation Process
- Media Policy
- Equal Opportunities Policy
- Bullying and Harassment Policy
- Data Protection and Confidentiality Policy
- Counter Fraud Policy

4. What is a “protected disclosure”?

The Public Interest Disclosure Act 1998 (see now Part IVA Employment Rights Act 1996) (PIDA) gives statutory protection to employees who disclose information reasonably and responsibly in the public interest. Qualifying disclosures are disclosures of information about malpractice. This will include: criminal offence, failure to comply with legal obligations, miscarriages of justice, threats to health and safety of an individual, damage to the environment and a deliberate attempt to cover up any of the above.

To be protected, the disclosure must be in the public interest, you must have reasonable belief that the information shows that one of the categories of wrongdoing listed in the legislation has occurred or is likely to occur, and the concern must be raised in the correct way.

There is a defined list of “prescribed persons” who you can make a protected disclosure, these bodies are listed in Appendix **XX**.

To help you consider whether you would qualify for protected disclosure within the meaning of the law, please seek independent advice from the Whistleblowing Helpline for the NHS and Social Care www.wbhelpline.org.uk or Public Concern at Work www.pcaw.org.uk.

5. What Concerns Can I Raise

In instances where a matter is not about a personal employment position and cannot be dealt with under an Employment policy this will need to be handled in a different way and the Whistleblowing procedure may be appropriate as outlined in Appendix 1. This may be classed as a protected disclosure. You can raise a concern about anything you believe is harming the service the organisation delivers. Some examples of this may include (but are by no means restricted to):

- Malpractice or ill treatment of a patient/service user by any member of staff
- Repeated ill treatment of a patient/service user, despite a complaint being made
- A criminal offence has been committed, is being committed or is likely to be committed
- Suspected fraud and corruption– see Appendices 2 and 3
- Disregard for legislation, particularly in relation to health and safety at work
- The environment has been, or is likely to be, damaged
- Breach of Standing Orders and/or Standing Financial Instructions
- Showing undue favour over a contractual matter or to a job applicant
- A breach of code of conduct
- Sexualised behaviour by any practitioner which breaks the boundaries of the trust and integrity patients have a right to expect
- Sexual assault
- Miscarriage of justice
- Information on any of the above has been, is being, or is likely to be concealed

This list is not exhaustive and it includes attempts to cover malpractice or occasions where those who should be addressing issues appear to be unconcerned or are themselves involved.

If an employee concerned about malpractice wishes to seek independent and confidential advice from a lawyer about how the Public Interest Disclosure Act 1998 works, any information disclosed will be regarded as a Public Interest Disclosure and the member of staff will be protected from victimisation or loss of employment.

5. LCHS's Assurance to You

The Trust Board is committed to this policy being implemented across the organisation. If you raise genuine concerns under this policy, you will not be at risk of losing your job or suffering any form of retribution as a result. Without your help, we cannot deliver a safe service and protect the interests of patients, staff and the organisation. If you are worried, we would rather you raised it when it is just a concern than to wait for proof. There is no burden on you as the person raising the concern to establish all the facts and provide all the evidence. Please do not think we will ask you to prove any concern you genuinely raise. Of course, we do not extend this assurance to someone who has maliciously raised a matter they know is untrue.

We will not tolerate the harassment or victimisation of anyone raising genuine concerns. However, we recognise that you may nonetheless be anxious. If so, you can ask to talk to someone in private. If you ask us not to disclose your identity, we will not do so without your agreement first. If the situation arises where we are not able to resolve the concern without revealing your identity (for instance because evidence is needed in court), we will discuss with you whether and how we can proceed.

In the event of anonymous reports, it will be much more difficult for your concern to be investigated and for us to give you feedback.

If you raise a concern you will have the right to seek and be represented by an accredited trade union representative or work colleague not acting in a legal capacity at all stages. In some cases you may wish to seek the advice of a trade union representative or professional body e.g. General Medical Council, Nursing and Midwifery Council, Health Care Professions Council; before contacting your line manager, Freedom to Speak Up Guardian or the Senior Independent Director. All of the procedures set out below shall be followed with the appropriate copies sent to you and your representative

6. Responsibility

The Board and Chief Executive are committed to this policy and will ensure that Directors make all managers aware of their responsibility to ensure all staff are familiar with, and have access to this policy. All managers have a responsibility to:-

