

Raising Concerns (Whistleblowing) Policy

DOCUMENT CONTROL SHEET

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Change History:

Version	Date	Reviewer(s)	Revision Description
V1.0	09.03.2017	Hannah Preston HR Business Partner.	Adapted for use as the Shared Service Policy.
V2.0	02.05.2019	Joint Policy Forum	Adapted for alignment with the national policy on whistleblowing.
V3.0	28.04.2021	Joint Policy Forum	Adapted for alignment with West Essex CCG policy.

Implementation Plan:

Development and Consultation	Adapted from existing Whistleblowing policies ratified by the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Reviewed by the Joint Policy Forum 04/04/2019
Dissemination	This policy will communicate to staff representatives. It will be communicated electronically to all staff and managers and will be published on the CCG's intranet.
Training	There are no specific training requirements in order to implement this policy. However, managers will be able to access advice from the HR Department on the implementation and interpretation of this policy.
Monitoring and Review	All complaints of whistleblowing are recorded by the HR and ODL Shared Service and activity is reported at least annually, together with a breakdown of policy application across the protected characteristics under the Equality Act. The data identified from monitoring will be used to update the policy and ensure best practice as necessary.
Equality and Diversity	17.3.2017 - Equality Impact Assessment. 28.4.2021 - A revised or new Equality Impact has not been undertaken for this proposed extension or amendments to the attached policy. This position has been taken on all policies across Herts Valley, West Essex and, East and North Herts CCGs as the organisations transition into an ICS entity for 1 st April 2022. During this period a complete revision of all policies will be undertaken to: ensure they comply with new commissioning and statutory arrangements; are fit for purpose at both a strategic and locality level; and, encompass a new way of working across the health and care sectors. This approach is considered proportionate, when considered alongside other factors, to support meeting the requirements of the

	Public Sector Equality Duty under the Equality Act 2010.
Associated Documents	<ul style="list-style-type: none"> ▪ Disciplinary Policy ▪ Grievance Policy ▪ Bullying and Harassment Policy
References	<ul style="list-style-type: none"> ▪ Public Interest Disclosure Act 1998 (PIDA) ▪ Enterprise and Regulatory Reform Act 2013

Document Status:

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1.0 Introduction

NHS East and North Hertfordshire, NHS Herts Valleys and NHS West Essex Clinical Commissioning Groups (respectively referred to as ‘the CCG’), considers that speaking up about any concern you have at work is really important. It is vital because it helps us to continuously improving our service and your working environment. You may feel worried about raising a concern, and we understand this. But please don’t be put off. In accordance with our duty of candour, our senior leaders and entire Governing Body are committed to an open and honest culture. We will look into what you say and you will always have access to the support you need.

NHS Improvement and NHS England have developed a standard integrated policy, as this was one of a number of recommendations of the review by Sir Robert Francis into whistleblowing in the NHS, aimed at improving the experience of whistleblowing in the NHS. It is expected that the standard integrated policy will be adopted by all NHS organisations in England as a minimum standard to help to normalise the raising of concerns for the benefit of all patients.

Our local process has been integrated into the policy and details about how we will look into a concern at Section 6.

2.0 Scope

- 2.1 This policy applies to all CCG staff members and workers, including Governing Body Members, whether permanent, temporary or contracted-in (either as an individual or through a third party supplier).
- 2.2 This policy applies to people working in the CCG through one of our partner organisations/contracted service providers, working as a volunteer, or on secondment.
- 2.3 The scope of this policy covers concerns regarding risk, malpractice or wrong doing which you feel is harming the services we commission and/or deliver. This policy is not for people with concerns about their employment that affect only them – that type of concern is better suited to our grievance policy or our bullying and harassment policy.

3.0 Definitions

- 3.1 Concerns about **risk, malpractice or wrongdoing** can include the following examples (this is not an exhaustive list):
 - unsafe patient care
 - unsafe working conditions

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- inadequate induction or training for staff
- lack of, or poor, response to a reported patient safety incident
- suspicions of fraud
- a bullying culture (across a team or organisation rather than individual instances of bullying).

