

Raising Concerns at Work (Whistle Blowing) Policy

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DOCUMENT HISTORY

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

Date of Issue	Version No.	Next Review Date	Date Approved	Director Responsible for Change	Nature of Change
26 Feb 13	2	-	-	Executive Director of Nursing & Workforce	<ul style="list-style-type: none">- Change of title- Describe all mechanisms of escalating concerns- Confirmation of monitoring via log
28 May 13	2		Partnership Forum including LNC	Executive Director of Nursing & Workforce	
25 Jun 13	2		Partnership Forum including LNC	Executive Director of Nursing & Workforce	
31 May 13	2		Policy Management Group	Executive Director of Nursing & Workforce	
15 July 13 meeting cancelled	2		Trust Executive Board	Executive Director of Nursing & Workforce	
05 Aug 13	2		Trust Executive Board	Executive Director of Nursing & Workforce	
25 Sept 13	2		Policy Management Group	Executive Director of Nursing & Workforce	

NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust.

Contents	Page
1. Executive Summary	4
2. Introduction	5
3. Scope	5
4. Purpose	6
5. Roles and Responsibilities	6
6. Policy detail / course of action	6
7. Consultation	9
8. Training	9
9. Dissemination Process	9
10. Equality Analysis	9
11. Review and Revision arrangements	9
12. Monitoring Compliance and Effectiveness	10
13. Links to Other Organisation Policies/Documents	11
14. References	11
15. Disclaimer	11

Appendices:

- A. Checklist for the development and approval of controlled Documentation**
- B. Impact assessment forms on policy implementation (including checklist)**
- C. Equality analysis and action plan**

1. Executive Summary:

The Isle of Wight NHS Trust (hereinafter the Trust) promotes a positive culture of openness to encourage staff to raise concerns at the earliest opportunity without fear of repercussions. This policy outlines the range of mechanisms available to staff to enable them to raise concerns in the best interests of our patients, visitors and colleagues.

The Trust is committed to achieving the highest standards of patient care as part of this the Raising Concerns (Whistle blowing) Policy enables and encourages staff to report any malpractice, illegal acts, or omissions by its employees or ex-employees. The Trust acknowledges its legal duties and obligations under the Public Interests Disclosures Act 1998.

2. INTRODUCTION

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 unlawful conduct, financial malpractice or dangers to patients, employees, the public or the environment, it can be difficult to know what to do.

We encourage staff to report concerns when they arise. There are a number of ways that staff can raise a concern and the Executive Team recognises that it can be difficult to know what to do. All staff should feel able to escalate concerns via a route that they have confidence in and this may be by speaking to someone that they trust.

The following mechanisms are well established within the organisation and are accessible to all staff:

- **Datix Systems** - The Trusts incident reporting system, Datix is available to staff via the Trusts Intranet site as a mechanism to escalate concerns. If you are in a role that access to a computer is limited then we encourage all staff to escalate concerns via the managerial routes within the organisation.
- **Managerial route** – staff are encouraged to speak to their line manager or if they feel unable to do this, or their concern relates to their line manager, then to raise this at the next level of line management (line managers manager)
- **Directorate Management Team** – Clinical Directorates Management Team (Associate Director, Clinical Director and Head of Clinical Standards) and for Corporate Directorates the relevant Associate/Deputy Director.
- **Corporate functions** – Raising concerns to via the Human Resources Team and/or Health Safety and Security Team.
- **Counter Fraud Team**
- **Staff Side Colleagues**
- **Raise your concern via the dedicated email account - concerns@iow.nhs.uk**

You may be worried about raising such issues or may want to keep the concerns to yourself, perhaps feeling it's none of your business or that it's 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 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 introduced this policy and procedure to enable you to raise your concerns about such malpractice at an early stage and in the right way. We would rather that you raised the matter when it is just a concern rather than wait for proof.

If something is troubling you, which you think management should know about, or look into, please use this procedure. This Raising Concerns at Work (Whistle Blowing) Procedure is primarily for concerns where the interests of others or of the organisation itself are at risk.

If, you are aggrieved about your personal position, please refer to the Trust Grievance Policy.

3. SCOPE

This policy applies to all employees of the Trust.