- take concerns seriously
- consider them fully and sympathetically
- recognise that raising a concern can be a difficult experience for some staff
- seek advice from appropriate professionals e.g. health care professionals (depending on the nature of the concern), senior management, the Freedom to Speak Up Guardian or Workforce Business Partner where appropriate
- ensure that concerns are received in complete confidence
- advise staff that they may wish to consult their Trade Union Representative
- act promptly and notify the member of staff of the action taken
- Keep the individual(s) regularly informed of the process and progress of any investigation and provide feedback to the individual
- document all issues raised and action taken at all stages
- Monitor and review any actions required
- Ensure individuals who genuinely report concerns are not penalised in any way and ensure they are supported appropriately.
- ensure the whistle-blower has access to mediation, mentoring advice and confidential counselling should this type of support be required
- communicate the provision of this policy and raise awareness of it in their team

The Whistleblowing Policy does not affect existing procedures for the formal handling of complaints, grievances and disciplinary matters.

Everyone has an obligation to provide a high standard of service and to complain if concerns are not taken seriously regarding the neglect or abuse of patients/service users by other employees or if there is a serious problem with unsafe practice or misuse of NHS resources.

All paid and unpaid agreement/contract holders have a duty of confidentiality and loyalty to the organisation and should be encouraged and given opportunities to contribute freely their views on all aspects of service provision, especially about delivery of care and services to patients/service users. This can take place at team meetings, supervision sessions and staff development reviews (appraisal) or directly with managers. An atmosphere where employees feel their legitimate views will be welcomed, appreciated and where appropriate, acted on positively should be created.

The following safeguarding responsibilities should be adhered to by colleagues and staff where there are concerns.

Health staff should act at all times in such a manner as to safeguard and promote the interests of individual patients and clients.

Where the safety of a child(ren) or adult(s) may be compromised by a health worker, the needs and protection of the child(ren) or adult(s) must be the paramount consideration.

Any situation that the individual assesses as requiring police involvement must be actioned immediately e.g. immediate risk to child/client with immediate subsequent follow up as per this policy.

7. Monitoring, Review and Training

Due to the confidential nature of whistleblowing, monitoring of this policy will be demonstrated through:

- The provision of reports to the LCHS Trust Board by the Chief Executive on the outcome of investigations where appropriate.
- The provision of reports to the Director of Finance from the Local Counter Fraud Specialists in relation to investigations undertaken concerning fraud and corruption
- Staff awareness of the policy will be monitored through staff surveys.

This policy will be reviewed jointly with Trade Union representatives no later than two years from the date of its approval at JCNC or sooner in the light of operating experience and/or legal developments.

The Whistleblowing Policy is an integral part of the organisation's induction programmes and features in the recurring policy training workshops held on a regular basis each year.

Appendix 1 Procedure for staff wishing to raise an issue of concern

A member of staff may wish to use informal contact with occupational health, clinical governance/risk management, staff representatives, risk advisers, health and safety representatives, Freedom to Speak Up Guardian etc. or alternatively they may wish to contact Public Concern at Work (Tel: 0207 404 6609) a registered charity which promotes accountability and good governance in organisations and responsibility in individuals.

In instances where fraud or corruption is suspected to have occurred, Lincolnshire Community Health Services NHS Trust's Director of Finance and Strategy or Local Counter Fraud Specialist (LCFS), as Nominated Officers, should be contacted.

The LCFS will ensure that any investigation is completed observing the standards defined in the NHS Counter Fraud and Corruption Manual, and the Secretary of State Directions. There is also a confidential telephone hotline, "NHS Fraud and Corruption Reporting Line" on 0800 028 40 60, which may be used to report suspicion of fraud and corruption in the NHS or online at <https://www.reportnhsfraud.nhs.uk/onLineReport>.

If a member of staff has concerns that cannot be resolved by the usual route using other policies, they should utilise this procedure. Workforce advice will always be available should a member of staff be undecided as to what is the most appropriate action to take.

The whistle-blowing procedure has the following steps:-

- Report the concerns either verbally or in writing to immediate manager making clear that other procedure opportunities have failed and the issue is now being raised under the Whistle-blowing Policy procedure.
- If the employee feels they cannot report the issue to their immediate manager, they should refer the case to a more senior manager/director.
- If the employee feels that they cannot report the matter to their immediate or more senior manager/director, they can report the matter to any manager/director of their choice within the organisation.

In the event of these steps failing or being inappropriate, the employee should write to, or contact, any executive director of Lincolnshire Community Health Services NHS Trust.

