

Bolton Council

Report to: CABINET

Date: 14th January 2013

Report of: DIRECTOR OF CHILDREN'S AND
ADULT SERVICES

Report No:

Contact Officer: Bozena Allen, Interim Assistant
Director (Adults)

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Report Title: Implementation of the Supported Housing Independent Review
Recommendations – Progress Update (1)

Confidential /
Non Confidential:
(delete as approp)

(**Non-Confidential**) This report does **not** contain information which warrants its consideration in the absence of the press or members of the public

Recommendations:

The Cabinet is requested to note the progress made in delivering the recommendations from the Independent Review and approve the revised Whistle Blowing policy attached as Appendix B

Decision:

Signed:

Leader / Executive Member

Monitoring Officer

Date:

SUMMARY OF REPORT:

The report outlines the progress made to date in implementing the recommendations which were set out in the Independent Report into Supported Housing.

Information is given about what management arrangements have been established and the work done so far in delivering the report recommendations.

So far 80% of the phase 1 recommendations have been completed and work is well underway for phase 2 which includes a full review of the Supported Housing service.

A revised Whistle Blowing policy has been written which takes into account the recommendations in the Independent Review and is attached as Appendix B for approval.

1.0 BACKGROUND INFORMATION

- 1.1 The purpose of this report is to update Cabinet Members on the progress made to date in delivering the action plan to implement the recommendations of the Independent Review of the Supported Living Service (Disability).
- 1.2 The Independent Report was presented to The Cabinet on 15th October 2012 where the detail of the investigation and all the recommendations of the report author were accepted. Since the publication of the report, a comprehensive programme of improvement work has been put in place to be delivered over a 6 month period split into two phases:
- **Phase 1** October-January/February - ensuring systems, processes, structures, culture and management changes are made to the current service to ensure it is 'fit for purpose'.
 - **Phase 2** December-March/April – development of a detailed vision for the service going forward both to ensure it is designed to meet a 21st century environment and to make a contribution to the Council's savings target for Adult Social Care.

2.0 THE PROGRAMME

- 2.1 The programme of improvement work consists of 15 projects each of which aims to address the recommendations in the Independent Report.

Management arrangements have been put in place to ensure the plan is delivered to specification within an agreed time line. These arrangements include:

- Corporate Oversight – Chief Executive and the Cabinet
 - Informal Adult Briefings – Deputy Leader/Portfolio Holder Adults/Portfolio Holder Public Health, Director (Children and Adults), and Assistant Director (Adults)
 - Strategic Programme Lead – Assistant Director (Adults)
 - A Programme Manager to oversee the projects and ensure they stay to time and specification
 - Lead Officers who will deliver the individual projects
- 2.2 Regular updates have been provided to Executive Cabinet Member on a monthly basis using a Red, Amber and Green rating highlighting progress made on each of the identified recommendations.
- 2.3 To assist in the smooth running of the programme and to ensure there is absolute clarity on what is required, all Lead Officers have written and agreed with the Interim Assistant Director and Programme Manager project briefs which outline what the project is expected to achieve, what it is expected to produce and when and what risks there may be and how these will be controlled.
- 2.4 Lead Officers report their progress to the Interim Assistant Director, supported by the Programme Manager, on a weekly basis and this includes reviewing the project briefs to ensure agreed expectations are being met, identifying early any possible emerging issues or risks, how these can be mitigated and agreeing activity for the next period.

3.0 Progress to date

3.1 In the twelve weeks since the recommendations and action plan were approved, a significant amount of work has taken place. The majority of recommendations overlap from phase 1 to phase 2. So far, 80% of phase 1 recommendations have been fully completed. It is anticipated that the remainder of the Phase 1 actions will be delivered by the end of January 2013 as planned. An update on each of the recommendations can be found in Appendix A.

3.2 The aim of phase 1 was to re-establish management grip of the service by ensuring the fundamental organisational elements are in place. However, it should be noted that as more in-depth work is undertaken new emerging issues have been identified which are being addressed proactively. The following has so far been delivered as part of Phase 1.