4 Policy Statement

The CCG actively encourages the reporting of concerns regarding risk, malpractice or wrongdoing. The CCG will promote an open and honest culture and ensure employees raising a genuine concern in good faith will not suffer any detriment.

5 Responsibilities

5.1 Line Managers are expected to:

- Familiarise themselves with the content of this document and fairly and consistently apply the policy;
- Ensure their team are familiar with and have access to this policy;
- Comply with the CCGs procedures and principles as outlined in this document;
- Treat seriously any concern brought to their attention and referring upwards to a more senior manager if appropriate;
- Respect confidentiality when handling sensitive/confidential information, and maintain anonymity where necessary;
- Ensure any concerns raised are taken seriously and responded to concerns in a timely fashion;
- Promote an open and honest culture.

5.2 Employees raising concerns are expected to:

- Familiarise themselves with the content of this document;
- Raise concerns as soon as possible in an objective and factual way, using this policy and accompanying procedure;
- Keep records where possible of any incidents and potential witnesses;
- Cooperate with any investigation, including being available for interview (notice will be given) and providing a statement and/or documentation;
- Maintain the confidentiality of employees and any other individuals concerned during this process.

5.3 Human Resources Responsibilities:

- Maintain and update the Whistleblowing Policy, and any associated guidance to ensure they are in line with organisational and legislative changes;

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- Provide advice and support to line managers and employees on the application of this policy and procedure;
- Ensure employees are made aware of this policy and how to access it;
- Monitor the application of the policy to ensure it is applied in a fair and consistent way to each concern raised;
- Keep records, monitor and audit the number and nature of concerns raised, actions taken, and report this information to the appropriate CCG committee/group.

5.4 Chief Executive/Accountable Officer

The Chief Executive/Accountable Officer has overall responsibility for this policy and for promoting an open and honest culture.

5.5 Board/Governing Body oversight

The board/governing body will ensure there is support for staff raising concerns and will promote a culture that enables you to feel free to speak up

6.0 PROCEDURE

6.1 Speak up – we will listen

Speaking up about any concern you have at work is really important. In fact, it's vital because it will help us to keep improving our services for all patients and the working environment for our staff.

You may feel worried about raising a concern, and we understand this. But please don't be put off. In accordance with our duty of candour, our senior leaders and entire board are committed to an open and honest culture. We will look into what you say and you will always have access to the support you need.

Remember that if you are a healthcare professional you may have a professional duty to report a concern. **If in doubt, please raise it.**

Don't wait for proof. We would like you to raise the matter while it is still a concern. It doesn't matter if you turn out to be mistaken as long as you are genuinely troubled.

6.2 What concerns can I raise?

You can raise a concern about **risk, malpractice or wrongdoing**. Just a few examples of this might include (but are by no means restricted to):

- unsafe patient care
- unsafe working conditions
- inadequate induction or training for staff

- lack of, or poor, response to a reported patient safety incident a bullying culture (across a team or organisation rather than individual instances of bullying).
 - suspicions of fraud (should be reported to our local counter-fraud team:
 - West Essex CCG - Eleni Gill on 07827308906 or email eleni.gill@nhs.net
 - East & North Herts CCG and Herts Valleys CCG – Becci Goodchild via 01908 687800 / 07815 433361 or Becci.Goodchild@rsmuk.com
- or the national NHS Fraud team at <https://cfa.nhs.uk/reportfraud> or 0800 028 4060

For further examples, please see the Health Education England video:
<https://www.youtube.com/watch?v=zjau1Ey0di8> .

Remember that if you are a healthcare professional you may have a professional duty to report a concern. **If in doubt, please raise it.**

Don't wait for proof. We would like you to raise the matter while it is still a concern. It doesn't matter if you turn out to be mistaken as long as you are genuinely troubled.