4. PURPOSE

The purpose of this policy is to support our staff to identify the most appropriate route to raise a concern regarding patient safety, professional misconduct or financial malpractice that might affect patients, colleagues, or the Isle of Wight NHS Trust itself.

The sort of things that may be troubling you include:

- A criminal offence has been, is being, or is likely to be committed
- Suspected fraud or bribery
- Disregard for legislation, particularly in relation to health and safety at work
- The health and safety of any individual whilst at work in the office or home workers (including mental and or/physical issues) has been, is being or is likely to be endangered in any way;
- The environment has been, or is likely to be, damaged
- Breach of Standing Orders or Standing Financial Instructions
- Showing undue favour over a contractual matter or a job applicant
- A breach of a code of conduct
- Information on any of the above has been, is being, or is likely to be concealed or omitted.
- The public perception of the integrity of the NHS has been, is or is likely to be undermined in any way;

5. ROLES AND RESPONSIBILITIES

The Trust Board are committed to this policy. If you raise a genuine concern under this policy, you will not be at risk of losing your job or suffering any form of retribution as a result. Provided you are making the disclosure with a reasonable belief that it is made in the public interest, it does not matter if you are mistaken. Of course we do not extend this assurance to someone who maliciously raises a matter they know is untrue.

We will not tolerate the harassment or victimisation of anyone raising a genuine concern. However, we recognise that you may nonetheless want to raise a concern in confidence under this policy. If you ask us to protect your identity by keeping your confidence, we will not disclose it without your consent. If the situation arises where you are not able to resolve the concern without revealing your identity (for instance because your evidence is needed in court), we will discuss with you whether and how we can proceed.

Remember that if you do not tell us who you are, it will be much more difficult for us to look into the matter or to protect your position or to give feedback. Accordingly, while we will consider anonymous reports, this policy is not appropriate for concerns raised anonymously.

6. POLICY DETAIL / COURSE OF ACTION

Once you have told us your concerns, we will look into it to assess initially what action should be taken. This may involve an internal inquiry or a more informal investigation. We will tell you who is handling the matter, how you can contact them and whether your further assistance may be

needed. If you request, we will write to you summarising your concern and setting out how we propose to handle it. It is important to remember that not all concerns will require formal investigation and the existing incident reporting procedure may be the route that your concern is dealt with. 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 Procedure we will tell you.

While the purpose of this policy is to enable us to investigate possible malpractice 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 on a duty of confidence owed by us to someone else.

Formal Procedure

If you feel that your concern is particularly serious and relates specifically to the type of concerns outlined in section 4, you may wish to raise your concern formally via the Whistle Blowing procedure outlined below.

Step 1

If you have a concern about malpractice, we hope you will feel able to raise it first with your manager. This may be done verbally or in writing.

Step 2

If you feel unable to raise the matter with your manager, for whatever reason, please raise the matter with any of the following:

General Manager or equivalent in your area
Clinical Director or equivalent in your area
Associate Director
Head of Clinical Standard
Modern Matron
Non-Executive Director
Staff Side Representative

You may wish to raise your concern via the Human Resources Team or via the dedicated email concerns@low.nhs.uk

Please say if you want to raise the matter in confidence so that they can make appropriate arrangements.

Step 3

If these 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 either an Executive Director of the Trust Board or the Chief Executive.

If appropriate you may raise the matter with the Secretary of State for Health. If your concern is about fraud and corruption, you can also contact the NHS Fraud Hotline (see below).

INDEPENDENT ADVICE

If you are unsure whether to use this procedure or you want independent advice at any stage, the following organisations are available to staff;

7.1 NHS WHISTLE BLOWING HELPLINE

NHS staff who have concerns and are unsure how to raise them or would like free, independent and confidential advice are able to call the new helpline provided on telephone number **0800 724 725**.

The helpline is available weekdays between 08.00 and 18.00 with an out of hours answering service on weekends and public holidays.

7.2 PUBLIC CONCERN AT WORK

The independent charity Public Concerns at Work on 020 7404 6609. Their lawyers can give you free confidential advice at any stage about how to raise a concern about serious malpractice at work.

7.3 TRADE UNION REPRESENTATIVES

Staff are encouraged to seek support and advice from their Trade Union should they be unsure about how to raise a concern.

8. FRAUD AND CORRUPTION

If your concern is about fraud and corruption, employees can contact the NHS Counter Fraud Service.

