

WHISTLE BLOWING POLICY AND PROCEDURE

(Raising Concerns at Work)

Date Impact Assessed:	Version No: 2 No of pages: 21
Date of issue:	Date of next review: 1.4.18
Distribution: All Staff	Published:
Related Documents	Anti-Fraud, Bribery & Corruption Policy Fraud Act 2006 Bribery Act 2010 Disciplinary Policy Grievance and Disputes Policy Harassment and Bullying Policy

Standard Operating Procedure	St Helens CCG Whistleblowing Policy
------------------------------	-------------------------------------

Version	2
Implementation Date	
Review Date	1.4.18
Approved By	HR & Remuneration Committee
Approval Date	9.3.16

REVISIONS			
Date	Section	Reason for Change	Approved By

CONTENTS

1	Introduction	3/4
2	Scope	4
3	Policy Statement	5/6
4	Responsibilities	6
	4.1 Responsibility of the CCG	6
	4.2 Responsibility of Managers	6
	4.3 Responsibility of Employees	7
5	Policy in Practice	7
	5.1 Confidentiality	7
	5.2 Raising a Concern - Process	8
	5.3 Informal Procedure	9
	5.4 Formal Procedure	9/10
6	External Disclosure	10/11
7	Discrimination and Co-workers	12
8	Deliberately Untrue	13
9	Anonymous Concerns	13
10	Gagging Clauses and Settlement Agreements	13
11	Role of Staff Side / Professional Organisations	13/14
12	Review	14
Appendix 1	List of Prescribed Persons	15/16
Appendix 2	Guidelines for Initial Discussions	17
Appendix 3	Flowchart	18

1. INTRODUCTION

The Clinical Commissioning Group (the CCG) is committed to ensuring the highest possible standards of service and the highest possible ethical standards in delivering this service. It is the responsibility of all staff to ensure that if they become aware that the actions of other employees or officers of the CCG or anyone working for, with, or connected to it, might compromise this objective, they will be expected to raise the matter. The CCG encourages all individuals to raise any concerns that they may have about the conduct of others in the organisation, independent contractors, or organisations with which the CCG has a relationship/contract. St Helens is the borough in which the Murray enquiry originated and the recommendations set out by the enquiry are incorporated in this policy.

The CCG is fully committed to meeting its responsibilities under the Public Interest Disclosure Act 1998 'PIDA', which encourages employers to establish procedures that protect staff who disclose information about malpractice or wrongdoing by the CCG and its activities. This policy and procedure has been developed to support and assist staff to bring genuine concerns to the attention of appropriate people within the CCG who can take the relevant action. The CCG is committed to the aim for workers to raise concerns without the fear of reprisals and committed to the appropriate action being taken.

The NHS acknowledges that sometimes those raising concerns or 'whistleblowers' have had difficult, frustrating, and upsetting experiences, and recognises that a move towards a culture of openness and transparency across the whole of the NHS is essential. This push has been given increased emphasis following the Francis Report into the failings at Mid Staffordshire NHS Foundation Trust. Positive action has and is being developed to make the process of raising concerns work better in the future. The CCG recognises and fully supports the endeavours that the NHS is making towards these aims. Some examples of the progress made so far are as follows:

The NHS Constitution is in place to safeguard the principles and values of the NHS. It sets out rights to which patients, public and staff are entitled, and pledges that the NHS is committed to achieve. It is supported by a Handbook which explains the NHS Constitution in detail. All NHS bodies, and private and third party sector providers supplying NHS services, are required by law to take the NHS Constitution into account in their decisions and actions.

To highlight and commit to the importance of whistleblowing, the NHS Constitution for England was amended in 2012 to include:

- An expectation that staff should raise concerns at the earliest opportunity.
- A pledge that NHS organisations should support staff when raising concerns by ensuring their concerns are fully investigated and that there is someone independent, outside of their team, to speak to.
- Clarity around the existing legal right for staff to raise concerns about safety, malpractice or other wrong doing without suffering any detriment.

In response to the Francis Report, the revised NHS Constitution for England in 2013 saw the introduction of the new 'Duty of Candour'. The Duty is for the NHS and its staff to

make sure that they tell patients, families, carers, and/or representatives if something goes wrong with their care. The Duty of Candour is about being honest and truthful and making sure that people are told what went wrong and why, and apologising and explaining what will be done to help stop it happening again. The Duty of Candour has also been incorporated as a contractual requirement into the NHS Standard Contract. Obstructing colleagues in being candid will be a breach of professional codes.

