PUBLIC INTEREST DISCLOSURE POLICY AND PROCEDURE ‘WHISTLEBLOWING’:
Including ‘Managing Allegations Against Staff’
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<th>POLICY DOCUMENT – VERSION CONTROL CERTIFICATE</th>
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| **Title:** Public Disclosure Policy and Procedure ‘Whistleblowing’; Including ‘Managing allegations Against Staff’  
  **Version:** 2.0 |
| **SUPERSEDES**                               |
| **Supersedes:** Previous Public Disclosure Policy and Procedure (v.1)  
  **Description of Amendments:** Original content around ‘whistle blowing’ unchanged. Links to Safeguarding children and Vulnerable Adults CCG policies added. In addition - link to NHSE Managing allegations against staff added along with section 5 ‘Managing allegations against staff’ |
| **ORIGINATOR**                               |
| **Originator/Author:** Mike Taylor/Emma Kennett  
  **Designation:** Governance, Planning & Risk Team |
| **EXECUTIVE APPROVAL**                       |
| **Ratified by:** Management Team  
  **Date Ratified:** September 2013 |
| **Ratified by:** Audit Committee  
  **Date Ratified:** October 2013 |
| **Ratified by (v.2):** Senior Management Team  
  **Date Ratified:** 15 December 2016 |
| **EQUALITY ANALYSIS**                        |
| **Date Completed:**                          |
| **Link to website:** [to be completed once form is uploaded onto the CCG website] |
| **CIRCULATION**                              |
| **Issue Date:** August 2013. December 2016 (V2)  
  **Circulated by:** Governance, Planning & Risk Team  
  **Issued To:** (as per Circulation List) |
| **REVIEW**                                   |
| **Review Date:** December, 2018  
  **Responsibility of:** Head of Governance, Planning & Risk |
**CIRCULATION LIST**

Prior to Approval, this Policy Document was circulated to the following for consultation:

- Governance, planning and Risk Team
- Chief Nurse
- Designated Nurse Children/Children in Care
- Integrated HR Director

Following Approval this Policy Document will be circulated to:

- Notification to CCG staff via Staff News Bulletin
- Executive Directors
- Intranet
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PUBLIC DISCLOSURE POLICY AND PROCEDURE ‘WHISTLEBLOWING’

1.0 INTRODUCTION

1.1 NHS Trafford Clinical Commissioning Group is committed to ensuring the highest standards of care and business conduct through applying openness and accountability in line with the Seven Principles of Public Life (the Nolan Principles) as detailed below:

- Selflessness - Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

- Integrity - Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

- Objectivity - In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

- Accountability - Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

- Openness - Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

- Honesty - Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

- Leadership - Holders of public office should promote and support these principles by leadership and example.

1.2 Part of this commitment involves advising staff of their contractual right and duty to raise any concerns they have about malpractice, patient safety, financial impropriety or any other serious risks that they consider to be in the public interest.
1.3 NHS Trafford CCG is committed to providing and maintaining a safe environment for all its employees to raise concerns without fear of reprisals. The CCG in line with its constitution will maintain and promote effective ‘whistleblowing’ procedures to ensure that concerned staff have means through which their concerns can be voiced.

1.4 This policy is in accordance with the requirements of the Public Interest Disclosure Act (PIDA), Section 21 of Agenda for Change Terms and Conditions and the Equality Act (2010). It also takes on board latest guidance from Public Concern and Work and recommendations following the Independent Inquiry into the care provided by Mid Staffordshire Foundation Trust.

1.5 This policy should be read in conjunction with the CCG’s Conflicts of Interest and Code of Conduct policies. In addition:


(See section 5 of this policy)

1.6 All of us at one time, or another have concerns about what is happening at work. Usually these concerns are easily resolved. However, when you are troubled about something that involves a danger (to patients, public or colleagues), professional misconduct or financial malpractice, it can be difficult to know what to do.

1.7 You may be worried about raising such an issue, perhaps feeling it’s none of your business or that it’s only a suspicion. You may feel that raising the matter would be disloyal to colleagues, to managers or to the CCG. You may have said something but found that you have spoken to the wrong person or raised the issue in the wrong way and are not sure what, if anything, to do next.

1.8 NHS Trafford CCG has introduced this procedure to enable everyone to raise concerns safely so that such issues are raised at an early stage and in the right way. We know from experience that to be successful we must all try to
deal with issues on their merits. Trafford CCG welcomes your genuine concerns and is committed to dealing responsibly, openly and professionally with them. Without your help, the CCG cannot deliver a safe service and protect the interests of patients, staff and the Organisation. If you are worried, we would rather you raised it when it is just a concern than to wait for proof.