This policy is not for people with concerns about their employment that affect only them – that type of concern is better suited to our grievance policy or our bullying and harassment policy.

6.3 Feel safe to raise your concern

If you raise a genuine concern under this policy, you will not be at risk of losing your job or suffering any form of reprisal as a result. We will not tolerate the harassment or victimisation of anyone raising a concern. Nor will we tolerate any attempt to bully you into not raising any such concern. Any such behaviour is a breach of our values as an organisation and, if upheld following investigation, could result in disciplinary action.

Provided you are acting honestly, it does not matter if you are mistaken or if there is an innocent explanation for your concerns.

6.4 Confidentiality

We hope you will feel comfortable raising your concern openly, but we also appreciate that you may want to raise it confidentially. This means that while you are willing for your identity to be known to the person you report your concern to, you do not want anyone else to know your identity. Therefore, we will keep your identity confidential, if that is what you want, unless required to disclose it by law (for example, by the police). You can choose to raise your concern anonymously, without giving anyone your name, but that may make it more difficult for us to investigate thoroughly and give you feedback on the outcome.

6.5 Who can raise concerns?

Anyone who works (or has worked) in the NHS, or for an independent organisation that provides NHS services can raise concerns. This includes agency workers, temporary workers, students, volunteers and governors.

6.6 Who should I raise my concern with?

Step 1

In many circumstances the easiest way to get your concern resolved will be to raise it formally or informally with your line manager (or lead clinician or tutor if applicable). But where you don't think it is appropriate to do this, you can use any of the options set out below in the first instance. (*Please note all suspicions of fraud should only be reported to the local counter fraud manager step 4).

Step 2

If raising it with your line manager (or lead clinician or tutor) does not resolve matters, or you do not feel able to raise it with them, you can contact our Governing Body Freedom to Speak Up (Whistleblowing) Guardian. Details of the Guardians for each CCG are as follows:

- East and North Herts CCG –
 - Diane Desmulie (dianne.desmulie@nhs.net)
- Herts Valleys CCG –
 - Conflicts of Interest Guardian and Whistleblowing Guardian –
 - Paul Smith (paul.smith52@nhs.net)
 - Freedom to Speak Up Guardian –
 - Alison Gardner (alison.gardner@nhs.net)
- West Essex CCG -
 - Conflicts of Interest Guardian and Freedom to Speak up Guardian Stephen King (stephen.king5@nhs.net or 07799 772220)
 - West Essex CCG also has a Freedom to Speak Up Champion - David Wallace (Dwallace1@nhs.net)*

The Guardian role is an important one identified in the Freedom to Speak Up review to act as an independent and impartial source of advice to staff at any

stage of raising a concern, with access to anyone in the organisation, including the chief executive, or if necessary, outside the organisation.

The Conflicts of Interest Guardian role¹ with the support of the CCG's governance lead includes:

- Acting as a conduit for GP practice staff, members of the public and healthcare professionals who have any concerns with regards to conflicts of interest;
- Being a safe point of contact for employees or workers of the CCG to raise any concerns in relation to this policy;
- Supporting the rigorous application of conflict of interest principles and policies;
- Providing independent advice and judgment to staff and members where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation.

The Freedom to Speak Up Guardian role supports workers in speaking up about anything that gets in the way of high-quality effective care, or that affects their working life. There may be many channels for speaking up in your organisation about anything that gets in the way of delivering safe and high-quality care or affects your experience in the workplace. It is something that should happen as 'business as usual'.

The role of the Freedom to Speak Up Guardian and champion is to act as an independent and impartial source of advice to staff at any stage of raising a concern, with access to anyone in the organisation, or if necessary, outside the organisation.

Note that the Guardian and Champion do not take on the role of investigator. The Guardian and Champions act as the key point of contact for those raising concerns, liaising with the investigator to obtain updates.