The CCG fully supports the Duty of Candour and the CCG strives to assure that, as commissioners, all of their provider organisations are open, honest, and transparent in all dealings with patients.

The NHS Terms and Conditions of Service apply in full to all staff directly employed by NHS organisations (NB with the exception of some very senior managers and staff within the remit of the Doctors' and Dentists' Review Body).

Amendments in 2013 introduced 'Section 21: Right to raise concerns in the public interest (whistleblowing)', which states:

- All employees working in the NHS have a contractual right and a duty to raise genuine concerns they have with their employer about malpractice, patient safety, financial impropriety or any other serious risks they consider to be in the public interest.'

It also states that NHS organisations must have local policies in place that emphasise that it is safe and acceptable for staff to raise concerns, and provide them with clear arrangements for doing so.

Staff private employment matters such as personal employment contract disputes and grievances are outside the scope of this policy and PIDA.

2. SCOPE

In accordance with PIDA, this policy applies to 'workers' of the CCG, including substantive and temporary staff, bank staff, agency staff, contracted staff and trainees. The Policy applies to volunteers and students, although they are not covered by PIDA protection.

This policy will be applied equally to all staff covered by the policy and in accordance with the CCG's Equality and Diversity Policy.

3. POLICY STATEMENT

The CCG has a responsibility as an employer to ensure that staff are aware of their right to raise concerns about potential poor practices or wrong-doing within their organisation this is often referred to as "whistleblowing".

What is whistleblowing?

"Whistleblowing is the popular term applied to a situation where an employee raises concerns about safety, malpractice or wrongdoing at work. In the context of the NHS, the term refers to NHS staff raising concerns about issues which may affect patients, the public, other staff or the organisation. The NHS Constitution includes an expectation that

NHS staff will raise concerns as early as possible and a pledge that NHS employers will support all staff in raising concerns, responding to and where necessary investigating the concerns raised".¹

PIDA was introduced by the government following a number of high profile events and is known as the 'whistleblowing law'. PIDA sits in the Employment Rights Act which provides legal protection for workers against detriment or reprisals (such as dismissal, bullying, harassment, victimization or other bad treatment) by any act or failure to act by their employer for raising a genuine concern in the public interest. A worker may bring a claim for compensation in an Employment Tribunal if they are subjected to bad treatment or dismissal as a result of their whistleblowing.

PIDA has a tiered disclosure system which encourages early internal disclosure to the employer by its workers, and also allows for disclosure to specific prescribed regulators and persons, and in limited circumstances for wider disclosures to other outside bodies or persons.

The policy provides a process whereby staff can raise concerns about issues at work without fear or concern about retribution by the CCG after making a disclosure (whistleblowing). The policy covers concerns about:

- Standards of care, or care of a patient or client, is being placed, or is likely to be placed at risk, by the actions of an individual, organisation, or the CCG.
- That there is, or has been, inappropriate behaviour by a professional, a clinician or any other member of a health team.
- Unlawful or unethical conduct.

- A criminal offence (e.g. financial impropriety such as fraud, bribery or corruption) has been, or is likely to be, committed;
- There is, or has been, a failure to comply with legal obligations (including negligence, breach of contract, breach of administrative law)
- The health and safety of any individual, or the public, has, is, or is likely to be endangered;
- There has been a breach of probity guidelines (financial malpractice, breach of Standing Financial Instructions).
- The environment is in danger;
- A miscarriage of justice has occurred, is occurring, or is likely to occur;
- There is a risk to the reputation of the CCG, or your own organisation;

¹ Section 4 of the current NHS Constitution (updated in July 2015) sets out information on whistleblowing procedures. The Constitution was first published in January 2009 following recommendations in Lord Darzi's report High Quality Care for All (2008). Under the Health Act 2009 all providers and commissioners of NHS care have a statutory duty to have regard to the NHS Constitution in all their decisions and actions

- Information tending to show any of the above is, or is likely to be deliberately concealed.

4. RESPONSIBILITIES

4.1 Responsibilities of the CCG

- To monitor this policy and procedure and the concerns/issues that are raised as a result.
- To provide a point of contact for staff who wish to raise concerns under the provision of this policy and who feel it is inappropriate to raise the matter through their Line Manager.