Barry Eadle
Local Counter Fraud Specialist
Mobile 07779 031139
National Fraud & Corruption Reporting Line – 0800 0280 40 60

CEAC – Internal audit, governance, risk management and consultancy.

Director of Finance-Chris Palmer – Tel 01983 534462

For further information please refer to the Trust's Counter Fraud Policy and Reporting Procedure.

9. EXTERNAL CONTACTS

9.1 Option 1

While we hope this policy gives 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 regulators or the police. Public Concerns at Work (or, if applicable, your union)

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.

9.2 Option 2

While we hope this policy gives you the reassurance you need to raise such matters internally, we would rather you raised a matter with the appropriate regulator than not at all.

Provided you are acting in good faith and you have evidence to back up your concerns, you can also contact a relevant prescribed regulator. A full list can be obtained from the Public Concern at Work website (www.pcaw.co.uk) or telephone: 020 7404 6609 however contact details of appropriate regulators are provided below.

Financial Services Authority	Tel: 0845 606 1234
Health and Safety Executive	Tel: 0845 345 0055
HM Treasury	Tel: 020 7270 4558
Pensions Regulatory Authority	Tel: 0870 606 3636
The Director of Serious Fraud Office	Tel: 020 7239 7000

The Trust recognises its accountability within the NHS. In light of this you can also contact: Department of Health (Customer Service Centre)
Department of Health, Richmond House, 79 Whitehall, London, SW1A 2NS
Email: dhmail@dh.gsi.gov.uk
Telephone: 020 7210 4850

10. IF YOU ARE DISSATISFIED

If you are unhappy with our response, remember you can go to the other levels and bodies detailed in this policy. While we cannot guarantee that we will respond to all matters in the way you might wish, we will try to handle the matter fairly and properly. By using this policy, you will help us to achieve this.

7. CONSULTATION

The key stakeholders for this policy who will be consulted on will be:

- All employees
- Management Teams within all Directorates
- Audit Committee
- Executive Team
- Counter Fraud Team
- Trade Union Representatives

8. TRAINING

All managers will be responsible for communicating this policy and procedure to all employees. This policy will be published on the intranet and copies available via the Human Resources Department.

This Raising Concerns at Work (Whistle Blowing Policy) does not have a mandatory training requirement or any other training needs.

9. DISSEMINATION

- 9.1 When approved this document will be available on the Intranet and will be subject to document control procedures. Approved documents will be placed on the Intranet within 5 working days of date of approval once received by the Risk Team.
- 9.2 When submitted to the Quality Team for inclusion on the Intranet this document will have fully completed document details including version control with the actual hard copy signed by the relevant Lead Director. Keywords and description for the Intranet search engine will be supplied by the author at the time of submission.
- 9.3 Notification of new and revised documentation will be issued on the Front page of the Intranet, through e-bulletin, and on staff notice boards where appropriate. Any controlled documents noted at the Executive Board will be notified through the e-bulletin.
- 9.4 Staff using the Trust's intranet can access all procedural documents. It is the responsibility of managers to ensure that all staff are aware of where, and how, documents can be accessed within their areas of work.
- 9.5 It is the responsibility of each individual who prints a hard copy of any document to ensure that the printed hardcopy is the current version. Current versions are maintained on the Intranet.

10 EQUALITY ANALYSIS

This procedure has undergone an equality analysis please refer to Appendix A

11. REVIEW AND REVISION ARRANGEMENTS

This policy will be reviewed every 3 years unless there is a change in legislation then the review will take place earlier. The Lead Director for this Policy is the Executive Director for Nursing and Workforce.

12. MONITORING COMPLIANCE AND EFFECTIVENESS

The Quality/Risk Management Team, Human Resources and Counter Fraud Team are responsible for maintaining the Raising Concerns at Work (Whistle blowing) Log. Periodic reviews will be undertaken by Audit Committee at least once per year.

The Raising Concerns at Work (Whistle blowing) Log will be reported at the Quality and Clinical Performance Review meeting on a quarterly basis.