Step 3

If you still remain concerned after this, you can contact our executive director with responsibility for whistleblowing. Details for each CCG are as follows:

- East and North Herts CCG – Chief Finance Officer, Alan Pond (alan.pond@nhs.net or 01707 685415)
- Herts Valleys CCG – Chief Finance Officer, Alan Pond (alan.pond@nhs.net or 01707 685415)
- West Essex CCG - Director of Nursing and Quality – Jane Kinniburgh (Jane.kinniburgh@nhs.net or 01992 566157)

All these people have been trained in receiving concerns and will give you information about where you can go for more support.

Step 4

¹ Please see: Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017, from page 74.

Suspicious of fraud should be reported to our local counter-fraud team:

- West Essex CCG - Eleni Gill on 07827 308906 or email eleni.gill@nhs.net (directed to the Anti Fraud and Corruption Policy.)
- East & North Herts CCG and Herts Valleys CCG – Becci Goodchild via 01908 687800 / 07815 433361 or Becci.Goodchild@rsmuk.com

or the national NHS Fraud team at <https://cfa.nhs.uk/reportfraud> or 0800 0284060.

6.7 Advice and support

For advice and support, you can contact the Whistleblowing Helpline for the NHS and social care, your professional body or trade union representative.

The Whistleblowing Helpline can be contacted via:

- <https://speakup.direct/>
- call 08000 724 725; or
- email submitted via the website at <https://speakup.direct/contact-us/>

The helpline is available Monday – Friday between 08.00 and 18.00, with the exception of public holidays.

6.8 How should I raise my concern?

You can raise your concerns with any of the people listed above in person, by phone or in writing (including email).

Whichever route you choose, please be ready to explain as fully as you can the information and circumstances that gave rise to your concern. A summary of the procedure appears at Appendix 1.

6.9 What will we do?

We are committed to the principles of the Freedom to Speak Up review and its vision for raising concerns, and will respond in line with them (see Appendix 2).

We are committed to listening to our staff, learning lessons and improving patient care. On receipt, the concern will be recorded and you will receive an acknowledgement within two working days. The central record will record the date the concern was received, whether you have requested confidentiality, a summary of the concerns and dates when we have given you updates or feedback.

6.10 Investigation

Where you have been unable to resolve the matter quickly (usually within a few days) with your line manager, we will carry out a proportionate investigation – using someone suitably independent (usually from a different part of the organisation) and properly trained – and we will reach a conclusion within a reasonable timescale (which we will notify you of). Wherever possible we will carry out a single investigation (so, for example, where a concern is raised about a patient safety incident, we will usually undertake a single investigation that looks at your concern and the wider circumstances of the incident). The investigation will be objective and evidence-based, and will produce a report that focuses on identifying and rectifying any issues, and learning lessons to prevent problems reoccurring. **Please note that any suspicions of fraud will be investigated by the Local Counter Fraud Specialist only and not the Manager.**

We may decide that your concern would be better looked at under another process; for example, our process for dealing with bullying and harassment. If so, we will discuss that with you.

Any employment issues (that affect only you and not others) identified during the investigation will be considered separately.

6.11 Communicating with you

We will treat you with respect at all times and will thank you for raising your concerns. We will discuss your concerns with you to ensure we understand exactly what you are worried about. We will tell you how long we expect the investigation to take and keep you up to date with its progress. Wherever possible, we will share the full investigation report with you (while respecting the confidentiality of others).

6.12 How will we learn from your concern?

The focus of the investigation will be on improving the service we provide for patients. Where it identifies improvements that can be made, we will track them to ensure necessary changes are made, and are working effectively. Lessons will be shared with teams across the organisation, or more widely, as appropriate.

6.13 Board/Governing Body oversight

The board/governing body will be given high level information about all concerns raised by our staff through this policy and what we are doing to address any problems. We will include similar high level information in our annual report. The board supports staff raising concerns and wants you to feel free to speak up.

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6.14 Review

We will review the effectiveness of this policy and local process at least annually, with the outcome published and changes made as appropriate.