- A plan is in place to improve the quality of the management team (Team leader, Service Managers and Assistant Service Managers) following an audit into their skill and competency levels. The plan includes training (where this is appropriate), management support, streamlining systems/processes to improve efficiency. The engagement of business analyst with additional administrative support in the short term has been essential.
- Essential refresher training has been given to managers and staff on Supervision, Safeguarding, Medication and Finance policy.
- Vacant hours have been filled so that all houses have the right number of staff needed to deliver the level of care required. In addition two interim Assistant Service Managers have been appointed for 4 months to increase capacity.
- A more efficient interim rota has been implemented which is focussed on ensuring service users receive the service they need. Options have been prepared for a longer-term solution to managing staff deployment and will need to be dovetailed with Phase 2 of the review.
- A new structured approach to staff supervision is in place and is monitored closely by management. This includes a standard agenda for supervisions, set frequency and a standard way of recording. All staff have now received at least one supervision and have these forward planned for the next 6 months.
- Two separate unannounced quality assurance visits have taken place covering 14 Council houses since October 2012. Evidence was found of areas of good practice and inevitably there are areas for improvement. These recommendations have been merged with the current action plan in order for staff to work from one document. A plan is being drawn up to ensure the recommendations are implemented. Monthly meetings have been arranged with key staff to monitor progress.
- 100% of service users (135) have had their needs reviewed, the outcome of which is being discussed jointly between Care Management and the Provider to ensure needs are appropriately met and issues shared.
- A performance management framework is being devised which will contribute to managing/ monitoring the service in a more systematic and

robust manner placing the service user at the centre. Managers are receiving regular performance reports and these are discussed at management meetings where actions are discussed and implemented.

- A revised Whistleblowing Policy has been written which identifies an independent recipient for staff to contact outside line management as well as what support staff can expect from the Council in line with the House H report. Refer to Appendix B for the full policy.

3.3 During the first phase of this work it soon became evident that some of the recommendations were interdependent/ interlinked with one another. To this end some lead officers' meetings have been pulled together to ensure a whole system approach is adopted and enables the respective lead officers to work together in moving the issues forward.

3.4 In addition all lead officers have meet to share progress and to this end a presentation will be made to all network staff on 19th December 2012 and the 8th January 2013 to update them on the positive progress, identify areas still requiring further work and to ensure communication across all tiers of management/staff continues.

4.0 Implementing Phase 2 of the Programme

4.1 The majority of activity for Phase 1 has been completed but inevitably there are on-going activities that need to continue into Phase 2. Phase 2 of the programme will build on this early essential work by looking at the longer term solution for the Supported Living Service for Learning Disability. A thorough root and branch review of the service will be undertaken in Phase 2 and the planning of this work has already started. The review will initially focus on the purpose and vision of the service and examine whether the current model is the most appropriate to meet the needs of customers and viable within the current financial climate. Research currently being undertaken into service models from both the private and public sectors will assist officers in identifying potential service model options which need to be firmed up before being shared with Unions and staff.

4.2 Phase 2 of the programme will continue building on the culture change started in Phase 1 to ensure that there is clarity of purpose and expectations for and of staff as well as surety for customers and commissioners that their expectations of quality and service will be met.

5.0 FINANCIAL IMPLICATIONS

Although the review is contained within the financial envelope there may be a need to identify some resources regarding IT equipment. A further update will be provided in the next report.

6.0 EQUALITY IMPACT ASSESSMENT (This needs to be attached to the report)

An initial screening assessment has been undertaken and concludes that there will be no differential impact from this proposal, in respect of race, gender or disability.

7.0 HUMAN RESOURCE IMPLICATIONS

The interim revised working arrangements have involved ongoing consultation with trade unions with support from HR.

Further consultation with trade unions and staff will be undertaken as part of phase 2.

8.0 RECOMMENDATIONS

1. The Cabinet is requested to note the report.
2. Cabinet is asked to agree the revised Council whistleblowing policy as per Appendix B.

