

RAISING CONCERNS, INCLUDING WHISTLEBLOWING, BY DEFENCE MEDICAL SERVICES PERSONNEL

Introduction

1. Surgeon General (SG) is committed to maintaining an honest, open¹ and candid workplace culture in which concerns raised are seen as opportunities to improve patient care. All Defence Medical Services (DMS) personnel must be aware that putting patients' interests first overrides personal and professional loyalties and that they are encouraged and supported in raising concerns about issues which may affect patients, the public, other staff or the organisation, at the earliest opportunity. SG has an expectation that individual DMS staff should facilitate and contribute to a climate where the truth can be heard and the reporting of and learning from errors is encouraged and colleagues are supported as required to ensure clinical excellence.
2. All organisations in which DMS personnel work should encourage regular feedback and discussion amongst healthcare professionals through forums such as peer review, clinical supervision, governance and practice meetings. These assist not only in raising standards but also provide an opportunity for staff to raise issues and concerns, thus promoting good clinical governance within Medical Facilities (MF).

Aims

3. This document details the policy and processes to be followed by all staff² working within or employed by the DMS in raising and acting on concerns (including by whistleblowing), about safety, malpractice or wrongdoing that affects others.
4. It provides the details of what is expected of personnel across the DMS in order to act with integrity and behave in an honest and open manner and sets the parameters for the single Service (sS) Medical Services, Defence Primary Healthcare (DPHC), Permanent Joint Head Quarters (PJHQ), and Headquarters Surgeon General (HQ SG) in facilitating and encouraging concerns to be raised in order to safeguard patients.
5. The policy is designed to ensure that concerns are addressed and resolved at the correct level quickly and effectively; it outlines the protections afforded to those who raise concerns within the public interest; and it provides advice to managers in the management of concerns raised to them.

Scope

6. This policy deals specifically with the mechanisms for raising concerns or whistleblowing by DMS personnel³ and not with patients who have concerns as they should follow the local complaint's procedures of their healthcare provider⁴.

¹ All regulated healthcare professionals must be open and honest with patients when things go wrong. http://www.gmc-uk.org/Joint_statement_on_the_professional_duty_of_candour_FINAL.pdf_58140142.pdf

² There is Policy, Rules and Guidance (PRG) for civil servants detailed in [Whistleblowing and Raising a Concern](#) but this JSP950 policy takes precedence over the PRG to ensure that concerns are raised directly with the healthcare organisation so action can be taken as quickly as possible to preserve patient safety. <http://defenceintranet.diif.r.mil.uk/Organisations/Orgs/HOCS/Organisations/Orgs/DBS/PeopleServices/ConductandBehaviour/ConcernsandWhistleblowing/Pages/WhistleblowingandRaisingaConcern.aspx>. Defence Intranet. Accessed 6 Jul 15.

³ DMS personnel include all personnel working in the DMS whether military, civilian or locums.

⁴ In the case of military and entitled personnel treated by Defence the relevant process to be followed to raise a complaint about healthcare services provided by Defence is contained in [JSP 950 1-2-10 Complaints about Healthcare Services provided by Defence](#).

7. DMS personnel who whistleblow whilst working within National Health Service (NHS) Trusts are not within the scope of this policy and should follow the appropriate policies within their own Trust.

8. Grievances whereby an individual has an issue, problem or complaint about their work, working conditions or employment rights and they have a personal interest in ensuring the issue is addressed are outwith the scope of this policy as they are addressed for military personnel in [JSP 831 Redress of Individual Grievances: Service Complaints Issue 2.2](#) and civilians in the [PRG on Misconduct](#)⁵.

9. This policy does not apply to matters of individual conscience where there is no suggestion of wrongdoing by the DMS but an employee is, for example, required to act in a way that conflicts with a deeply held personal belief.

Definitions

10. **Raising a concern.** The disclosure by a worker to those in authority, of mismanagement, corruption, illegality, or some other wrongdoing which:

- a. Poses a threat to patient safety.
- b. Exposes healthcare services to substantial risk.
- c. Are outside acceptable practice guidelines and standards.