6.15 Raising your concern with an outside body

Alternatively, you can raise your concern outside the organisation with:

- NHS Improvement (<https://improvement.nhs.uk/>) for concerns about:
 - how NHS trusts and foundation trusts are being run
 - other providers with an NHS provider licence
 - NHS procurement, choice and competition
 - the national tariff
- Care Quality Commission (<https://www.cqc.org.uk>) for quality and safety concerns
- NHS England (<https://www.england.nhs.uk/>) for concerns about:
 - primary medical services (general practice)
 - primary dental services
 - primary ophthalmic services
 - local pharmaceutical services
- Health Education England (<https://www.hee.nhs.uk>) for education and training in the NHS
- NHS Protect (<https://cfa.nhs.uk/>) for concerns about fraud and corruption.

6.16 Making a 'protected disclosure'

There are very specific criteria that need to be met for an individual to be covered by whistleblowing law when they raise a concern and to be able to claim the protection that accompanies it. There is also a defined list of 'prescribed persons' at the following address: <https://www.gov.uk/government/publications/blowing-the-whistle-list-of-prescribed-people-and-bodies--2/whistleblowing-list-of-prescribed-people-and-bodies>, which is similar to the list of outside bodies in section 6.15, who you can make a protected disclosure to.

To help you consider whether you might meet these criteria, please seek independent advice from the Whistleblowing Helpline for the NHS and social care, Public Concern at Work (on 020 3117 2520 or <https://www.pcaw.org.uk/>) or a legal representative

6.17 National Guardian Freedom to Speak Up

The National Guardian can independently review how staff have been treated having raised concerns where NHS organisations may have failed to follow good practice, working with some of the bodies listed above to take action where needed.

Appendix 1: Summary of Procedure

Step one

If you have a concern about a risk, malpractice or wrongdoing at work, we hope you will feel able to raise it first with your line manager, lead clinician or tutor (for students). This may be done orally or in writing.

Step two

If you feel unable to raise the matter with your line manager, lead clinician or tutor, for whatever reason, please raise the matter with our local Freedom to Speak Up Guardian (details in section 6.6). This person has been given special responsibility and training in dealing with whistleblowing concerns.

They will:

- treat your concern confidentially unless otherwise agreed
- ensure you receive timely support to progress your concern
- escalate to the board any indications that you are being subjected to detriment for raising your concern
- remind the organisation of the need to give you timely feedback on how your concern is being dealt with
- ensure you have access to personal support since raising your concern may be stressful.

A proportionate investigation will be carried out by a neutral manager. The investigation will be objective and evidence-based, and will produce a report that focuses on identifying and rectifying any issues, and learning lessons to prevent problems recurring. You will be appropriately communicated with at all stages. If you want to raise the matter in confidence, please say so at the outset so that appropriate arrangements can be made.

Step three

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 our executive director with responsibility for whistleblowing. Details for each CCG are in Section 6.6.

Step four

You can raise concerns formally with any of the external bodies listed at section 6.15 or those listed as 'prescribed persons' at the following address: <https://www.gov.uk/government/publications/blowing-the-whistle-list-of-prescribed-people-and-bodies--2/whistleblowing-list-of-prescribed-people-and-bodies>.

Appendix 2: A vision for raising concerns in the NHS



Source: Sir Robert Francis QC (2015) Freedom to Speak Up: an independent report into creating an open and honest reporting culture in the NHS.

Appendix 3: Equality Impact Assessment Stage 1 Screening

Title of policy, service, proposal etc being assessed:

Raising Concerns (Whistleblowing) Policy

What are the intended outcomes of this work? Include outline of objectives and function aims

NHS Bedfordshire, NHS East and North Hertfordshire, NHS Herts Valleys, NHS West Essex and NHS Luton Clinical Commissioning Groups (respectively referred to as 'the CCG'), considers that speaking up about any concern you have at work is really important. It is vital because it helps us to continuously improving our service and your working environment.