13. LINKS TO OTHER ORGANISATION POLICIES/DOCUMENTS

- Trust Grievance Policy
- Counter Fraud Policy
- Trust Disciplinary and Dismissal Policy
- Trust SIRI Policy
- Interests, Gifts, Hospitality and Bribery Act Policy

14. REFERENCES

- Employment Rights Act 1996
- Management of Health and Safety at Work Regulations 1999 (SI 1999/3242)
- Public Interest Disclosure (Compensation) Order 1999 (SI 1999/1548)
- Public Interest Disclosure (Prescribed Persons) Order 1999 (SI 1999/1549)
- Public Interest Disclosure (Prescribed Persons) (Amendment) Order 2003 (SI 2003/1993)
- Public Interest Disclosure (Prescribed Persons) (Amendment) Order 2004 (SI 2004/3265)
- Public Interest Disclosure (Prescribed Persons) (Amendment) Order 2005 (SI 2005/2464).
- 'Speak up for a healthy NHS' – NHS Social Partnership Forum and Public Concern at Work
- The Enterprise and Regulatory Reform Act 2013 (ERRA)

15. DISCLAIMER

It is the responsibility of all staff to check the organisation intranet to ensure that the most recent version/issue of this document is being referenced

CHECKLIST FOR THE DEVELOPMENT AND APPROVAL OF CONTROLLED DOCUMENTATION

To be completed and attached to any document when submitted to the appropriate committee for consideration and approval.

Title of document being reviewed:		Y/N/ Unsure	Comments
1.	Title/Cover		
	Is the title clear and unambiguous?	Y	
	Does the title make it clear whether the controlled document is a guideline, policy, protocol or standard?	Y	
2.	Document Details and History		
	Have all sections of the document detail/history been completed?	Y	
3.	Development Process		
	Is the development method described in brief?	N	
	Are people involved in the development identified?	Y	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Y	
4.	Review and Revision Arrangements Including Version Control		
	Is the review date identified?	Y	
	Is the frequency of review identified? If so, is it acceptable?	Y	
	Are details of how the review will take place identified?	Y	
	Does the document identify where it will be held and how version control will be addressed?	Y	
5.	Approval		
	Does the document identify which committee/group will approve it?	Y	
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Y	
6.	Consultation		
	Do you have evidence of who has been consulted?	N	Consultation due to commence March
7.	Table of Contents		

Title of document being reviewed:		Y/N/ Unsure	Comments
	Has the table of contents been completed and checked?	Y	
8.	Summary Points		
	Have the summary points of the document been included?	Y	
9.	Definition		
	Is it clear whether the controlled document is a guideline, policy, protocol or standard?	Y	
10.	Relevance		
	Has the audience been identified and clearly stated?	Y	
11.	Purpose		
	Are the reasons for the development of the document stated?	Y	
12.	Roles and Responsibilities		
	Are the roles and responsibilities clearly identified?	Y	
13.	Content		
	Is the objective of the document clear?	Y	
	Is the target population clear and unambiguous?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?	Y	
14.	Training		
	Have training needs been identified and documented?	Y	
15.	Dissemination and Implementation		
	Is there an outline/plan to identify how this will be done?	Y	
	Does the plan include the necessary training/support to ensure compliance?	Y	
16.	Process to Monitor Compliance and Effectiveness		
	Are there measurable standards or Key Performance Indicators (KPIs) to support the monitoring of compliance with and effectiveness of the document?	Y	Whistleblowing log
	Is there a plan to review or audit compliance within the document?	Y	
	Is it clear who will see the results of the audit and	Y	

Title of document being reviewed:		Y/N/ Unsure	Comments
	where the action plan will be monitored?		
17.	Associated Documents		
	Have all associated documents to the document been listed?	Y	
18.	References		
	Have all references that support the document been listed in full?	Y	
19.	Glossary		
	Has the need for a glossary been identified and included within the document?	N	
20.	Equality Analysis		
	Has an Equality Analysis been completed and included with the document?	N	Currently working on this prior to launch of consultation
21.	Archiving		
	Have archiving arrangements for superseded documents been addressed?	Y	
	Has the process for retrieving archived versions of the document been identified and included within?	Y	
22.	Format and Style		
	Does the document follow the correct style and format of the Document Control Procedure?	Y	
23.	Overall Responsibility for the Document		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the documentation?	Y	
Committee Approval			
If the committee is happy to approve this document, please sign and date it and forward copies for inclusion on the Intranet.			
Name of Committee		Date	
Print Name		Signature of Chair	

IMPACT ASSESSMENT ON POLICY IMPLEMENTATION

Summary of Impact Assessment (see next page for details)

Policy Name	Raising Concerns (Whistle Blowing) Policy
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Totals	WTE	Recurring £	Non Recurring £
Manpower Costs	0	0	0
Training Staff	0	0	0
Equipment & Provision of resources	0	0	0

Summary of Impact:

This is an existing policy that has been updated and amended. The communication of this policy will be through existing mechanisms within the organisation including Corporate Induction, new managers – management development programme, HR skills development workshops linked to Grievance Policy, HR portal, Policy site on the Intranet.