11. **Whistleblower.** A worker who exercises their right to raise a concern about suspected wrong doing at work that affects others. The person blowing the whistle is usually not directly, or personally affected by the danger or illegality. Consequently, the whistleblower rarely has a personal interest in the outcome of any investigation into their concern and they are simply trying to alert others and 'making a disclosure in the public interest'. They are the messenger raising a concern so that others can address it.

Regulatory background

12. **Protected Disclosures under Employment Rights Act 1996⁶ (ERA 96).** ERA 96 does not cover Her Majesty's Armed Forces. However the Service Authorities⁷ have agreed to honour the spirit of the Act in that they will recognise and adhere to the criteria for protected disclosures for military personnel and follow the prescribed procedures whether dealing with or making a qualifying disclosure. It gives all other DMS staff (including civilian and locum staff) statutory legal protection for raising a genuine concern at the appropriate level within their organisation. It provides protection against victimisation or dismissal for individuals that whistleblow and reveals information to raise genuine concerns and expose malpractice in the workplace.

13. To qualify for protection under this legislation any disclosure made by an employee must:

- a. Be made in the reasonable belief that the information disclosed, and any allegation contained in it, is substantially true.

⁵<http://defenceintranet.diif.r.mil.uk/Organisations/Orgs/HOCS/Organisations/Orgs/DBS/PeopleServices/ConductandBehaviour/Misconduct/Pages/MisconductTask.aspx>. Accessed 6 Jul 15.

⁶ See part IVA of the Employment Rights Act 1996. Part IVA was further amended by the Enterprise and Regulatory Reform Act 2013.

⁷ [Whistleblowing and Raising a Concern](#)

<http://defenceintranet.diif.r.mil.uk/Organisations/Orgs/HOCS/Organisations/Orgs/DBS/PeopleServices/ConductandBehaviour/ConcealmentandWhistleblowing/Pages/WhistleblowingandRaisingaConcern.aspx> Defence Intranet. Accessed 6 Jul 15

- b. Not make the disclosure for purposes of personal gain.
- c. Be on the basis that the relevant failure is of an exceptionally serious nature.

14. Disclosures made to a non-prescribed Regulatory Body (see Para 29c) must fulfil the criteria above and in addition are only protected under the provisions of Public Interest Disclosure Act (PIDA) if the matter:

- a. Is not raised internally or with the Prescribed Regulatory Body because you reasonably feared that you would be victimised;
- b. Is not raised internally because you reasonably believed that there would be a 'cover up' and there is no appropriate prescribed body;
- c. Was raised internally or with a Prescribed Body, but was not dealt with properly.

15. Additionally PIDA clearly states that no one should enter into any contract or agreement with their employing or a contracting body that seeks to prevent or restrict them from raising concerns about patient safety. Indeed, contracts are void if they intend to stop an employee from making a protected disclosure as defined below.

16. The whistleblower will need to prove that they believe that the information disclosed is in the public interest. The Act introduces new protection from being bullied by co-workers as a result of whistleblowing.

17. **Employment Tribunal.** A civilian may bring a claim to an Employment Tribunal under whistleblowing provisions, but this is restricted to where the individual suffers detriment / victimisation for having made a protected disclosure.

Raising a concern

Potential areas of concern

18. Significant concerns can arise from a wide number of different areas that include:
- a. Poor clinical performance.
 - b. Ill-treatment of patients.
 - c. Unacceptable behaviour, such as unlawful discrimination, harassment or bullying of staff or patients.
 - d. Poor teamwork that compromises care.
 - e. Health problems leading to poor practice.
 - f. Non-compliance with professional codes of conduct.
 - g. Failure to comply with central or local policies.
 - h. Poor management or administration that compromises patient care.
 - i. Misreporting of performance or healthcare data.

- j. Committing criminal offences including fraud.

DMS principles for raising concerns and whistleblowing

19. An employee does not need to have irrefutable evidence to raise a concern or whistleblow. If an employee feels uncomfortable with what they have witnessed, or been told by a patient, for example the employee should raise a concern.