4.2 Responsibilities of Managers

- Consider staff concerns carefully and (where necessary) to undertake an investigation
- Understand the difficult position that the individual staff member may be in.
- Seek appropriate advice from relevant CCG Senior Manager.
- Take prompt action to resolve the concern or refer it on to the relevant CCG Senior Manager
- Keep the member of staff informed about the ongoing processes and/or proposed solution.
- Regularly review situations that have been reported to them.
- Ensure individuals who genuinely report concerns are not penalised or discriminated against in any way.

4.3 Responsibilities of Employees

- Ensuring that the best standards of care are achieved.
- Reporting their concerns to a member of CCG staff as outlined in this procedure (particularly if they consider that something is happening which might compromise the above mentioned standards of care). It is recommended that staff report concerns internally in the first instance but they have the option to make a direct external disclosure, subject to PIDA's 'stepped' approach
- Raising concerns in the public interest with a belief that poor standards of practice have occurred.

5. POLICY IN PRACTICE

5.1 Confidentiality

The CCG recognises the difficulty staff may face in raising their concerns, and assures them of support and confidentiality during the initial investigation process.

The CCG will seek to protect the confidentiality of members of staff who raise matters of concern where possible unless required to provide evidence as part of an official or external investigation.

It will be the responsibility of the investigating manager to determine (*along with the person raising the issue*) the degree of confidentiality under which the investigation will take place i.e. the subject of the complaint may not be aware of the issues raised.

Employees are reminded that disclosure, even where warranted, does not give an employee the right to disclose confidential information of the employer e.g. patient records/information, personal details etc.

For a whistleblower to be protected, PIDA's tiered approach means that the following steps are usually expected to be taken one step at a time, as far as is needed to have their concerns properly addressed, but sometimes more than one step can be 'jumped' according to the circumstances;

- PIDA encourages and most readily provides protection in situations where the worker reasonably suspects wrongdoing and makes an internal disclosure to their employer in the first instance.
- For disclosures to specified regulatory bodies and other prescribed persons (e.g. CQC, Professional Regulatory Bodies) the worker must reasonably believe their allegations are substantially true – only suspecting something is not enough when you report concerns outside of where you work. PIDA lists such bodies and persons (**Appendix 1**).
- For wider disclosures (e.g. to the media, Police, or other person) the worker must believe their allegation is substantially true; it must not be for their own personal gain; the disclosure must be reasonable and have a justifiable cause taking into account all the circumstances, especially the identity of the person to whom the disclosure is made. This may be circumstances such as having a genuine belief you would be victimised or bullied if you raised the concern internally or with a regulator; or the disclosure is of an exceptionally serious failure. Whistleblowers would normally be expected to exhaust all other options available to them before making a wider disclosure. Complex conditions must be met in order for workers to be protected.

Therefore, depending on whom the whistleblower discloses their concern to, protected legal disclosure for them starts from a position where they have a reasonable suspicion that the information they disclose is true, progressing to believing that it is substantially true, and then also having a reasonable and justifiable cause to disclose on a wider level. The higher up the steps they go, there is more burden placed on the whistleblower's belief in their information, who they tell, and their reasons why.

If a member of staff raises an issue/concern and asks the CCG to protect their identity by keeping it confidential, the CCG will not disclose it without their consent. If the situation arises where the CCG is unable to resolve the concern without revealing the staff member's identity (for instance because evidence is needed in court), the CCG will discuss with the member of staff whether they can proceed.

5.2 Raising a Concern - Process

Under this policy there is no requirement for employees alleging "malpractice" to prove their case is true, only that it is honestly raised. All referrals will be taken seriously and Managers will be supportive of staff recognising that raising a concern is often a difficult

experience. In all cases, members of staff have the right to discuss their concerns with the Accountable Officer. However, staff are encouraged to use the internal procedures (informal and formal) as laid out within this policy, in the first instance. A flow chart can be found at **Appendix 3**.

Whilst pursuing the aim of openness, it is imperative that patient confidentiality is maintained and that confidence in the services provided by the CCG are not unreasonably undermined. Similarly, as members of staff have certain obligations and loyalties to the CCG as their employer; it is important that the employer/employee relationship is not compromised.