APPENDIX A

Progress towards delivering the recommendations

Key:

Red – Highlights a significant risk to delivering the project

Amber – Project is on track to deliver within the timeframe

Green – Project is completed

Recommendation	Lead Officer	Phase 1 progress	Status	Phase 2 progress	Status
1. Proactive and visible leadership of the service taking ownership of the issues and championing the improvement process	Chief Executive	Completed. There is a new departmental leadership in place at Director level. In addition, an interim Assistant Director, initially for six months to lead and champion the changes, has been appointed.	GREEN	N/A	N/A
2. A through appraisal of the quantum and quality of management and whether this can be brought to a uniformly high standard or whether other changes are necessary	Gill Whitehead, Head of Workforce Development	<p>The key roles, responsibilities and expectations of the management team (includes the team leader, service managers and assistant service managers along with admin staff) have been identified and discussed at a workshop on 12th November. Prime aim was to identify key management skills needed to deliver the changes over the next 4 months.</p> <p>A process for auditing the skills of the current management team has been delivered which, through one-to-ones identifies the skills / knowledge gaps, lack of systems and processes / limited use of IT , managers not feeling empowered to manage and the need to develop the future vision</p>	GREEN	<p>Research is being carried out looking at how other local authority and independent provider models of supported living are delivered. The research will assist in providing a starting point for developing Bolton's future model. .</p> <p>A planning meeting has taken place with key officers to start developing the vision for the service and assess the future model options. Further work is needed.</p> <p>A workshop is planned with Service Managers and Assistant Service Managers in February to share the draft vision.</p>	AMBER

		<p>of the service. Identified what additional support is needed in order to maximise on the available resources and be able to work smarter.</p> <p>A plan has been put in place to look at the key processes and systems and identify whether there are more efficient ways of doing them which will free up more of the ASM's time to spend in homes.</p> <p>Feedback from these one to ones were shared with all Team leaders/ services and assistant service managers and administrative staff on 10th December. Further action plans have been developed and again shared with the respective staff on 17th December. This will be an on going process of providing feedback on progress/ activity to staff following the completion of work undertaken by specific short life working groups.</p> <p>Additional training has been provided to all staff including managers – refresher safeguarding and refresher medication.</p> <p>Essential supervision refresher training took place on 12th November for all managers in the service.</p> <p>Additional Business Support capacity has been put in place until the end of March 2013 to cover for sickness and</p>		<p>It is anticipated that proposals for a revised service model will be shared with Trade Unions and staff no later than the end of March.</p>	
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		relieve some of the administrative burden. An interim line manager has been identified from Children's Services who is managing the administrative staff and assisting in identifying improved processes and systems with the business analysts.			
3. A rebalancing of the relationship with the Trade Unions. Managers must be capable of managing the people who provide the service and need to be supported in this	Margaret Asquith, Director	Constructive communication channels have already been established with Trade Unions on a fortnightly basis and will continue throughout and beyond this area of work. Monthly JOG meetings have been held and will continue through the transformation programme and beyond. Both the Director and Interim Assistant Director attend these bi monthly meetings with the later also attending the JOG meetings. Positive feedback from the Trade Unions has been received.	GREEN	Continuing Trade Union partnership working.	AMBER
4. A model of the service that builds from the service user and the unit of the house upwards, with each service user having a holistic person centred plan with a granularity for deployment to be recorded in activity logs.	Andrew Kilpatrick, Assistant Director (Care Management)	<p>Reviews have been completed for all 135 service users currently resident in the Supported Living Service for Learning Disabilities. 100% of the reviews have been completed.</p> <p>The last two reviews for all 135 service users have been reviewed by the Director, Assistant Director and another team manager so that they have an overview of the type of care that is being offered. The information from these reviews will be twinned with the most recent to ensure that all</p>	GREEN	<p>A root and branch review of the service has commenced. One emerging theme is the effective use of IT systems in monitoring performance.</p> <p>To continue with the Admission Panel.</p>	AMBER

		<p>service users meet the FACS criteria and are appropriately supported.</p> <p>Admission Panel established to ensure placements are appropriate and staff have the necessary skills and capacity to meet the assessed needs.</p>			
5. Other roles and accountabilities need to be clarified and strengthened. It would be sensible to rethink the core role of the Assistant Service Manager (ASM)	Jonathan Greenhalgh, Team Leader (Supported Housing)	<p>This recommendation has been merged with recommendation 2. The work to understand the role and responsibilities of Assistant Service Managers was widened to include the Team Leader, Service Managers and Administrative workers. This has been completed and the work to identify the skills gap is taking place as part of recommendation 2.</p> <p>Lead officer has been changed to Suzanne Leigh with support from Karen Wolstenholme</p> <p>Part of Phase 1 work was to introduce the performance management culture. Significant work has been undertaken with all relevant staff but this is an on-going piece of work that will be carried over to Phase 2 and beyond.</p>	GREEN	<p>A root and branch review of the service is currently in the early stages of planning. One emerging theme is the effective use of IT systems in monitoring performance.</p> <p>Further develop the performance management information systems and embed the performance management culture.</p>	AMBER
6. Revised and active operating procedures and checklists are needed to demonstrate minimum high standards, together	Tim Bryant, Head of Commissioning	All policies, procedures and relevant proformas for the service have been identified, grouped and made accessible to all staff. Work is now being carried out to ensure all of	AMBER	A further round of unannounced QA visits is planned for the end of March 2013.	AMBER