1.9 If something is troubling you, which you think we should know about or look into, please use this procedure. If, however, you are aggrieved about your personal position, please use the Grievance Procedure which is available through the Human Resources portal, the Associate Director – HR & OD or Trafford CCG intranet. This whistleblowing procedure is primarily for concerns where the interests of others or of Trafford CCG are at risk.

**If in doubt - raise it!**

2.0 LEGAL BACKGROUND

2.1 The Public Interest Disclosure Act 1998 (PIDA) encourages people to raise concerns about malpractice in the workplace. The Act protects “whistle blowers” from dismissal and victimisation and promotes the public interest. The Act applies to people at work raising genuine concerns about crime, civil offences, miscarriage of justice, danger to health and safety and the cover up of any of these.

2.2 There are a number of key principles under the PIDA:

- Alerting a third party: where a worker reasonably suspects malpractice (including a crime), he will be protected from victimisation where he raises the matter in good faith with a person who is legally responsible for the matter. Where someone in the NHS “blows the whistle” in good faith direct to the Department of Health the disclosure is protected in the same way as an internal one.

- Involving a regulator: where a worker reasonably suspects malpractice a disclosure to a prescribed regulator (such as the Health and Safety Executive) will be protected if it is made in good faith and he reasonably believes the information and any allegation in it are substantially true.

- A wider, public disclosure: where a worker reasonably suspects a cover-up of malpractice (such as a crime) is likely, a wider public disclosure will be protected if he reasonably believes the information and any allegation in it are substantially true and the disclosure is reasonable and in good faith.
3.0 PURPOSE

3.1 The aim of this policy is to:

a) Ensure that all staff are able to raise concerns without the fear of reprisals or victimisation.

b) Outline the procedures that staff should follow in reporting and investigating a matter of concern/issue that has been raised.

c) Raise awareness of how to recognise and manage allegations against staff

4.0 SCOPE

4.1 This policy covers all staff directly employed by NHS Trafford CCG including those employed on temporary contracts. It also includes any staff seconded to NHS Trafford CCG, any agency member of staff, trainee or volunteer. It also covers any independent consultant or contractor.

5.0 MANAGING ALLEGATIONS AGAINST STAFF

5.1 The NHSE procedure for managing allegations against staff provides a framework for managing cases where allegations are made about NHS staff that indicate that children, young people or adults at risk are believed to have suffered, or are likely to suffer, significant harm. Concern may also be raised if the staff member is behaving in a way which demonstrates unsuitability for working with children, young people or adults at risk, in their present position, or in any capacity. The allegation or issue may arise either in the employee’s/professionals work or private life. Examples include:

- Commitment of a criminal offence against or related to children, young people or adults at risk.
- Failing to work collaboratively with social care agencies when issues about care of children, young people or adults at risk for whom they have caring responsibilities are being investigated.
- Behaving towards children, young people or adults at risk, in a manner that indicates they are unsuitable to work with children, young people or adults at risk of harm or abuse.
- Where an allegation or concern arises about a member of staff, arising from their private life such as perpetration of domestic violence or where inadequate steps have been taken to protect vulnerable individuals from the impact of violence or abuse.
Where an allegation of abuse is made against someone closely associated with a member of staff such as a partner, member of the family or other household member.

5.2 There are three strands in consideration of an allegation:

- Enquiries and assessment by children/adult Social Care, about whether a child/young person/ adult at risk of harm or abuse, is in need of protection or in need of services.
- A police investigation of a possible criminal offence.
- Consideration of disciplinary action (including suspension).

5.3 The safety of the child, young person or an adult at risk is of paramount importance. Immediate action may be required to safeguard investigations and any other children, young people or adults at risk. Any concern that children, young people or adults may be at risk of harm or abuse, must immediately be reported. Reputational issues must be managed appropriately by discussion with the relevant communications team.

5.4 All staff must be familiar with referral procedures to protect an adult/child at risk. The concern must also be reported to the staff member's line manager, who should take advice from the regional or central safeguarding lead.

5.5 Each Local Safeguarding Children Board and Adult safeguarding Board have their own websites which set out their policies and procedures for safeguarding children/young people/ adults at risk of harm or abuse. Each Local Authority has a Local Authority Designated Officer (LADO) to act on their behalf in investigating allegations; this role plays a critical part in terms of working in partnership with the NHS to manage risk and was cited at the critical relationship in the Saville investigations. The LADO should be informed of allegations, according to local safeguarding procedures.