Risk Management Issues:

This amended policy provides a wider explanation of the range of mechanisms available to all staff to raise concerns.

Benefits / Savings to NHS IOW:

Promote a culture within the organisation that concerns are raised at the earliest opportunity and without fear of repercussions.

Equality Impact Assessment

- | | |
|--|-----------------|
| ▪ Has this been appropriately carried out? | YES / NO |
| ▪ Are there any reported equality issues? | YES / NO |

If “YES” please specify:

Use additional sheets if necessary.

IMPACT ASSESSMENT ON POLICY IMPLEMENTATION

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

Manpower	WTE	Recurring £	Non-Recurring £
<i>Operational running costs</i>	0	0	0
Additional staffing required - by affected areas / departments:	0	0	0
Totals:	0	0	0

Staff Training Impact	Recurring £	Non-Recurring £
Affected areas / departments e.g. 10 staff for 2 days	0	0
Totals:	0	0

Equipment and Provision of Resources	Recurring £ *	Non-Recurring £ *
<i>Accommodation / facilities needed</i>		
Building alterations (extensions/new)	0	0
IT Hardware / software / licences	0	0
Medical equipment	0	0
Stationery / publicity	0	0
Travel costs	0	0
Utilities e.g. telephones	0	0
Process change	0	0
Rolling replacement of equipment	0	0
Equipment maintenance	0	0
Marketing – booklets/posters/handouts, etc	0	0
Totals:	0	0

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:	n/a
Signature & date of financial accountant:	n/a
Funding / costs have been agreed and are in place:	n/a

Signature of appropriate Executive or Associate Director:	n/a
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IMPACT ASSESSMENT ON POLICY IMPLEMENTATION - CHECKLIST

Points to consider

Have you considered the following areas / departments?

- Have you spoken to finance / accountant for costing?
- Where will the funding come from to implement the policy?
- Are all service areas included?
 - Ambulance
 - Acute
 - Mental Health
 - Community Services, e.g. allied health professionals
 - Public Health, Commissioning, Primary Care (general practice, dentistry, optometry), other partner services, e.g. Council, PBC Forum, etc.

Departments / Facilities / Staffing

- Transport
- Estates
 - Building costs, Water, Telephones, Gas, Electricity, Lighting, Heating, Drainage, Building alterations e.g. disabled access, toilets etc
- Portering
- Health Records (clinical records)
- Caretakers
- Ward areas
- Pathology
- Pharmacy
- Infection Control
- Domestic Services
- Radiology
- A&E
- Quality Team / Information Officer– responsible to ensure the policy meets the organisation approved format
- Corporate Governance and Risk Management Team – ensure appropriate checks are made to ensure policy will be compliant with NHS Litigation Authority standards.
- Quality Team (clinical and information) - Ensure appropriate checks are made to ensure policy will be compliant with NHS Litigation Authority standards. The

Quality Team will advise on this and if necessary the standards can be accessed via the clinical governance intranet pages.

- Human Resources
- IT Support
- Finance
- Rolling programme of equipment
- Health & safety/fire
- Training materials costs
- Impact upon capacity/activity/performance

Equality Analysis and Action Plan

Step 1. Identify who is responsible for the equality analysis.

Name: Amy Rolf
Role: Senior HR Manager
Other people or agencies who will be involved in undertaking the equality analysis:
Liz Nials – Equality and Diversity Lead

Step 2. Establishing relevance to equality

Protected Groups	Relevance		
	Staff	Service Users	Wider Community
Age	✓		
Gender Reassignment	✓		
Race	✓		
Sex and Sexual Orientation	✓		
Religion or belief	✓		
Disability	✓		
Marriage and Civil Partnerships	✓		
Human Rights	✓		
Pregnancy and Maternity	✓		

Show how this document or service change meets the aims of the Equality Act 2010?