Any potential issues / concerns relating to fraud, bribery or corruption allegations must be raised in line with the CCG's Fraud, Bribery and Corruption Policy. The CCG would prefer a worker to raise concerns regarding fraud, bribery or corruption in the first instance directly with the CCG's Anti-Fraud Specialist and/or the CCG's Chief Finance Officer; although concerns may be reported in line with the general Whistleblowing Policy reporting lines.

There is a requirement for the **recipient** of any allegation that is wholly or partly suspected to involve any fraud, bribery or corruption to report to the CCG's Anti-Fraud Specialist and/or Chief Finance Officer

Under no circumstances should individual managers investigate any fraud, bribery or corruption issues.

5.3 Informal Procedure

Wherever possible, concerns about health service issues should be resolved informally i.e. between the member of staff and his/her Line Manager (**Appendix 2**). With this in mind, managers will:

- Take the concern seriously
- Consider the issues fully and sympathetically
- Recognise that raising a concern can be a difficult experience for some staff.
- Seek advice from appropriate professionals where necessary.

The Line Manager should investigate the allegations thoroughly. Where appropriate, the concern may be passed to an appropriate manager within the CCG with specialist knowledge of a particular area to carry out the investigation. The member of staff will receive an initial verbal response within 7-10 working days and a subsequent written response.

In the event that the member of staff is not satisfied with the outcome they will have the right to raise the issue with relevant CCG Senior Manager.

If a concern involves or implicates the employees Line Manager, then they should be bypassed, and the concern escalated directly to the next stage/s of the procedure to ensure that it is dealt with properly, fairly and independently.

5.4 Formal Procedure

Where there has been a failure to resolve the issue through the informal route the relevant CCG Senior Manager will begin the appropriate investigations (where appropriate, the Accountable Officer may appoint an investigating officer). In the event of the concern being related to one of the relevant CCG Senior Manager, the issue should be raised directly with the Accountable Officer.

At this stage, the member of staff will be re-assured about protection of confidentiality, however, they must be realistic about the possibility that others may try to work out or guess the identity of the whistleblower. S/he will also be asked whether or not s/he wishes to make a written or verbal statement. In either case the relevant CCG Senior Manager will write a brief summary of the interview, which will be agreed by both parties

The relevant CCG Senior Manager will provide a formal written response regarding the outcome of the investigation to the member of staff within 10 working days.

In the event of the issue not being resolved, the issue will be referred to the Accountable Officer for resolution within 1 month.

6. EXTERNAL DISCLOSURE

Whilst we hope that this policy provides you with the confidence and reassurance to raise your concerns with us internally in the first instance, the CCG recognises that special provision is provided under PIDA for you to make protected disclosures to organisations outside of the CCG, which are designated as “prescribed persons”.

Such disclosures will be protected where the whistleblower meets the tests for internal disclosures and additionally, honestly and reasonably believes that the information and any allegation contained in it are substantially true, only suspecting something is not enough when you report concerns outside of where you work.

You may want to pursue this option if you feel that you have exhausted all the options available internally and still feel that nothing is being done. However, provided you meet the higher level of proof required for external disclosure, you will still be protected under PIDA whether or not you have raised your concern internally.

You are able to raise your concerns with the relevant “prescribed person” that has authority to investigate the issue (i.e it comes under their area of responsibility). They include health and social care Professional Regulatory Bodies. The following is a non-exhaustive list of prescribed persons:

- Care Quality Commission (CQC)
- Monitor
- General Medical Council (GMC)
- Nursing and Midwifery Council (NMC)
- General Pharmaceutical Council (GPhC)
- Health Care Professions Council (HCPC)
- Children’s Commissioner
- Health and Safety Executive (HSE)
- Information Commissioner

- Audit Commission for England and Wales
- Charity Commissioners for England and Wales
- Secretary of State for Health
- MPs

APPENDIX 1 of this policy provides a comprehensive list and contact details of the most relevant prescribed persons in England. PIDA contains a full list.

Your Trade Union or independent helpline (see section 11) will be able to advise you on the options of contacting the appropriate regulator or other prescribed person if you wish.

WIDER EXTERNAL DISCLOSURE

There are limited circumstances when wider external disclosure would be deemed appropriate and remain a “protected disclosure” according to PIDA, and significant additional legal conditions apply.