20. If a genuine concern is raised under this policy, the whistleblower will not be at risk of losing their job or suffering any form of retribution as a result. Staff members raising a concern will be protected from any unfair criticism or action that may occur in the workplace or military environment. The DMS will not tolerate anyone attempting to stop, victimise or otherwise take action against the whistleblower or person raising the concern in any way.

21. Providing that you are acting in good faith it does not matter if you are mistaken. However, there is no tolerance for individuals raising matters maliciously that they know are untrue.

Anonymity

22. Concerns can be raised anonymously but this is not encouraged as there are associated risks:

- a. Being anonymous does not stop others from successfully guessing who raised the concern.
- b. It is harder to investigate the concern if people cannot ask follow-up questions.
- c. It is easier for the whistleblower to get protection under the PIDA if the concerns are raised openly.
- d. It can lead people to focus on the whistleblower, maybe suspecting that he or she is raising the concern maliciously.

Confidentiality

23. A worker raises a concern confidentially if they give their name only on the condition that it is not revealed without their consent.

24. Confidentiality must be maintained for the person raising the concern or whistleblowing and any individual being investigated. Only those involved directly with investigating, advising on, or managing the concern should be informed. The Ministry of Defence (MOD) will seek to limit knowledge of the whistleblower's identity as far as possible and to inform the whistleblower before disclosing their identity.

25. Confidentiality cannot be maintained if the person to whom the concern is raised considers that there is an immediate risk to safety and the disclosure of the whistleblower's name is required to expedite the process. Additionally, confidentiality cannot be maintained if the incident results in legal action and it cannot proceed without the identity being disclosed.

Options for raising concerns of whistleblowing

26. When DMS staff feel that normal routes for raising concerns such as practice meetings have either already been exhausted or are not the appropriate means, they are strongly encouraged to follow the internal process.

Options for internally raising concerns or whistleblowing

27. There are 3 internal levels for raising concerns or whistleblowing for DMS employees. The level and the person that it is raised to are explained below:

a. **Level 1.** This is the level that it is expected that the concern will be raised to in the first instance if all other 'normal routes' have failed to get adequate action. For example, concerns at Level 1 could be raised to any of the following:

- (1) Line manager/Reporting Officer.
- (2) Second Reporting Officer.
- (3) Defence Consultant Advisor (DCA), Defence Nursing Advisor (DNA) or Consultant Advisor (CA).
- (4) DMS Freedom to Speak Up Guardian⁸.

b. **Level 2.** If it is felt that the concern raised has not been dealt with satisfactorily at Level 1, then the concern can be raised to Inspector General (IG).

c. **Level 3.** If it is felt that the concern raised has not been dealt with satisfactorily at Level 2, then the concern can be raised to SG.

28. Where it is felt that the concern is of such a serious nature as to put patient or staff safety at immediate risk of harm then the concern may be raised to the highest level directly.

29. Raising a concern internally does not preclude raising the concern externally.

Freedom To Speak Up Guardian

30. Freedom To Speak Up (FTSU) Guardians have a role to promote the profile of raising concerns in their organisation and provide confidential advice and support to staff in relation to concerns they have about patient safety or the way their concern is being handled. Further information on FTSU Guardians can be found at the following reference⁹.

Options for externally raising concerns or whistleblowing

31. A concern can be raised externally in the following 3 ways:

a. **Regulatory Body.** For example the General Medical Council (GMC), General Dental Council (GDC), Nursing and Midwifery Council (NMC), General Pharmaceutical Council (GPC), Health and Care Professions Council (HCPC)¹⁰. The GMC states that you

⁸ SG HDeI Trg-DMG-Assurance SO2 SGHDeITrg-DMG-AssuranceSO2@mod.uk or SG DPHC-HCG SO1 SGDPHC-HCGSO1@mod.uk

⁹ <http://www.nhsemployers.org/your-workforce/retain-and-improve/raising-concerns-at-work-and-whistleblowing/freedom-to-speak-up-guardian-hub> Accessed 18 Mar 16.