Equality Act – General Duty	Relevance to Equality Act General Duties
Eliminates unlawful discrimination, harassment, victimization and any other conduct prohibited by the Act.	Raising concerns at Work (Whistle blowing) Policy supports the organization to promote a positive culture of openness to encourage staff to raise concerns at the earliest opportunity without fear of repercussions.
Advance equality of opportunity between people who share a protected characteristic and people who do not share it	The policy provides a range of mechanisms to report concerns and it is for the employee to identify the route most appropriate to them.
Foster good relations between people who share a protected characteristic and people who do not share it.	This policy enables all staff to raise concerns and the policy provides assurance from the Board that staff should raise concerns without fear of repercussions.

Step 3. Scope your equality analysis

	Scope
What is the purpose of this document or service change?	The purpose of this policy is to support our staff to identify the most appropriate route to raise a concern regarding patient safety, professional misconduct or financial malpractice that might affect patients, colleagues, or the Isle of Wight NHS Trust itself.
Who will benefits?	Patients and Staff.
What are the expected outcomes?	Staff feel supported to raise concerns through a range of mechanisms internally in the first instance.
Why do we need this document or do we need to change the service?	This policy document has been expanded to describe all mechanisms for raising concerns including those which may fall within the scope of the Public Interest Disclosures Act

It is important that appropriate and relevant information is used about the different protected groups that will be affected by this document or service change. Information from your service users is in the majority of cases, the most valuable.

Information sources are likely to vary depending on the nature of the document or service change. Listed below are some suggested sources of information that could be helpful:

- Results from the most recent service user or staff surveys.
- Regional or national surveys
- Analysis of complaints or enquiries
- Recommendations from an audit or inspection
- Local census data
- Information from protected groups or agencies.
- Information from engagement events.

Step 4. Analyse your information.

As yourself two simple questions:

- What will happen, or not happen, if we do things this way?
- What would happen in relation to equality and good relations?

In identifying whether a proposed document or service changes discriminates unlawfully, consider the scope of discrimination set out in the Equality Act 2010, as well as direct and indirect discrimination, harassment, victimization and failure to make a reasonable adjustment.

Findings of your analysis

	Description	Justification of your analysis
No major change	Your analysis demonstrates that the proposal is robust and the evidence shows no potential for discrimination.	No action necessary as a consequence of implementing this revised policy.
Adjust your document or service change proposals	This involves taking steps to remove barriers or to better advance equality outcomes. This might include introducing measures to mitigate the potential effect.	
Continue to implement the document or service change	Despite any adverse effect or missed opportunity to advance equality, provided you can satisfy yourself it does not unlawfully	

	discriminate.	
Stop and review	Adverse effects that cannot be justified or mitigated against, you should consider stopping the proposal. You must stop and review if unlawful discrimination is identified	

5. Next steps.

5.1 Monitoring and Review.

Equality analysis is an ongoing process that does not end once the document has been published or the service change has been implemented.

This does not mean repeating the equality analysis, but using the experience gained through implementation to check the findings and to make any necessary adjustments.

Consider:

How will you measure the effectiveness of this change	Working with the Datix and Counter Fraud Team there will be a monitoring log of concerns raised in line with this policy.
When will the document or service change be reviewed?	Every 3 years or sooner if there is a legislative amendment
Who will be responsible for monitoring and review?	Audit Committee review the Raising concerns (Whistle Blowing) Log on an annual basis
What information will you need for monitoring?	Raising concerns (Whistle Blowing) Log
How will you engage with stakeholders, staff and service users	Staff Partnership Forum January – March 2013 – awareness campaign including line manager briefing and Raising Concerns posters Employment Law Briefings delivered in April 2013 Corporate Induction HR Portal – Raising Concerns page

5.2 Approval and publication

The Executive Board will be responsible for ensuring that all documents submitted for approval will have completed an equality analysis.

Under the specific duties of the Act, equality information published by the organisation should include evidence that equality analyses are being undertaken. These will be published on the organisations "Equality, Diversity and Inclusion" website.

Useful links:

Equality and Human Rights Commission

<http://www.equalityhumanrights.com/advice-and-guidance/new-equality-act-guidance/equality-act-guidance-downloads/>