For wider disclosures, e.g to the media, Police, or another person or body, the worker must believe their allegation is:

- Substantially true
- It must be in the public interest
- It must not be for their own personal gain
- The disclosure must be reasonable and have a justifiable cause taking into account all the circumstances
- And in some cases, the disclosure is of an “exceptionally serious failure”

Such disclosures could be made to a variety of individuals, and who are not “prescribed” within PIDA. However, when determining whether it was reasonable for the worker to make the disclosure, particular regard will be had to the identity of the person to whom the disclosure is made. Other conditions and factors must be met and taken into account when determining whether a wider external disclosure would be deemed to be “reasonable” and therefore protected under PIDA. These are summarised as follows:

Conditions (at least one must be met)

- The worker believes they will be subject to a detriment
- There is no “prescribed person” applicable to the set of circumstances
- The worker reasonably believes that it is likely that evidence relating to the wrongdoing will be destroyed if the disclosure is made to their employer
- The worker had previously made the same disclosure to their employer

Factors (all taken into consideration)

- The seriousness of the wrongdoing
- Whether the wrongdoing is continuing
- Whether the disclosure is in breach of a duty of confidentiality owed by the employer to another person

- Any action already taken (or reasonably could have been expected) by the employer in relation to the previous disclosure to the employer
- Whether in making the disclosure to the employer, the worker had complied with any internal procedures

Whistleblowers would normally be expected to exhaust all other options available to them before making a wider disclosure.

The Police may be contacted in certain circumstances, although the Police can only investigate and take action where there is criminal activity. Police investigations can often take a long time, and a very high standard of evidence is required in criminal cases.

Approaching the media is rarely appropriate and should be seen as a **LAST RESORT**.

The law is complicated in this area, so please ALWAYS take proper advice before considering making a wider external disclosure.

7. DISCRIMINATION AND CO-WORKERS

In certain cases it is recognised that individuals may be reluctant to raise their concerns, particularly if the conduct or action of a colleague is involved. This may be true particularly where the concern is about a member of staff in a senior position or from a different discipline or profession.

The CCG is keen to ensure that staff feel able to raise such concerns confidentially and without fear of any subsequent action being taken against them. If, however, a member of staff feels that they have been discriminated against as a direct result of raising their concern, they should report the discrimination, using the CCG's Grievance and Disputes Policy.

PIDA provides protection for whistleblowers from bullying and harassment by co-workers. This means that co-workers can be held personally liable, and their employer can be held vicariously liable for the co-workers actions. However, PIDA includes a defense for employers who take reasonable steps to prevent victimisation. This should, therefore, encourage employers to train their staff on acceptable behaviour and build open workplace cultures.

8. DELIBERATELY UNTRUE

A worker who deliberately and knowingly raises a false whistleblowing concern is NOT legally protected under PIDA. This means that the person may be held to account for their actions and might lawfully be subject to an appropriate disciplinary sanction by their employer, such as dismissal.

9. ANONYMOUS CONCERNS

If you raise a concern without telling the CCG who you are, it will be much more difficult for the concern to be investigated, and for the CCG to protect your position and to provide relevant feedback. Accordingly, whilst the CCG will consider what action may be justified by an anonymous report, they will not be able to handle such reports under this policy.

10. GAGGING CLAUSES / SETTLEMENT AGREEMENTS

Any clauses within employment contracts that conflict with the protections provided by PIDA are **void**.

Such settlement agreements (previously called compromise agreements) are commonly referred to as 'gagging clauses'. The Government now requires an inclusion in settlement agreements to make it clear that staff can make a disclosure in the public interest in accordance with PIDA, regardless of any confidentiality clause. This means that settlement agreements cannot be used by employers in an attempt to stop employees from whistleblowing.

11. ROLE OF STAFF SIDE / PROFESSIONAL ORGANISATIONS

All staff have the right to belong to and, therefore, to consult and seek guidance from their Staff-Side Representative or professional organisation or from a statutory body such as the Health & Safety Executive, the Nursing & Midwifery Council or the General Medical Council.