An employee may wish to raise the issue with someone outside of the normal line management structure and may raise this with the designated non-executive director, currently Liz Libiszewski. Employees wishing to pursue such an option should verbally contact and/or write in the first instance to the Chair at Lincolnshire Community Health Services NHS Trust who will confirm the process and the named non-executive director.

In the event of the above steps failing or being inappropriate, the employee should write to the organisation's Clinical Governance Team.

Concerns regarding quality of patient care issues that may impact upon services to patients can be brought to the attention of the Deputy Director of Nursing.

The manager or director receiving the employee's concerns will:-

- acknowledge receipt of the concern immediately in writing
- take the matter seriously and investigate thoroughly the issue(s) raised
- where necessary seek advice from other health care professionals and HR

- respond in writing to the member of staff within 5 normal office working days explaining the action being taken with the anticipated timescale for the action to be completed

Employees may be represented in these matters by a person of their choice (apart from legal representation) and with that person's agreement.

The manager or director receiving the concern will discuss this with the appropriate senior manager and/or senior clinicians with responsibility for the relevant area of work, who will prepare a written response to the employee(s). The response will explain where appropriate the reason(s) for the actions/situation giving rise to the concern and/or outline any plans that are in place to deal with the matter giving rise to concern.

Freedom to Speak up Guardian

Here at LCHS we believe that speaking up about concerns that our staff have is vital. We want our staff to feel supported at work and ultimately ensure that we as a trust are providing excellent care to our patients and their families.

We are committed to an open and honest culture at LCHS and will ensure that the concerns of our staff are looked into and that they are offered and have access to the support they need. The role of the freedom to speak up guardian is to ensure that staff feel confident to raise concerns as part of everyday business. Staff can choose to contact the guardian for advice or support when raising a concern. If a member of staff has raised a concern and is not satisfied with how this has been managed, or its resolution, they can contact the guardian for support in escalation as required. Staff can also choose to raise a concern anonymously, or in confidence.

The Guardian has direct access to the Trust Board, and the senior leadership team to ensure that all concerns can be actioned at the appropriate level. The Guardian also has direct access to a non-executive director to ensure that concerns regarding board members could be appropriately managed.

LHNT.speakup@nhs.net

07818 421518

If the Individual Raising the Concern Remains Unsatisfied

In the event of the above process failing to resolve the issue the employee may access the media "without prejudice". The Chief Executive should be notified of the intention to do this at the point of exhaustion of these procedures.

If appropriate, the matter may also be raised with the Secretary of State for Health.

In certain prescribed circumstances the Public Interest Disclosure Act 1998 provides for contact with outside bodies to be protected, without having first used the internal process set out in this policy. The Department of Health Circular HSC 1999/198 sets out these circumstances.

Wider Disclosures

Wider disclosures are protected, if they have not been made for personal gain dealt with under the Whistleblowing policy and the matter is exceptionally serious.

Disclosure of information or views to parties external to the Trust may only be considered after internal procedures have been exhausted, unless such disclosure is reasonably and responsibly undertaken in the public interest.

Members of staff are advised to seek specialist advice from their professional association/trade union or from the appropriate representative or regulatory authority before raising their concerns outside the Trust – as such action may unreasonably undermine public confidence in the service and bring the member of staff into conflict with the duty of care which, as an employee, they owe to the organisation.