The LADO for Trafford is Anita Hopkins:

anita.hopkins@trafford.gcsx.gov.uk

6.0 DUTIES

6.1 The Chief Clinical Officer is responsible for the overall performance of the executive functions of the Clinical Commissioning Group, with responsibility for the discharge of policies and procedures.
6.2 The **NHS Trafford Clinical Commissioning Group Governing Body** is responsible for overseeing this policy and procedure including any concerns/ issues raised.

6.3 The **Audit Committee** has a delegated responsibility to ensure that there are systems in place to monitor compliance with this policy and that all concerns are managed appropriately.

6.4 All **Directors** are responsible for the implementation of this policy into practice and ensuring that any complaint is managed appropriately in accordance with the Policy and Procedure.

6.5 **Managers** are responsible for the operational implementation of this policy and for ensuring that all members of staff are aware of their roles and responsibilities in relation to public interest disclosure. Managers should:

- Promote awareness of the Policy and the related procedures;
- Be vigilant for any signs that would be in breach of the policy;
- Take appropriate action if any employees disclose concerns in accordance with this policy;
- Explain the procedures to be followed;
- Take prompt action to resolve the concern or refer it on to an appropriate person;
- Keep the employee informed of the process;
- Monitor and follow up the situation after a complaint is made to ensure that there is no further reoccurrence of the actions that led to the complaint;
- Ensure that an employee making a complaint is not victimised for doing so. This Policy will be made available as part of the Staff Induction programme.

6.6 **Employees** are responsible for:

- Ensuring that the best standards of care are achieved;
- Reporting any concerns that are in breach of this policy and may undermine the standards of care;
• Not raising concerns with malicious intent.

6.7 Other Responsibilities

• Management and trade union representatives are responsible for bringing any mutually beneficial improvements to this policy to the attention of the Clinical Commissioning Group.

7.0 PROCEDURE FOR DISCLOSING/HOW TO RAISE A CONCERN INTERNALLY

7.1 Staff may have a concern in any of the following areas:

➢ Patient care
➢ Clinical governance
➢ Matters thought to have a detrimental effect on patient care
➢ Corporate governance—fraud, probity
➢ Dangers to the public, patients, the environment,
➢ Health and Safety
➢ Unlawful or unethical conduct

7.2 If you are unsure about raising a concern at any stage you can get independent advice from our trade union representative, the Employee Assistance Programme or Public Concern at Work. Contact details are as follows:

• The Employee Assistance Programme which provides 24 hour access to telephone helpline counselling, information and advice, telephone 0800 282193;
• The charity Public Concern at Work on 020 7404 6609. Their lawyers can give you independent confidential advice at any stage about whistle blowing.

7.3 Please remember that you do not need to have firm evidence before raising a concern. However, we do ask that you explain as fully as you can the information or circumstances that give rise to your concern.

7.4 Step one

If you have a concern, we hope you will feel able to raise it in your team or with your Line Manager so it can be resolved locally. This may be done orally
or in writing. Alternatively, as mentioned at paragraph 5.1, you can get independent advice from our trade union representative, the Employee Assistance Programme or Public Concern at Work.

7.5 **Step two**

If you don’t feel step one is appropriate or it hasn’t worked, please raise the matter with one of the following people:

- Chief Financial Officer
- Chief Operating Officer
- Chair, NHS Trafford Clinical Commissioning Group
- Internal Audit,
- The Local Counter Fraud Specialist (LCFS)

**Contact details are shown in Annex A**

Please say if you want to raise the matter in confidence so that they can make appropriate arrangements. We will ask if you would like us to write to you summarising your concern and the action we propose to take.

7.6 **Step three**

If these steps have been followed but have not worked, or you feel that the matter is so serious that you cannot discuss it with any of the above, please contact:

- The Chief Clinical Officer or any of the Lay Members of the Governing Body of the CCG.

**Contact details are shown in Annex A**

7.7 **Department of Health**

The CCG recognise their accountability within the NHS. In light of this you can also contact:

1. NHS Protect via the NHS Fraud and Corruption Reporting Line on 0800 028 4060 or using on line web link [www.reportnhsfraud.nhs.uk](http://www.reportnhsfraud.nhs.uk) if your concern is about financial malpractice

2. Department of Health.

**Contact details are shown in Annex A**
8.0 COMMITMENT TO WHISTLEBLOWERS

8.1 Your safety

The NHS Trafford Clinical Commissioning Group Governing Body, Chief Clinical Officer and Staff Unions are committed to this policy. If you raise a genuine concern under this policy, you will not be at risk of losing your job or suffering any form of retribution as a result. Provided you are acting in good faith, it does not matter if you are mistaken or if there is an innocent explanation for your concerns. So please do not think we will ask you to prove it. Of course we do not extend this assurance to someone who maliciously raises a matter they know is untrue.