¹⁰ [Raising and Acting on Concerns about Patient Safety GMC 2012](http://www.gmc-uk.org/guidance/ethical_guidance/raising_concerns.asp) http://www.gmc-uk.org/guidance/ethical_guidance/raising_concerns.asp. [Raising and escalating concerns GDC](http://www.gdc-uk.org/guidance/ethical_guidance/raising_concerns.asp). [http://www.gdc-](http://www.gdc-uk.org/guidance/ethical_guidance/raising_concerns.asp)

should contact a regulatory body where you cannot raise a concern with a responsible person or body locally because you believe them to be part of the problem; or you have raised concerns through local channels but are not satisfied that the concern has been addressed seriously; or that there is an immediate serious risk to patients, and a regulator or external body has a responsibility to act or intervene. Regulated healthcare workers have professional responsibilities to raise concerns regarding patient safety to their regulator.

b. **Prescribed Regulatory Bodies.** For example, the Health and Safety Executive. It is important to note that under ERA 1996 a whistleblower has a higher degree of legal protection when referring concerns to a Prescribed Regulatory Body rather than a professional regulator.

c. **Non-prescribed Regulatory Bodies.** For example with other external bodies such as the police (Service or civilian) and Members of Parliament¹¹. Care and advice must be taken before raising a concern outside the prescribed routes as if it amounts to an unauthorised disclosure, it could result in misconduct action. It may also breach the [Official Secrets Act 1989](#)¹².

Regulatory or Prescribed Regulatory Body

32. A concern can be raised externally to a Regulatory or Prescribed Regulatory Body in the following circumstances:

- a. Where an individual believes they have exhausted all possible avenues for raising the concern within their employing organisation.
- b. Despite having raised the concern at all possible internal levels, the individual is still not content that the organisation has taken adequate action.
- c. If there is an immediate serious risk to patients, and a regulator has responsibility to act or intervene.
- d. Where an individual who has had concerns raised against them but has since left the employment of the DMS without the appropriate action or remediation¹³.
- e. Only in exceptional circumstances, as specifically defined within the ERA 1996, will disclosure to one of the Prescribed Regulatory Bodies be justified without first having used the DMS's internal procedures.

Non-Prescribed Regulatory Bodies

33. A concern can be raised externally to a non-Prescribed Regulatory Body only if all the internal levels have been exhausted without the whistleblower being satisfied with the outcome and, where appropriate, have consulted the relevant Prescribed Regulatory Body.

uk.org/Dentalprofessionals/Standards/Documents/raising%20concerns%20June10_Layout%205.pdf. [Raising concerns Guidance for nurses and midwives](#) NMC <http://www.nmc.org.uk/globalassets/siteDocuments/NMC-Publications/NMC-Raising-and-escalating-concerns.pdf>. [Guidance on raising concerns GPC](#)

<http://www.pharmacyregulation.org/sites/default/files/GPHC%20Guidance%20on%20raising%20concerns.pdf> [Raising Concerns / Whistleblowing HCPC](#) <http://www.hpc-uk.org/registrants/raisingconcerns/whistleblowing>. Accessed 23 Jul 15.

¹¹ Guidance on the procedure that must be followed before contacting parliamentarians is detailed in [2012DIN05-012: Contact with Parliamentarians](#). The DIN does not constrain you from contacting local MP on a purely personal matter.

¹² <http://www.legislation.gov.uk/ukpga/1989/6/contents>. Accessed 21 Jul 15.

¹³ As outlined in [JSP 950 Part 1 Leaflet 5-2-4 The Management of poorly performing Doctors and Dentists within the Defence Medical Services](#).