with clear escalation procedures where for whatever reasons they cannot be met.		<p>these PPDs are current and that guidance for implementation is available. It is anticipated this work will complete by the end of January 2013.</p> <p>Compliance with PPDs is being monitored through more frequent and structured supervision of staff and a rolling programme of unannounced quality assurance visits to homes.</p> <p>The service specification used by the independent sector has been shared with Trade Unions and service managers to start the discussion re operating a level playing field.</p> <p>Monitoring other aspects of the service ie supervision/ CRB checks / case files are forming part of the QA inspection.</p>			
7. Revised schedule for supervision and training, staff appraisal and development. This training must ensure that every member of staff has clear information on what is and what is not a safeguarding issue.	Jonathan Greenhalgh, Team Leader (Supported Housing)	<p>Current supervision policy has been reviewed. Standard format for supervisions agreed and in place which includes discussions at every supervision session on safeguarding training and medication policy implementation.</p> <p>Supervision frequency has been agreed of 4/6/8 weeks for Service Managers, Assistant Service Managers and care /residential workers respectively and is being booked across the Service at least 6</p>	GREEN	<p>Compliance with new supervision structure is being tested though QA visits</p> <p>More structured supervision based on the agreed standard format will show whether there is improved performance in this area.</p> <p>Mandatory training will be prioritised to ensure staff comply with national requirements.</p>	AMBER

		<p>months in advance. The frequency of the supervision between ASM and care workers to be reviewed in December with Trade Union.</p> <p>Planned and actual supervision is now being monitored as part of the Service Manager's and Team Leader's roles and responsibilities and followed up where there are issues. Supervision refresher training has been delivered to 14 managers on 12th November.</p> <p>Medication training refresher training has been delivered to 320 staff.</p> <p>Safeguarding refresher training has been delivered to 90 staff.</p> <p>Safeguarding Investigation training has been delivered to all 19 managers.</p> <p>All the refresher training has been completed by the 31st December. Any staff currently off sick who have missed these specific sessions will receive targeted training in the New Year.</p>			
8. A new system of staff deployment led by management. This means a new (probably rolling) rota system apposite to the service model and	Jonathan Greenhalgh, Team Leader (Supported Housing)	Additional hours offered to all permanent staff for 4 months with a very positive response which has reduced the reliance on agency staff and provide greater consistency of care to customers.	GREEN	Options have been drawn up on a future rota system and will be informed by the future vision and shape of the service.	AMBER

which will be such that it provides real time information on staff deployment.		The new hours together with a new interim rota were implemented on 26 th November. All houses have had vacant hours filled via staff upping their hours to 37. There may be some reliance on bank staff but use of agency staff is anticipated to be negligible.			
9. The person centred plans should be very explicit about the resources available for the care of each individual and what monies have been retained to run the service	Andrew Kilpatrick, Assistant Director (Care Management)	<p>Monthly meetings set up between the provider and care management to share issues and look to positively resolving them.</p> <p>Each house has identified the number of hours staff are allocated to and are being looked at to ensure service user needs can be met. This is being addressed through the updated reviews</p> <p>Financial arrangements are being reviewed between the Director/Team Leader and Finance lead.</p>	AMBER	Monthly meetings set up between the provider and care management to share issues and look to positively resolving them.	AMBER
10. Recognise the good practice that most staff undertake and celebrate what is good in the service.	Tim Bryant, Head of Commissioning	<p>Research has been carried out including analysing the compliments the service receives. Recent increase in number of positive feedback from families.</p> <p>Compliments made to the service are now routinely included in the Department's monthly <i>Customer Voice</i> publication.</p>	AMBER	Good practice will continue to be monitored and celebrated with staff and will be used as part of the quality assurance framework.	AMBER