Any employee unsure as to whether to use this procedure or wishing to seek independent advice at any stage should contact:

- Their Trade Union, professional organisation or statutory body such as the NMC, GMC or boards of the Health Professional Council.
- The independent charity Public Concern at Work Tel: 020 7404 6609 or e-mail whistle@pcaw.org.uk (They can give free independent advice at any stage about how to raise a concern in relation to serious malpractice at work).
- NHS Protect: www.nhsbsa.nhs.uk/Protect.aspx (contact in relation to crime across the NHS)
- Local Counter Fraud Specialist Tel: 0151 285 4552
- NHS and Social Care Whistleblowing Helpline on Telephone: 08000 724 725 or email enquiries@wbhelpline.org.uk (They offer legally compliant unbiased support and guidance, and help you to understand your options and legal rights).
- Human Resources
- Occupational Health

12. REVIEW

This procedure may be reviewed or amended at any stage. Any changes will be subject to consultation with Staff Side Representatives.

APPENDIX 1 – LIST OF PRESCRIBED PERSONS

- a) The secondary legislation under PIDA lists “prescribed persons”.

The following are the most relevant to the health and care sectors:

NHS Protect (T) 0800 028 4060 (w) www.reportnhsfraud.nhs.uk

Care Quality Commission, (T) 03000 616 161 (w) www.cqc.org.uk

Monitor, (T) 0207 340 2400 – the regulator for the health sector, making sure the system works effectively for patients (w) www.monitor-nhsft.gov.uk

Nursing and Midwifery Council (NMC) (w) <http://nmc-uk.org>

General Chiropractic Council (GCC) (w) <http://www.gcc-uk.org/page.cfm>

General Dental Council (GDC) (w) <http://www.gdc-uk.org/Pages/default.aspx>

General Medical Council (GMC) – regulator for medical doctors throughout the UK in all healthcare sectors (T) 0161 923 6602 (W) www.gmc-uk.org

Health and Care Professions Council (HCPC) – regulator for the allied health professions (T) 0845 300 6184 (w) <http://www.hpc-uk.org>

General Optical Council (GOC) (w) <http://www.optical.org>

General Osteopathic Council (GOsC) (w) <http://www.osteopathy.org.uk>

General Pharmaceutical Council (GPhC) (w) <http://www.pharmacyregulation.org>

Audit Commission for England and Wales and auditors appointed by Commission to audit the accounts of local government, and health service, bodies (w) www.audit-commission.gov.uk

Charity Commissioners for England and Wales (w) www.charitycommission.gov.uk

Comptroller and Auditor General

Children’s Commissioner

Health and Safety Executive (w) www.hse.gov.uk

Information Commissioner

Pensions Regulator (w) www.thepensionsregulator.gov.uk

Members of the House of Commons (MPs)

- b) Other persons to which a protected disclosure may be made:

These include the Secretary of State for Health and other health and social care Ministers, and legal advisers (provided other criteria and procedural requirements in PIDA are met).

- c) Other bodies to which a concern may be raised, but it will not be treated as a protected disclosure within the meaning of PIDA:

Department of Health (England), (T) 0207 210 4850 (w) www.dh.gov.uk

Professional Standards Authority for Health and Social Care, (T) 0207 389 8030 (w) www.professionalstandards.org.uk

The NHS Fraud and Corruption Reporting Line (T) 0800 028 40 60. All calls will be treated in confidence and investigated by professionally trained staff. Email: ciu@nhsprotect.gsi.gov.uk (w) www.reportnhsfraud.nhs.uk

This guidance is intended for workers and employers in England.

Other prescribed persons and organisations exist for Scotland and Wales.

APPENDIX 2

Guidelines for Initial Discussion

(For use by CCG Managers)

This sheet is a suggested structure to support CCG Managers in gaining the relevant and appropriate information to enable them to make a decision about how to proceed with the concern.

1. Thank the staff member for telling you about their concern, even if they appear to be mistaken
2. Respect and heed legitimate staff concerns about their own position / career
3. Manage expectations and respect promises of confidentiality
4. Remember there are different perspectives to every story
5. Determine whether there are grounds for concern and investigate if necessary in line with the timescales outlined in the policy and procedure
6. Record the details of concern
 - What has happened?
 - When did it occur?
 - Where did it occur?
 - Who was involved?
 - How long has this been happening?
7. Are there any other witnesses?
8. Is there any supporting information?
9. How did the member of staff become aware of the incident/occurrence?
10. Has the matter been raised with anyone else, if so whom?
11. Name of persons to whom disclosure made.
12. Any actions agreed and anticipated timescales.

Managers are encouraged to take full notes of their discussion with the member of staff. However, the notes should not make reference to the individual reporting the concern in order to protect and maintain their confidentiality.