Investigating concerns raised internally

General principles for investigating concerns

34. All concerns raised should be taken seriously and investigated promptly and given full and sympathetic consideration. If the concern raised involves a doctor, their designated Responsible Officer must be made aware of the concern as soon as it is raised by the employee.
35. The roles and responsibilities of the employee, Line Manager and Investigating Officer are at Annex A, B and C respectively.
36. Throughout the investigation the Investigating Officer must maintain a comprehensive written record using the form at Annex D of the concern, the steps subsequently taken in dealing with it and the eventual outcomes. Individuals who raised the concern should confirm the accuracy of the records and the elements of the record that can be shared.
37. Whoever takes responsibility for investigating the concern should ensure that the person raising the concern or whistleblowing is kept informed of the progress. The Investigating Officer should outline the local process, provide information including who they may take their concern to next if they are not satisfied with the response and outcome from their initial raising of the issue.
38. In the interests of fairness and natural justice, the investigation procedure should include disclosure to those who have the potential to be criticised in the subsequent decision.
39. It is accepted that the suggested timelines detailed below may vary according to the nature and complexity of the case. However, the Investigating Officer must ensure the person raising the concern or whistleblowing is kept informed of any delays with the reasons for the delay and given new timelines when necessary.
40. Any investigation or resulting action should be consistent with legal requirements, professional body guidance and existing DMS managing underperformance or fitness to practise policy¹⁴.
41. If a meeting is arranged with the whistleblower, they may be accompanied by a trade union representative, professional body representative (not in a legal capacity) or a work colleague who is not involved in the area of work to which the concern relates.

Raising concerns internally - Level 1

42. There are several options for addressing a Level 1 concern.
- a. **Line Manager.** Where possible, individuals should first seek to raise a concern with their Line Manager. For DMS personnel this will vary depending upon the environment in which they work but would normally be their First Reporting Officer, the Senior Medical Officer (SMO) or Senior Dental Officer (SDO) for those working within a primary care establishment. For those in training it may be to a named person in their training organisation or within Defence Healthcare Education and Training (DHET). In secondary healthcare, DMS practitioners would be expected to follow their Trust's Raising Concerns or Whistleblowing policy unless it is raised about another DMS employee and then this policy would be used.

¹⁴ [JSP 950 Part 1 Leaflet 5-2-7 Fitness to Practise – Registered Nurses Working Within or Employed by the DMS](#) or [JSP 950 Leaflet 5-2-4 Management of poorly performing Doctors and Dentists in the DMS](#).

b. **Second Reporting Officer (2RO).** For a variety of reasons, raising a concern directly to a Line Manager may not be viable, such as when the concern involves the individual's Line Manager directly. In such situations it is advisable for those with a concern to approach their 2RO.

c. **Other options.** Alternatively an individual may wish to take their concern completely outside of their line management chain for a number of valid reasons, not least to preserve their own anonymity within the workplace. It is to be appreciated that anonymity cannot be an absolute. They could approach their DMS employing organisation's Regional HQ or Clinical Director. DCAs and the DNA¹⁵ are also important contacts to whom concerns may be directed, outside of the individual's line management chain. Alternatively, a concern may be raised to a centralised DMS HQ such as HQ DPHC or HQ SG, or use the military chain of command.

43. The reason for the concern should be clear, honest and objective. The concern should ideally be articulated in writing on the Raising Concerns or Whistleblowing Form at Annex D and indicate how patient safety has been or may in the future be compromised as a result. Additionally, any previous action, such as raising the issue directly with the individual concerned, should be mentioned.

44. In the first instance the specific nature and severity of the concern raised will determine whether it is investigated and managed on a local level by the line manager/lead clinician or it is referred up the organisational chain to a higher level for action to be taken. Whenever unsure, faced with a concern that compromises patient safety, line managers must be actively encouraged to seek advice at a higher or HQ level within their own organisation.

45. A reasonable timeline would be for a verbal response to confirm receiving the concern within 2 working days, followed up by a written confirmation of receipt response within 5 working days. The person raising the concern or whistleblowing will be informed of the outcome of the investigation, any action to be taken or reasons for no action to be taken in writing within 20 working days of the concern being raised. If this is not possible, the person raising the concern or whistleblowing must be kept informed of when they can expect to be notified.

Raising concerns internally - Level 2

46. The concern is raised with IG. Examples of raising the concern at Level 2 include:

- a. The person initiating the concern or whistleblowing considers that the concern is of such a serious nature that it may put patients or staff at immediate risk of harm.
- b. The person who receives the concern or investigates a Level 1 concern deems that the concern is of such a serious nature that it may put patients or staff at immediate risk of harm.
- c. The concern is initiated at Level 1 and the person raising the concern or whistleblowing is not satisfied with the outcome.