		<p>Staff are being kept up to date on progress made since the original report and have been given the opportunity to comment on what is changing. Lunchtime feedback on 19th December and 8th January 2013.</p> <p>Recognition of staff achievement is routinely included in staff supervision.</p>			
11. Change and re-launch the whistleblowing policy with an independent person able to receive concerns.	Lynne Ridsdale, Assistant Director (People and Transformation)	<p>Completed. A revised policy has been written and consulted upon with the Unions and staff. The policy is attached as Appendix B. A launch plan will be implemented following approval by Cabinet.</p> <p>Monthly meetings have been held between the Interim Assistant Director and the whistle blowers. Issues arising from these meetings are have been actioned. However, these meetings have now ceased at the request of the whistle blowers as they felt they had all reached a point of wanting to move on. This was accepted by senior management.</p>	GREEN	N/A	N/A
12. Ensure that such concerns when raised must be shared by the recipient of the whistle blower's concerns with the professional Social Worker who has responsibility for the Service User's wellbeing.	Andrew Kilpatrick, Assistant Director (Care Management)	<p>Completed. The process for raising concerns has been reviewed and made clear to respective staff.</p> <p>Training has been arranged for the care management staff to take place on the 20th and 22nd December. This process has been made available to Care Management staff in a simple to understand process map. This has</p>	GREEN	Continue to ensure processes are followed as per the training.	AMBER

		<p>been made available to provider staff and reinforced by training.</p> <p>A special meeting between the Heads of Care Management and all managers from the provider side has been held on 26th November. Purpose being to re affirm the process of alerting safeguarding issues with care management, and how it links to quality assurance and performance indicators.</p> <p>Monthly meetings have been established between care management and the provider with safeguarding as a standing item on the agenda.</p> <p>Isabel Southern is leading on this whilst current post holder remains off sick.</p>			
13. As part of the re-launch of the whistleblowing policy and process, apologise to the whistle blowers of House H and thank them for what they did.	Chief Executive	Completed. All the whistle blowers were apologised to.	GREEN	N/A	N/A
14. As the service does not wish to deter genuine whistle blowers, review the Council's position in respect of obtaining support for staff who are likely to face a traumatic	Lynne Ridsdale, Assistant Director (People and Transformation)	This recommendation has been merged with recommendation 11.	GREEN	N/A	N/A

time.					
15. Develop a proportionate quality assurance system involving the local triangulation of relevant data and random unannounced inspections based upon the Care Quality Commission templates	Tim Bryant, Head of Commissioning	<p>A QA steering group is overseeing the development of the system. National essential standards are being used as the benchmark.</p> <p>10 additional unannounced visits have taken place .These took place before the additional refresher training had taken place ie safeguarding and medication. The findings were shared with the Team leader/ service managers in the first instance. Some key findings from the visits include:</p> <ul style="list-style-type: none"> • Evidence of good practice • Support staff were clear how to report safeguarding concerns in a timely manner • Support plans / risk assessments were up to date <p>However, there were areas that still needed to be worked on – eg</p> <ul style="list-style-type: none"> • Staff deployment and management systems need improving • Means of planning training and ensuring staff attend needs to be more robust • Management of physical intervention required review • Process for responding to incidents needs to be firmed up. 	GREEN	<p>A further round of unannounced QA visits is planned for the end of March 2013.</p> <p>Monthly monitoring to ensure areas for improvement highlighted in these reports are actioned.</p>	AMBER

		<p>An action plan has been put in place to ensure the recommendations of the Quality Assurance Team are delivered and linked to the current action plan. It is expected that this plan will be delivered by the end of the month and will be monitored monthly by QA with providers to ensure progress continues to be made.</p> <p>Monthly meetings are taking place between the Provider management team and the Quality Assurance team to ensure recommendations are being followed through.</p> <p>The department's complaints policy has been reviewed. The process is being publicised through leaflets and an up to date web page.</p> <p>Assistant Service Managers are visiting all their houses weekly and producing a report which is monitored by the Service Manager.</p> <p>Service Managers are now visiting two houses per week.</p> <p>Team manager is to have an overview of these reports on a monthly basis. This will form part of the QA inspection in the future.</p> <p>A standard template that has been introduced to record the observations</p>			
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		<p>so that there is an evidence base and audit trail.</p> <p>Information from these reports will be used in future QA inspections.</p>			
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APPENDIX B