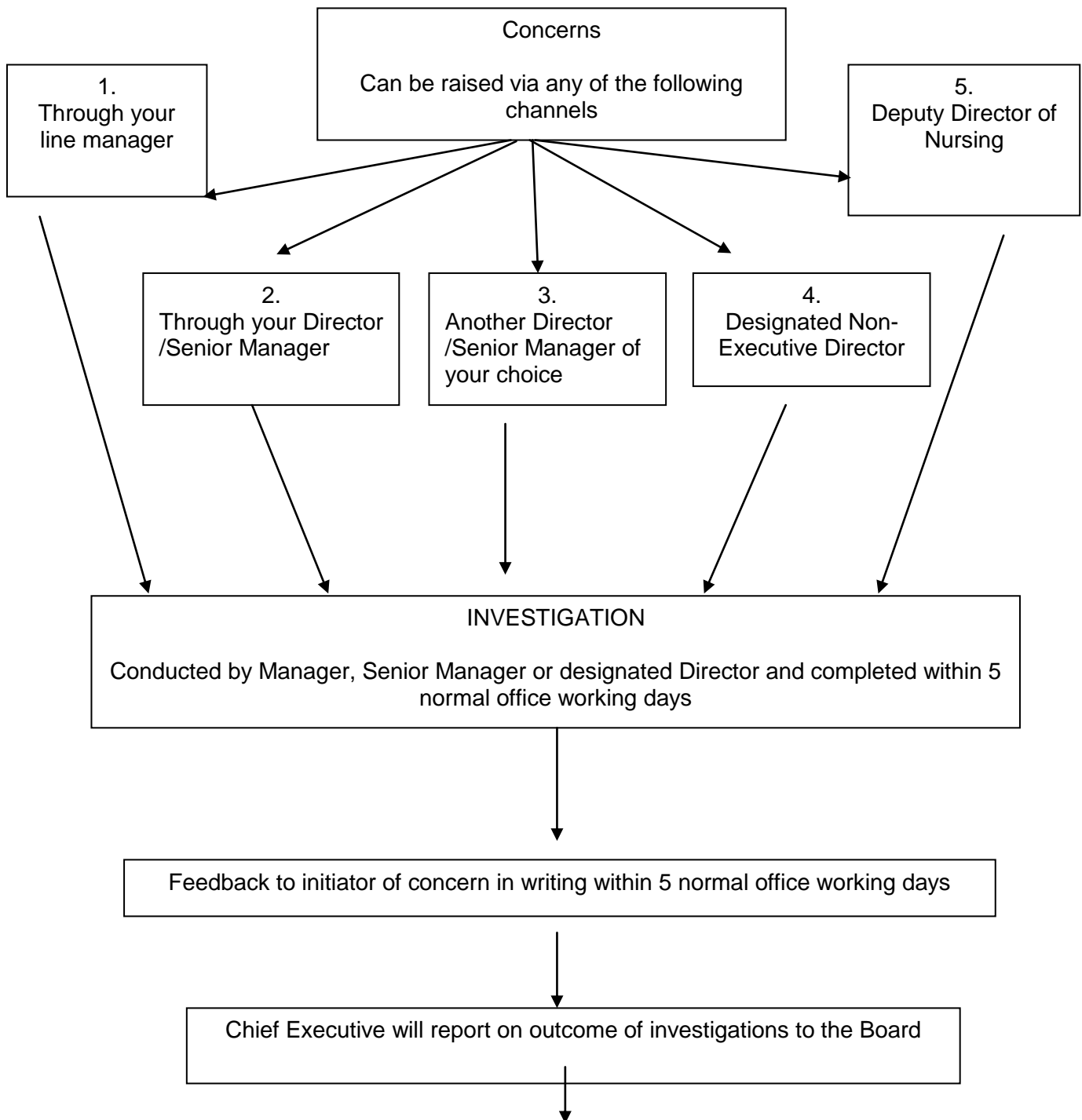
Disciplinary Action

If it should become clear that the procedure has **not** been used in the public interest e.g. for malicious or personal reasons, this will constitute misconduct and will be dealt with under the organisation's Disciplinary Policy.