47. A concern raised at Level 2 should be made in writing, with the IG who will acknowledge receipt within two working days, or as soon as is reasonably practicable.

¹⁵ Contact details for DCAs and DNA can be found at http://defenceintranet.diif.r.mil.uk/libraries/library1/JFCMulti/Sep2013/20130904-DMS_MD_DMS_DSA_DTSO_DefProf_Contact_List_Sep13-P.pdf

48. The IG can be contacted at Inspector General, Coltman House, DMS Whittington, Lichfield, Staffordshire, WS14 9PY.

49. IG will be responsible for nominating an Investigating Officer who has not been involved in the case before, who will ensure that the concerns are appropriately investigated, taking into account any investigation previously undertaken.

50. Notification of the outcome of the investigation and details of any action to be taken will be made in writing to the person raising the concern within 20 working days of receipt of the initial letter. If this is not possible, the person must be informed of when they can expect notification.

Raising concerns internally - Level 3

51. At Level 3 the concern is raised to the SG. Direct access to this level would only be used if the concern is of such a serious nature that it may put patients or staff at immediate risk of harm and/or there was a conflict of interest associated with a Level 2 concern due to a conflict of interest with IG.

52. This level could also be used if the person raising the concern or whistleblowing was not satisfied with the outcome of Level 2 and wanted to appeal. This must be done within 10 working days of the notification of the outcome of Level 2.

53. Level 3 concerns should be set out in writing, stating any action already taken to have the matter resolved, the response received and the reasons you were not satisfied with the response if applicable.

54. The SG can be contacted at Surgeon General, Coltman House, DMS Whittington, Lichfield, Staffordshire, WS14 9PY.

55. The SG will be responsible for nominating an Investigating Officer who has not been involved in the case before to ensure that the concerns are appropriately investigated, taking into account any investigation previously undertaken.

56. The person raising the concern or whistleblowing will be notified of the outcome of the investigation, including the details of any action taken, in writing by the SG (or the nominated deputy) within 30 working days of receipt of the initial letter. If this is not possible, they will be informed of when they can expect to be notified.

DMS support for whistleblowers

57. Support for the whistleblower is available from Line Managers, staff counsellors and Occupational Health.

Serious events reporting

58. Should it be necessary, any adverse event and critical incident reporting should be made in accordance with DMS policy¹⁶.

Post investigation action

59. In principle, those raising concerns should be kept informed of investigation outcomes as long as appropriate, dependant on the maintenance of security and confidentiality of all concerned.

¹⁶ [JSP 950 Leaflet 5-1-4 Healthcare Governance and Assurance in the Defence Medical Services.](#)

60. The DMS healthcare organisations must ensure that they have a centrally collated register of any concerns raised or whistleblowing to allow analysis.

61. Clinical Directors and those responsible for healthcare governance must ensure that recommendations that arise from the investigation are put into practice across their organisation, and the wider DMS if appropriate, to prevent recurrence and promote overall patient safety standards.

Government guidance on whistleblowing

62. Generic guidance on whistleblowing for all Government employees is available¹⁷. This provides direction to any individual who feels that the concerns they have raised with their employer have not been adequately acted upon or addressed. In addition it details the alternative means available for whistleblowing in extreme circumstances.

Awareness of policy

63. Annex C details the roles and responsibilities for Line Managers and includes assigning Line Managers the responsibility of ensuring that employees are made aware of this policy.

Training

64. There are no specific training requirements on this topic as the direction and guidance is provided in this policy leaflet.

Annexes:

- A. Roles and Responsibilities of Employees.
- B. Roles and Responsibilities of Line Managers.
- C. Roles and Responsibilities of Investigating Officers.
- D. Raising a Concern or Whistleblowing Form.

¹⁷ [Whistleblowing for Employees](https://www.gov.uk/whistleblowing/overview) <https://www.gov.uk/whistleblowing/overview>. Accessed 23 Jul 15.