Report to: The Cabinet

Date: 14th January 2013

Report of: The Chief Executive

Report No:

Contact Officer: Lynne Ridsdale
Assistant Director People &
Transformation

Tel. 2907

Report Title:

**Updated Whistle Blowing Policy & Policy Statement:
Protection of Staff who Act as Witnesses for the Council**

Confidential

Purpose:

This report provides the background to the following policy changes which have been made in response to the Independent Investigation into House H:

- policy changes around the current whistleblowing policy and
- production of a draft policy statement to ensure that staff who act as witnesses for the Council are suitably supported

Recommendations:

Decision:

The Cabinet is asked to approve the policy changes and Council wide launch arrangements.

Updated Whistle Blowing Policy & Policy Statement: Protection of Staff who Act as Witnesses for the Council

Background

This year the Council has dealt with a significant case within the learning disability network, where two former members of staff were convicted of the abuse and neglect of service users in their care. The case was brought to court as a result of a number of staff “whistle blowing” to senior management, who then alerted the police. The independent, internal investigation was undertaken into this matter to establish the learning points for the council. A number of the recommendations made by the independent reviewer related to improvements around the council’s whistle blowing policy and process, specifically:

- *Change and re- launch a whistleblowing policy with an independent person able to receive concerns. This route would be an alternative to staff raising concerns with their managers (rather than replacing it) as we do not wish to undermine that relationship where staff have confidence in their line managers.*
- *Ensure that such concerns when raised must be shared by the recipient of the Whistle- blower’s concerns with the professional Social Worker who has responsibility for the Service User’s wellbeing*
- *As the service does not wish to deter genuine Whistle blowers, review the Council’s position in respect of obtaining support for staff who are likely to face a traumatic time – in this case the court proceedings. The fact that the matter becomes part of a Police investigation and may be in the hands of the Crown Prosecution Service does not prevent the Council ensuring that’s its employees receive independent support (provided of course that such support does not prejudice any such on going investigations or proceedings).*

This report provides the updated Whistle Blowing Policy & proposes a new policy statement: Protection of Staff who Act as Witnesses for the Council.

“Whistle blowing” – a definition

Legally there is recognized recourse for people to “whistle blow” if they have reasonable grounds to believe there is illegal, immoral, irregular, dangerous or unethical activity occurring under the council’s control. In employment law, staff who “whistle blow” receive particular protection against detriment to their employment for doing so.

Whistleblowing provisions specifically covers those matters where it is in the public interest for an individual to raise concerns. However matters that relate to an individual’s own employment must be raised through the grievance procedure. Issues about service quality should be made through the council’s complaints procedure.

Proposed Policy Amendments and Additions

The Council’s proposed revised whistle blowing policy includes a new role for the Office of the Borough Solicitor in receiving and monitoring complaints, in particular:

- whilst those raising concerns are encouraged to speak to the relevant service / line manager in the first instance, under new policy provisions they may alternatively report the matter directly to the Office of the Borough Solicitor if they feel this is more appropriate
- The Office of the Borough Solicitor is responsible for conducting an assessment of allegations made to determine the appropriate course of action, in consultation with HR and audit
- The Borough Solicitor is responsible for determining which other manager or professionals should be notified about the allegation before any investigation is concluded, in order that relevant safeguards may be put in place. In the case within the Learning Disability Networks, one of the council's directly provided services, it would have been appropriate for the service manager in receipt of the allegations to notify the social worker with responsibility for the service user's care, for example.

In addition, we have drafted a new policy statement which sets out the council's commitment to supporting those staff who act as witnesses for the council in the course of their professional duties and explains the nature of support that should be made available to them.

Policy Launch

The enclosed proposed policies will significantly strengthen the council's management of whistle blowing cases and provide better support to staff who are required to act as witnesses on behalf of the council. To be effective, however, managers and staff must all be aware regarding the council's policies provisions and have the confidence to invoke them appropriately.