8.2 Your confidence

We will not tolerate the harassment or victimisation of anyone raising a genuine concern. However, we recognise that you may nonetheless be anxious. If so you can ask to talk to someone in private. If you ask us not to disclose your identity, we will not do so without your agreement first. If the situation arises where we are not able to resolve the concern without revealing your identity (for instance because your evidence is needed in court), we will discuss with you whether and how we can proceed.

8.3 Anonymous concerns

Remember that if you do not tell us who you are, it will be much more difficult for your concern to be investigated and for us to protect your position or give you feedback. Accordingly, while we will consider what action may be justified by an anonymous report, we will not be able to handle such reports under this policy.

8.4 Equality and Diversity

In applying this policy, NHS Trafford Clinical Commissioning Group will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.
9.0 CCG RESPONSE: HOW WE WILL HANDLE THE MATTER

9.1 Once you have told us of your concern, we will look into it to assess initially what action should be taken. This may involve an informal review, an internal inquiry or an investigation. An acknowledgment letter will be sent to the individual raising the concern within 14 days of receipt which will tell you who is handling the matter, how you can contact them and whether your further assistance may be needed. This will include the proposed timescales for investigating the issue which will be dependant upon the nature of the concern raised. At your request, we will write to you summarising your concern and setting out how we propose to handle it.

9.2 When you raise the concern we may ask you how you think the matter might best be resolved. If you do have any personal interest in the matter, we do ask that you tell us at the outset. If your concern falls more properly within the grievance or other procedures we will tell you.

9.3 The purpose of this policy is to enable us to investigate and deal with possible malpractice. To reassure you, we will give you as much feedback as we properly can. Please note, however, that we may not be able to tell you the precise action we take where this would infringe a duty of confidence owed by us to someone else.

9.4 If your concern relates to fraud, bribery or corruption this matter will be referred to the CCG’s Local Counter Fraud Specialist (LCFS) who will follow guidance as set out in the CCG’s Fraud, Bribery and Corruption Policy and response Plan.

10.0 EXTERNAL CONTACTS

7.1 Whilst the CCG is committed to supporting and facilitating staff to raise concerns internally and responding appropriately, staff may also contact specific regulating bodies, such as the Health & Safety Executive or the Audit Commission. Where you believe the local response has been inadequate, you can also raise your concerns with a body such as the NHS England, Care Quality Commission or Monitor. Public Concern at Work and your union will be able to advise you which route is appropriate in your circumstances. Should an individual decide it is in the public interest to approach an external organisation not listed as part of this policy, the consequences to the CCG should be full considered as part of this process.

Contact details are shown in Annex A
11.0 ESCALATION: IF YOU ARE DISSATISFIED

11.1 If you are unhappy with our response, remember you can go to the other levels and bodies detailed above. While we cannot guarantee that you will be satisfied with our response, our aim is to handle the matter fairly and properly. By using this policy, you will help us to achieve this.

12.0 MONITORING AND COMPLIANCE

12.1 This Policy and its outcomes will be routinely monitored and formally reviewed by the Audit Committee. Compliance of this policy will be audited on a yearly basis by the Associate Director of Corporate Services & Organisational Development. Audits will include the monitoring of collected data, standard operating procedures. Where applicable, managers who are involved in Whistleblowing cases will be requested to complete a monitoring form and return it to the Associate Director of Corporate Services & OD on completion of a case. The information on this form will also be analysed as part of an annual audit and considered by the Audit Committee as appropriate. Annual reports following the annual audit will be referred to the Audit Committee. The committee will make action recommendations considered necessary to improve the effectiveness of the policy to the Governing Body who will refer specific actions back to relevant directorates.
## Annex A