DUTIES AND RESPONSIBILITIES OF EMPLOYEES

1. The duties and responsibilities of employees are detailed below:
 - a. Raise genuine concerns when they see they are happening or may happen to an appropriate person in line with the policy.
 - b. Raise genuine concerns internally first to allow the DMS to address the issue.
 - c. Complete a Raising Concern or Whistleblowing form or raise the concern verbally where appropriate.
 - d. Understand that professional bodies require members to raise concerns that are in the public interest.
 - e. Understand that while they can expect feedback following their protected disclosure, it may not be appropriate for them to receive the full details of action taken (eg where another employee has been disciplined as a result of negligent practice).
 - f. Treat any information about the investigation as confidential.
 - g. Exercise their right to representation at formal or investigation meetings if they wish.
 - h. Where a representative is unavailable on a proposed investigation date, the employee will provide the person requesting the meeting with an alternative within 5 working days of the original date or an extension to this by mutual agreement to take place within a reasonable timeframe.
 - i. Employees must not threaten or retaliate against whistleblowers in any way. Anyone involved in such conduct will be investigated under the Disciplinary Policy¹.

¹ For civilians the PRG on [Misconduct](http://defenceintranet.diif.r.mil.uk/Organisations/Orgs/HOCS/Organisations/Orgs/DBS/PeopleServices/ConductandBehaviour/Misconduct/Pages/MisconductTask.aspx) would be the disciplinary policy used. <http://defenceintranet.diif.r.mil.uk/Organisations/Orgs/HOCS/Organisations/Orgs/DBS/PeopleServices/ConductandBehaviour/Misconduct/Pages/MisconductTask.aspx>. Accessed 6 Jul 15.

DUTIES AND RESPONSIBILITIES OF LINE MANAGERS

1. The duties and responsibilities of line managers are detailed below:
 - a. Ensure employees are aware of and understand the policy, their responsibilities and how to make a protected disclosure if they have a concern.
 - b. Foster and promote an open and honest culture where regular opportunities are provided for staff to speak up and discuss concerns at both individual and team level.
 - c. Be sensitive to individual employee needs and discreet and consistent in their approach towards all employees who raise concerns.
 - d. Ensure Whistleblower's identity is protected wherever possible.
 - e. Remain impartial to all involved in the whistleblow / protected disclosure. Complete a Raising Concerns Report Form (Annex D) where appropriate.
 - f. Commission investigations where needed.
 - g. Carry out necessary risk assessments and consider application of other policies that may resolve the concern.
 - h. Escalate cases to appropriate bodies where necessary.
 - i. Take a proactive and supportive approach to managing whistleblowing / protected disclosures and support the whistleblower throughout the process within a non-punitive framework.
 - j. Where a protected disclosure appears resolved, provide appropriate feedback to the employee who made the disclosure (where known).
 - k. Inform employees of their right to representation (Trade Union or an employee of the Trust) at formal and investigation meetings in writing.
 - l. Ensure that all staff are aware that any form of bullying, or victimisation, including exclusion, resulting from an individual raising concerns will not be countenanced and that perpetrators will be disciplined in accordance with sS Regulations or the Civil Service Disciplinary policy (as appropriate).

DUTIES AND RESPONSIBILITIES OF INVESTIGATING OFFICERS

1. The duties and responsibilities of Investigating Officers are detailed below:
 - a. Ensure the investigation is appropriate and addressed at the correct level, which may mean immediate referral to a higher level.
 - b. Ensure that the employee raising the concern is kept informed of all developments.
 - c. Remain impartial throughout the investigation process.
 - d. Complete the investigation in a timely manner, as agreed with the commissioning manager.
 - e. Collect information and establish facts relating to the incident eg documentary evidence, CCTV, interviews, records of the interviews and witness statements.
 - f. Prohibited from providing an opinion in the report except in conclusions and recommendations, which must be evidence based.
 - g. Provide feedback as required by the HQ.
 - h. Present the Commissioning Manager with an investigation report, which summarises the facts of the investigation and directs them to which appendices will provide further detail.
 - i. Disclose any prior relationships with those involved before starting the investigation.