A major policy launch and communication campaign is therefore proposed immediately upon approval, as follows:

Launch and communications for staff across the Council

All established communication mechanisms will be deployed to launch the new policy for managers and staff, including:

- A targeted communication to the council's senior managers, via email, to explain new policy provisions and the role of the manager in implementing them
- Comprehensive coverage in the first available edition of Bob, the council's staff magazine
- Regular reminder articles in Update online, for those who have PC access
- Specific briefings for managers at departmental and corporate management briefing events
- Targeted team briefings for staff who work in front line services and who may therefore have less access to corporate communication channels.

Launch and communications for agency staff and other contractors

The policy provisions apply equally to non-employees who work closely with the council, for example volunteers, contractors and agency staff. It will therefore be the responsible manager's role to explain policy provisions to all council associates as part of their induction process with the council. This new responsibility will be communicated to managers in the "launch" email and subsequent briefings.

Launch and communications for other stakeholders, eg service users and their families; other professionals outside of our employment and the general public

Posters will be produced to be located at all council premises, to explain to service users how the whistle blowing process works and when it should be invoked. Communications materials will, however, make it clear that this does not replace the council's complaints procedure and will include a reminder about how the complaints process works.

The briefing that all managers will receive about the policy provision will ensure that they are equipped to explain the process to the public if asked.

Whistleblowing Policy

November 2012



1. INTRODUCTION

Bolton Council is committed to the highest possible standards of openness, probity and accountability. In line with that commitment we expect employees and others that we deal with who have serious concerns about any aspect of the Council's work, or those who work for the Council, to come forward and voice those concerns.

This policy document explains how people can raise concerns, or "whistle blow", without fear of victimization, subsequent discrimination or disadvantage

2. SCOPE AND DEFINITION

The Whistleblowing Policy describes how individuals may make a disclosure when they have reasonable grounds to believe there is illegal, immoral, irregular, dangerous or unethical activity occurring under the council's control. For example:

- Health and safety risks, including risks to the public as well as other employees
- Damage to the environment
- The unauthorised use of public funds
- Possible fraud and corruption
- Sexual or physical abuse of clients, or
- Other unethical conduct.

The policy applies to all employees, volunteers and those contractors working for the Council on Council premises, for example, agency staff, builders, drivers. It also covers suppliers and those providing services under a contract with the Council in their own premises, for example, care homes, or in other premises where services are delivered

The whistleblowing policy specifically covers those matters where it is in the public interest for an individual to raise concerns. Matters that relate to an individual's own employment must be raised through the grievance procedure. Issues about service quality should be made through the council's complaints procedure.

3. WHISTLE BLOWING – THE COUNCIL'S COMMITMENT

Under the terms of this policy the Council gives an assurance that:-

- Those who raise a concern will be listened to and heard
- Employees who raise concerns within the scope of this policy will be protected from any detriment to their employment for doing so, in accordance with the law
- Concerns will be thoroughly investigated
- Appropriate actions will be taken in a timely manner when deemed necessary
- Feedback will be provided to the whistleblower

3. SAFEFUARDS – CONFIDENTIALITY & WITNESS PROTECTION

The Council recognises that the decision to report a concern can be a difficult one to make. All concerns will be treated, as far as possible, in the strictest confidence and every effort will be made not to reveal the “Whistle blower’s” identity if they so wish. However, if concerns require any further action, the individual may at some future date have to act as a witness in proceedings.

The Council will not tolerate or allow any form of harassment, victimisation or discrimination (including informal pressures) against those who “whistle blow” and will take appropriate action to protect individuals who raise a concern in good faith. If there are any intimidatory threats or instances of harassment, victimization or discrimination against a ‘whistleblower’ the Authority will take appropriate action against the individual(s) concerned.

If an allegation is made in good faith but it is not confirmed by the investigation no action will be taken against the person that raised the issue. Action may, however, be taken against those who have been found to have made allegations frivolously, maliciously or for personal gain.

4. HOW TO RAISE AN ISSUE BY WHISTLE BLOWING

Concerns should be raised at the earliest opportunity.

Normally the first step in making a disclosure should be to raise the issue with the immediate service manager / line manager or, if the matter concerns them, the next level of management above. Managers should then, in turn, report the issue to the Borough Solicitor and their Director.