### Contact Details

<table>
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<tr>
<th>Role</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td><strong>Chairman</strong></td>
<td>Tel - 0161 873 6097/Email – <a href="mailto:TRCCG.Chair@nhs.net">TRCCG.Chair@nhs.net</a></td>
</tr>
<tr>
<td><strong>Lay Members</strong></td>
<td>0161 873 6137/Email addresses available via Jenna Lancaster, <a href="mailto:jenna.lancaster@nhs.net">jenna.lancaster@nhs.net</a></td>
</tr>
<tr>
<td><strong>Executive Directors</strong></td>
<td>0161 873 6083 Email - <a href="mailto:Catherinerandall@nhs.net">Catherinerandall@nhs.net</a></td>
</tr>
<tr>
<td><strong>Chief Clinical Officer</strong></td>
<td>0161 873 9535/Email – <a href="mailto:dr.ndguest@nhs.net">dr.ndguest@nhs.net</a></td>
</tr>
<tr>
<td><strong>Chief Operating Officer</strong></td>
<td>0161 873 9692/Email – <a href="mailto:gina.lawrence@nhs.net">gina.lawrence@nhs.net</a></td>
</tr>
<tr>
<td><strong>Chief Financial Officer</strong></td>
<td>0161 873 6015 / <a href="mailto:joe.mcguigan@nhs.net">joe.mcguigan@nhs.net</a></td>
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Please direct specific questions in relation to implementation of this policy to the Head of Governance, Planning and Risk on 0161 873 9554.

### Contact address:

NHS Trafford Clinical Commissioning Group  
1st Floor Crossgate House,  
Cross Street,  
Sale,  
Manchester,  
M33 7FT  
Tel: 0161 873 9500  
Fax: 0161 873 9501

Email: TRCCG.mail@nhs.net

**Internal Audit**  
Assistant Director  
Mersey Internal Audit Agency  
Suite 2  
5th Floor, Business Centre  
St James’s House  
Pendleton Way
Employee Assistance Programme
Positive People Company
Tel: 0800 282193
www.ppconline.info

Local Counter Fraud Specialist
Mersey Internal Audit, C/c NHS West Cheshire CCG, 1829 Building, Liverpool Road, Chester, CH2 1UL, Tel 01244 364479
Email Roger.Causer@miaa.nhs.uk

NHS Protect
NHS Fraud and Corruption Reporting Line
0800 028 4060

Department of Health
Department of Health: www.doh.gov.uk

Contact address:

London:

The Department of Health
Richmond House
79 Whitehall
London SW1A 2NL

Tel - 020 7210 4850
Fax - 020 7210 5952

Contact via enquiry form http://www.info.doh.gov.uk/contactus.nsf/memo?openform

Leeds:

The Department of Health
Quarry House
Quarry Hill
Leeds LS2 7UE

Tel - 0113 254 5000
**Health and Safety Executive**
Redgrave Court
Merton Road
BOOTLE
Merseyside
L20 7HS

Tel - 0300 003 1747

E-mail advice@hse.gsi.gov.uk

**Audit Commission**
3rd Floor, Fry Building
2 Marsham Street
London, SW1P 4DF

Tel: 0303 444 8330
E-mail: public-enquiries@audit-commission.gsi.gov.uk

**Monitor**
Wellington House
133-155 Waterloo Road
London
SE1 8UG

Tel :020 3747 0000
Fax : 0207 3402401
Email : enquiries@monitor.gov.uk
The following is a checklist for the review and approval of procedural documents. It should be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

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<th>Title of document being reviewed:</th>
<th>Yes/No/Unsure</th>
<th>Comments</th>
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<td>1. Title</td>
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<td>Is the title clear and unambiguous?</td>
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<td>Is it clear whether the document is a guideline, policy, protocol or standard?</td>
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<td>2. Rationale</td>
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<td>Are reasons for development of the document stated?</td>
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<td>Are people involved in the development identified?</td>
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<td>Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?</td>
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<td>Is there evidence of consultation with stakeholders and users?</td>
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<td>Are key references cited?</td>
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<td>Are supporting documents referenced?</td>
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<td>6. Approval</td>
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<td>Does the document identify which committee/group will approve it?</td>
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<td>If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?</td>
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<td>7. Dissemination and Implementation</td>
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<td>Yes</td>
<td>8. Document Control</td>
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<td>9. Process to Monitor Compliance and Effectiveness</td>
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<td>10. Review Date</td>
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<td>Is the review date identified?</td>
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<td>Is the frequency of review identified? If so is it acceptable?</td>
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<td>11. Overall Responsibility for the Document</td>
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<td>Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?</td>
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**Individual Approval**

If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
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<tbody>
<tr>
<td>Mike Taylor</td>
<td>16/11/16</td>
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**Signature**

Mike Taylor

**Committee Approval**

If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation’s database of approved documents.

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<td>SMT</td>
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**Signature**

SMT

Acknowledgement: Cambridgeshire and Peterborough Mental Health Partnership NHS Trust