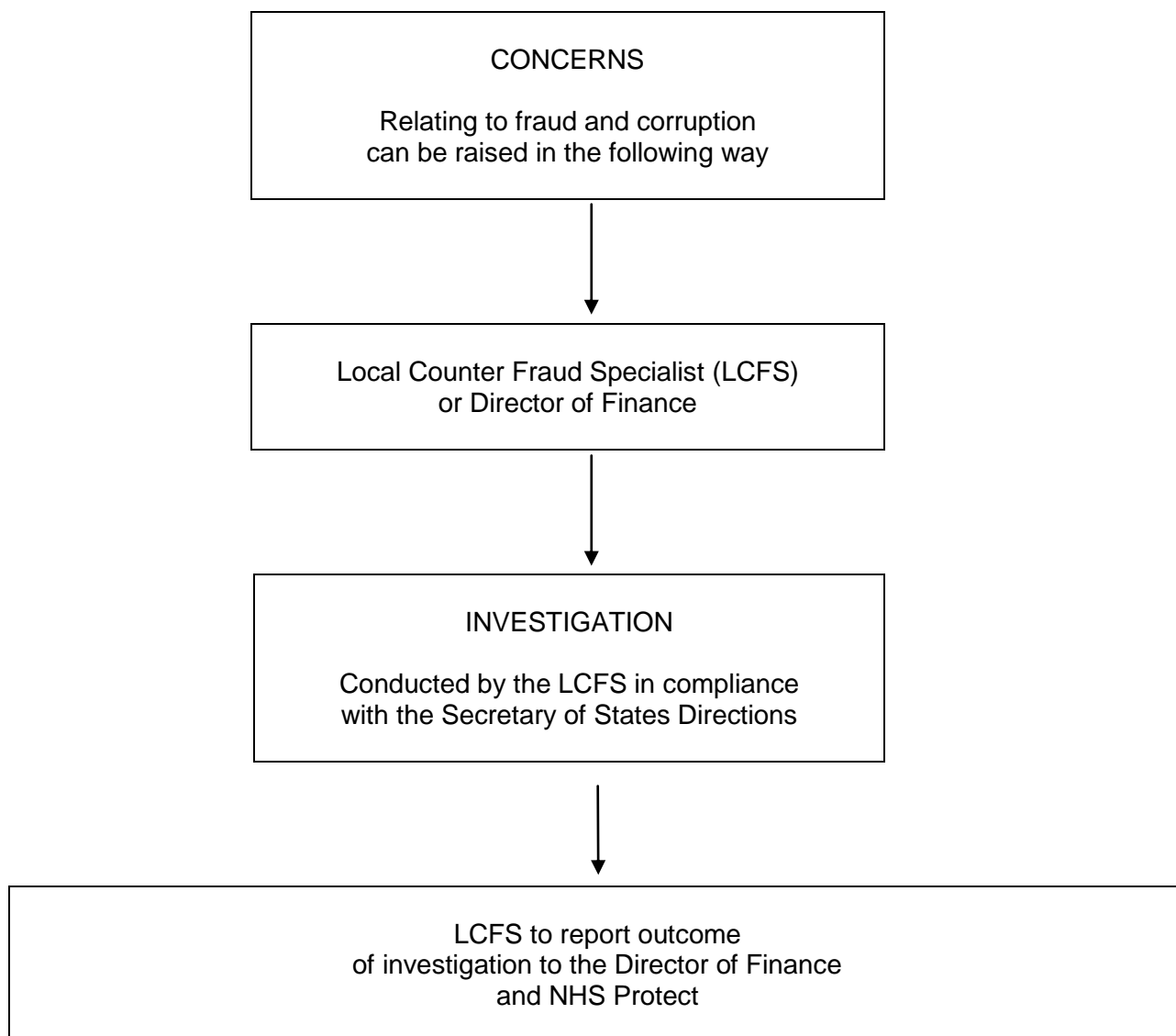
Appeals

If you are unhappy with our response, you can go to the other levels and bodies detailed in Appendix **XX**. While we cannot guarantee that you will be satisfied with our response, our aim is to handle the matter fairly and appropriately. By using this policy and its associated procedure, you will help us to achieve this.

Appendix 2 Reporting Concerns



Under the Public Interest Disclosure Act, everyone working in the NHS may bypass their Employer and report concerns directly to the Department of Health. Employees may also take exceptionally serious matters direct to the police or their MP. If the problem remains unresolved, the media may be approached without prejudice. The Chief Executive/Managing Director should be notified of the intention to do this at the point of exhaustion of these procedures.



This policy requires full adherence to Health Service Circular 1999/1998 and in particular to where it is stated that:

“NHS Trusts should prohibit the use of “gagging” clauses in contracts of employment and compromise agreements which seek to prevent the disclosure of information in the public interest”

Appendix 4 Fraud and Corruption Procedure

If the concern you wish to raise is about fraud and/or corruption then different arrangements to the usual whistleblowing procedures are in place to deal with this matter. You should not inform your line manager or colleagues in the first instance. The first and most appropriate point of contact within the Trust is your Local Counter Fraud Specialist (LCFS) or alternatively Lincolnshire Community Health Services NHS Trust Director of Finance. Your LCFS can be contacted on 01509 604029. Alternatively, if you wish to speak to someone outside of the Trust, or remain anonymous, then you can ring the NHS Fraud & Corruption Reporting Line on 0800 028 40 60.

Interviews or investigations where fraud or corruption is concerned must only be undertaken by the Local Counter Fraud Specialist who will ensure that any investigation is completed observing the standards defined in the NHS Counter Fraud and Corruption Manual, and the Secretary of State Directions.