Alternatively, disclosures may be made to the office of the Borough Solicitor, whose responsibilities include council standards and monitoring. This office may be contacted by either:

- email at: whistleblowing@bolton.gov.uk
- by telephoning on 01204 33xxxx. This number operates with a 24 hour answer phone.

Concerns should be lodged in writing where possible, using the form provided at the appendix. Verbal reports should provide the same information requested on the form. Although Whistle Blowers are not expected to prove beyond doubt the truth of an allegation, they will need to demonstrate that there are reasonable grounds for concern.

This policy encourages people to put their name to allegations as far as possible. Concerns expressed anonymously are much less powerful but will be considered at the discretion of the Council.

5. HOW THE COUNCIL WILL RESPOND

The Council will respond to all concerns raised under the terms of this policy.

An initial assessment of the issue will be made by the Borough Solicitor, in consultation with the relevant Director and Heads of HR and Audit, to decide whether an investigation is appropriate and to determine any urgent action that is required as a precursor to a detailed investigation.

At this stage, the Borough Solicitor will also determine which other relevant professionals should be notified of the disclosure, in order that appropriate safeguards can be put in place pending the outcome of any investigation and to inform any judgement as to the importance and severity of the matters raised by Whistle-blowers. This may include notifying other associated professionals within the council and those in partner organisations, eg the NHS.

Where further investigation is required this may involve

- A detailed internal investigation by appropriate management representatives and professionals, with reference to the disciplinary policy if appropriate
- Referral of the matter to the Police;
- Referral to the external auditor;
- an independent inquiry
- Or a combination of these.

Concerns or allegations which fall within the scope of specific procedures (for example, child protection, adult abuse or discrimination issues) will normally be referred for consideration under these procedures.

Within ten working days of a concern being raised, the person who has raised the issue will be written to in confidence to:

- Acknowledge that the concern has been received;
- explain how we propose to deal with the matter and why
- Indicate how long we think any investigation will take
- Explain any further information or involvement we require from them
- supply information about support mechanisms

6. HELP AND SUPPORT IN RAISING AN ISSUE

The Council is committed to supporting those who escalate a concern under this policy.

Staff who pursue an issue under the Whistle blowing policy will be supported in accordance with the council's policy statement "Protection of staff who act as witnesses for the council". Further advice and guidance for staff is available on a confidential basis from the appropriate HR service. Those staff who are members of a Trade Union are also encouraged to discuss the matter with their TU representative in the first instance.

More information for non employees about how to pursue matters of concern may be obtained from the office of the Borough Solicitor refer to paragraph 4

APPENDIX 1: BOLTON COUNCIL WHISTLEBLOWING POLICY

DEPARTMENT _____

WHAT CONCERN(S) DO YOU WISH TO RAISE?

(In your own words describe your concern(s), include date(s), time(s), persons involved, including any witnesses, location, the length of time you have been concerned.)

WHY ARE YOU CONCERNED ABOUT THE ISSUE(S)?

HAVE YOU DISCUSSED THE ISSUE(S) WITH ANYONE ELSE? YES/NO

IF SO, who with WHEN (date) _____

WHAT WAS THE OUTCOME OF THIS ~~PREVIOUS~~ DISCUSSION?

YOUR CONTACT DETAILS

Name _____

Telephone Number _____

Address _____

SIGNED _____

DATE _____

ON COMPLETION THIS FORM SHOULD BE SENT IN CONFIDENCE TO:

The office of the Borough Solicitor
3rd Floor
Wellsprings
Bolton
BL1 1RU

Bolton Council Policy Statement: Protection of Staff who Act as Witnesses for the Council

Bolton Council is fully committed to supporting staff who, during the course of their professional duties, are required to act as a witness or to give evidence in statutory or judicial proceedings on behalf of the council.

The nature of the support provided will be appropriate to the circumstances and will be determined by the relevant Director with reference to the Head of HR. Support may involve a combination of some or all of the following:

- Mentor or buddying support
- Adjustment to work duties or responsibilities during the period of proceedings
- Access to stress management or other supportive proceedings through the Occupational Health service
- Other reasonable adjustments requested by the employee.

Arrangements will be made by the line manager and overseen by the relevant Director however staff who do not feel that standards of support meet the council's policy statement should raise their concerns with HR in the first instance.