NHS Improvement and NHS England have developed a standard integrated policy, as this was one of a number of recommendations of the review by Sir Robert Francis into whistleblowing in the NHS, aimed at improving the experience of whistleblowing in the NHS. It is expected that the standard integrated policy will be adopted by all NHS organisations in England as a minimum standard to help to normalise the raising of concerns for the benefit of all patients.

How will these outcomes be achieved? What is it that will actually be done?

Our local process has been integrated into the policy and details about how we will look into a concern.

Who will be affected by this work? e.g. staff, patients, service users, partner organisations etc. If you believe that there is no likely impact on people explain how you've reached that decision and send the form to the equality and diversity manager for agreement and sign off

Staff, Patients, Service Users, Partner Organisations

Evidence

What evidence have you considered? Against each of the protected characteristics categories below list the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic).

This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations or other Equality Analyses. If there are gaps in evidence, state what you will do to mitigate them in the Evidence based decision making section on page 9 of this template.

If you are submitting no evidence against a protected characteristic, please explain why.

Age Consider and detail age related evidence. This can include safeguarding, consent and welfare issues.

No local assessment. Adapted from existing Whistleblowing policies ratified by the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Incorporating the recommendations of the Counter Fraud Risk Assessment

in July 2016
<p>Disability Detail and consider disability related evidence. This can include attitudinal, physical and social barriers as well as mental health/ learning disabilities. No local assessment. Adapted from existing Whistleblowing policies ratified by the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Incorporating the recommendations of the Counter Fraud Risk Assessment in July 2016</p>
<p>Gender reassignment (including transgender) Detail and consider evidence on transgender people. This can include issues such as privacy of data and harassment. No local assessment. Adapted from existing Whistleblowing policies ratified by the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Incorporating the recommendations of the Counter Fraud Risk Assessment in July 2016</p>
<p>Marriage and civil partnership Detail and consider evidence on marriage and civil partnership. This can include working arrangements, part-time working, caring responsibilities. No local assessment. Adapted from existing Whistleblowing policies ratified by the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Incorporating the recommendations of the Counter Fraud Risk Assessment in July 2016</p>
<p>Pregnancy and maternity Detail and consider evidence on pregnancy and maternity. This can include working arrangements, part-time working, caring responsibilities. No local assessment. Adapted from existing Whistleblowing policies ratified by the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Incorporating the recommendations of the Counter Fraud Risk Assessment in July 2016</p>
<p>Race Detail and consider race related evidence. This can include information on difference ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers. No local assessment. Adapted from existing Whistleblowing policies ratified by the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Incorporating the recommendations of the Counter Fraud Risk Assessment in July 2016</p>
<p>Religion or belief Detail and consider evidence on people with different religions, beliefs or no belief. This can include consent and end of life issues. No local assessment. Adapted from existing Whistleblowing policies ratified by the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Incorporating the recommendations of the Counter Fraud Risk Assessment in July 2016</p>
<p>Sex Detail and consider evidence on men and women. This could include access to services and employment. No local assessment. Adapted from existing Whistleblowing policies ratified by the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Incorporating the recommendations of the Counter Fraud Risk Assessment</p>

<p>in July 2016</p> <p>Sexual orientation Detail and consider evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers.</p> <p>No local assessment. Adapted from existing Whistleblowing policies ratified by the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Incorporating the recommendations of the Counter Fraud Risk Assessment in July 2016</p>
<p>Carers Detail and consider evidence on part-time working, shift-patterns, general caring responsibilities.</p> <p>No local assessment. Adapted from existing Whistleblowing policies ratified by the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Incorporating the recommendations of the Counter Fraud Risk Assessment in July 2016</p>
<p>Other identified groups Detail and consider evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include different socio-economic groups, geographical area inequality, income, resident status (migrants, asylum seekers).</p> <p>No local assessment. Adapted from existing Whistleblowing policies ratified by the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Incorporating the recommendations of the Counter Fraud Risk Assessment in July 2016</p>