Fraud and corruption within the NHS is unacceptable and diverts valuable resources away from patient care. The NHS Counter Fraud Service was established in 1998 and acknowledged that action needed to be taken against fraud and corruption. Measures have been taken to develop an anti-fraud culture within the NHS and to prevent and detect fraud and corruption in a structured and professional manner. Wherever fraud and corruption is identified then appropriate sanctions are applied (criminal, civil and disciplinary) against the fraudster and redress is sought in order to recover NHS funds. In 2003 the NHS Counter Fraud and Security Management Service (CFSMS) was formally established as a Special Health Authority and from 1st April 2006 became a division of the NHS Business Services Authority. Since April of 2011, the CFSMS is now known as NHS Protect.

The 2014/15 annual report issued by NHS Protect included the following:

- Over **4,800** reports relating to potential fraud and corruption were received by NHS Protect.
- Fraud to the value of **£1,075,355** was prevented via direct alerts and bulletins.
- The total value of fraud, bribery and corruption identified by NHS Protect and LCFSs following the successful conclusion of investigations in 2014/15 was **£11.9 million**.
- The total value of money recovered by NHS Protect and LCFSs following the successful conclusion of investigations was **£2.9 million**.

Local Counter Fraud Specialists (LCFS) are in place to assist in reducing fraud and corruption to the absolute minimum within your organisation; they can only do this with your help. If you are aware of potential fraud or corruption concerning anyone within the organisation, even if this is just a suspicion, then do please pass this information to the Local Counter Fraud Specialist.

All correspondence or calls received will be treated in strictest confidence and any information professionally assessed and evaluated. Callers can remain anonymous if they wish. All leads given or information received are followed up.

Appendix 5 Contact / Reference Details

Lincolnshire Community Health Services NHS Trust Senior HR Business Partner
Telephone: 01529 220300
or via HR Team at Beech House

Freedom to Speak Up Guardian Beech House 07818 421518

Deputy Director of Nursing Beech House 07827254363

Public Concern at Work (Tel: 0207 404 6609) a registered charity

Local Counter Fraud Specialist

Neil Mohan
PwC
Donington Court
Pegasus Business Park
Castle Donington, DE74 2UZ

Tel: 01509 575111

Department of Health Circular

www.dh.gov.uk HSC 1999/198

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals/ group/ committee	Frequency of monitoring/audit	Responsible individuals/ group/ committee (multidisciplinary) for review of results	Responsible individuals/ group/ committee for development of action plan	Responsible individuals/ group/ committee for monitoring of action plan
Whistleblowing incidents reported	Investigation timescales and when reported	Individuals concerned Line Managers, Executive Directors. JCNC Counter fraud Specialists, Trust Board and HR Director of Finance	As reqd	JCNC & Trust Board	Line Manager & Director	Director & JCNC
Number of incidents reported	Audit	JCNC	Annual	JCNC & Trust Board	JCNC / HR Director	JCNC/HR Director
Staff awareness of the policy will be monitored through staff surveys.	Annual Staff Survey	JCNC	Annual	JCNC & Trust Board	JCNC	JCNC

Name of Policy/Procedure/Function* Whistleblowing Policy	
Equality Analysis Carried out by:	Lyndsey Clapham
Date:	19 May 2016
Equality & Human rights Lead:	Rachel Higgins
Director\General Manager:	Maz Fosh

***In this template the term policy\service is used as shorthand for what needs to be analysed. Policy\Service needs to be understood broadly to embrace the full range of policies, practices, activities and decisions: essentially everything we do, whether it is formally written down or whether it is informal custom and practice. This includes existing policies and any new policies under development.**

Section 1 – to be completed for all policies

A.	Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be	This policy enables employees to raise concerns about such malpractice at an early stage and in the right way. The organisation would rather that employees raised any matter when it is just a concern than wait for proof. This would be in the best interests of patients and carers in the longer term.		
B.	Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? Please give details	This includes not only employees but also contractors providing services, agency workers and trainees on vocational and work experience schemes.		
C.	Is there is any evidence that the policy\service relates to an area with known inequalities? Please give details	No		
D.	Will/Does the implementation of the policy\service result in different impacts for protected characteristics?	No		
		Yes	No	
	Disability		X	
	Sexual Orientation		X	
	Sex		X	
	Gender Reassignment		X	
	Race		X	
	Marriage/Civil Partnership		X	
	Maternity/Pregnancy		X	
	Age		X	
	Religion or Belief		X	
	Carers		X	
	If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2			
The above named policy has been considered and does not require a full equality analysis				
Equality Analysis Carried out by:		Laura Herrick		
Date:		8 June 2018		