<p>Engagement and involvement</p>
<p>How have you engaged stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?</p> <p>Policy Forum established. Members include representatives of CCGs and Trade Unions. Incorporating the recommendations of the Counter Fraud Risk Assessment in July 2016</p>
<p>How have you engaged stakeholders in testing the policy or programme proposals?</p> <p>Policy Forum established. Members include representatives of CCGs and Trade Unions. Incorporating the recommendations of the Counter Fraud Risk Assessment in July 2016</p>
<p>For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:</p> <p>Policy Forum established. Members include representatives of CCGs and Trade Unions. Incorporating the recommendations of the Counter Fraud Risk Assessment in July 2016</p>

Summary of Analysis

Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impacts, if so state whether adverse or positive and for which groups and/or individuals. How you will mitigate any negative impacts? How you will include certain protected groups in services or expand their participation in public life?
 No local assessment. Adapted from existing Whistleblowing policies ratified by the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Incorporating the recommendations of the Counter Fraud Risk Assessment in July 2016

Now consider and detail below how the proposals could support the elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups (the General Duty of the Public Sector Equality Duty).

Eliminate discrimination, harassment and victimisation

Adapted from existing Whistleblowing policies ratified by the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Incorporating the recommendations of the Counter Fraud Risk Assessment in July 2016

Advance equality of opportunity

Adapted from existing Whistleblowing policies ratified by the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Incorporating the recommendations of the Counter Fraud Risk Assessment in July 2016

Promote good relations between groups

Adapted from existing Whistleblowing policies ratified by the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Incorporating the recommendations of the Counter Fraud Risk Assessment in July 2016

Next Steps

Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to eliminate discrimination issues, partnership working with stakeholders and data gaps that need to be addressed through further consultation or research. This is your action plan and should be SMART.

New HR monitoring system being developed

How will you share the findings of the Equality analysis? This can include sharing through corporate governance or sharing with, for example, other directorates, partner organisations or the public.

Publication alongside the policy

Health Inequalities Analysis

Evidence

1. What evidence have you considered to determine what health inequalities exist in relation to your work? List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations or other Equality Analyses. If there are gaps in evidence, state what you will do to mitigate them in the Evidence based decision making section on the last page of this template.

No local assessment. Adapted from existing Whistleblowing policies ratified by the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Incorporating the recommendations of the Counter Fraud Risk Assessment in July 2016

Impact

2. What is the potential impact of your work on health inequalities? Can you demonstrate through evidenced based consideration how the health outcomes, experience and access to health care services differ across the population group and in different geographical locations that your work applies to?

No local assessment. Adapted from existing Whistleblowing policies ratified by the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Incorporating the recommendations of the Counter Fraud Risk Assessment in July 2016

3. How can you make sure that your work has the best chance of reducing health inequalities?

No local assessment. Adapted from existing Whistleblowing policies ratified by the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs. Incorporating the recommendations of the Counter Fraud Risk Assessment in July 2016

Monitor and Evaluation

4. How will you monitor and evaluate the effect of your work on health inequalities?

New HR monitoring system being developed

Quality Impact Initial Assessment.

Quality can be defined as embracing three key components:

- Patient Safety – there will be no avoidable harm to patients from the healthcare they receive. This means ensuring that the environment is clean and safe at all times and that harmful events never happen.
- Effectiveness of care – the most appropriate treatments, interventions, support and services will be provided at the right time to those patients who will benefit.
- Patient Experience – the patient's experience will be at the centre of the organisation's approach to quality.

What is the impact on:

Patient Safety?	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>	Neutral <input checked="" type="checkbox"/>
Patient Experience?	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>	Neutral <input checked="" type="checkbox"/>
Clinical Effectiveness?	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>	Neutral <input checked="" type="checkbox"/>

If any there is any negative impact please complete seek advice from the Nursing and Quality Team and a full Quality impact assessment will need to be completed.

Name of person(s) who carried out these analyses: Paul Curry
Date analyses were completed: 17 May 2017