WHISTLEBLOWING POLICY

Policy implemented:	December 2018
Last reviewed:	April 2026
Next review due:	April 2028

EQUALITY AND DIVERSITY STATEMENT

Salutem Care & Education is committed to the fair and equitable treatment of all individuals in accordance with the Equality Act 2010. An Equality Impact Assessment has been completed for this policy to ensure it can be applied consistently and without discrimination. Salutem Care & Education is committed to safe, high-quality, person-centred services that uphold people's rights and dignity.

All colleagues (including volunteers, agency workers and contractors) must follow this policy, guided by our values. Policies are reviewed every two years; if a review is delayed, the current version remains in force until approved by the Policy Sponsor.

Training will support understanding, and people we support will be involved in reviews. Local procedures may support this policy, but corporate policies must not be changed locally without formal approval.

This policy must be shared with all colleagues. The controlled version is on BLINK; printed/downloaded copies may be out of date.

In this policy, "the Organisation" means Salutem Care & Education [Salutem Ld Bidco Iv Limited, Pathways Care Group Limited, Pathways 4 Care Ltd, Modus Care Limited, Clearwater Care (Hackney) Limited, Greenfield Close Residential Home Limited, Salutem Shared Services Limited, Salutem Shared Services Ii Limited, Salutem Shared Services Iii Limited, Modus Care (Plymouth) Limited, Salutem Ld Bidco Limited, Salutem Ld Bidco Ii Limited, Salutem Ld Topco Limited, Salutem Ld Topco Ii Limited, Newlife Care Services Limited, Pathways Daycare Limited, Amity Residential Care Limited]. References to "Salutem" are used as a short form.

1. Summary

We are committed to the highest standards of openness, integrity and accountability. We recognise that colleagues, volunteers and external stakeholders may be the first to notice poor practice, misconduct, or risks to safety. This policy sets out how to raise concerns safely and confidentially, and how Salutem will respond.

Purpose of this policy

- Provide a clear process for raising concerns about wrongdoing (in the public interest).
- Protect individuals who raise concerns in good faith under the **Public Interest Disclosure Act 1998 (PIDA)**.
- Ensure concerns are assessed and investigated promptly, fairly and proportionately.
- Promote a culture of speaking up, learning and continuous improvement.

Scope – who this policy applies to

- **Workforce:** permanent, temporary, bank, agency, contractors, self-employed professionals, volunteers, students, governors/trustees/board members.
- **External stakeholders:** families/carers, advocates, social workers, commissioners, suppliers/contractors, members of the public.

Settings covered All of our location, including (where applicable) children's residential care, supported living, adult care, and education settings (schools/colleges/training centres).

What this policy is not for

- **Personal employment grievances** (e.g., your own bullying/harassment) – use the Grievance Policy.
- **Complaints from people we support/families/public about a service** – use the Complaints Policy.
  (Where the issue indicates serious wrongdoing/safety risk, it may also be managed under this policy.)

Regulatory expectations Regulators (e.g., **CQC, Ofsted, CIW, Estyn**) expect accessible speak-up routes, appropriate responses to concerns, and evidence of learning and improvement.

Induction Whistleblowing (Speak Up) is included in all induction programmes, including how to raise concerns and where to find the Whistleblowing Poster/contact routes.

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2. Document Control

Policy Sponsor (Name & Role):	Gary Laville, Chief Quality Officer	
Policy Reviewer (Name & Role):	Melinda Glover, Quality Assurance Inspection & Regulation Director	
Approved by (Name/Role):	Gary Laville, Chief Quality Officer	
Date Implemented:	December 2018	
Last Reviewed:	April 2026	
Next Review Due:	April 2028	
Version Number:	V2.0	
Controlled Copy Location:	BLINK	
Policy category (tick):	☒Safeguarding ☒ Care practice ☐ Education	☐ Health & Safety ☐ HR/People ☒ Information Governance
Policy Applies to:	**People we Support** ☒ Children/young people ☒ Adults ☒ Learners **Workforce** ☒ Permanent ☒ Bank ☒ Agency ☐ Other: [ ]	☐ Families/Carers ☒ Volunteers ☒ Contractors

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4. Definitions

4.1 Whistleblowing (Speak Up): the disclosure of information about suspected wrongdoing, malpractice, or risk that is **in the public interest**.

A concern may include (not exhaustive):

- Safeguarding concerns (abuse, neglect, exploitation)
- Unsafe care or unsafe education practice
- Breaches of health and safety
- Criminal offences (e.g., fraud, theft, abuse)
- Misuse of funds/resources
- Discrimination, bullying/harassment (where it indicates wider risk/wrongdoing)
- Sexual Harassment by employees/workers or 3rd parties that are work related.
- Environmental damage
- Failure to comply with legal/regulatory duties
- Deliberate concealment/cover-up of wrongdoing

4.2 Protected disclosure: including disclosures relating to sexual harassment where the disclosure meets the **PIDA** tests. Employees/Workers are protected from dismissal or detriment for making a protected disclosure including any sexual Harassment disclosures.

4.3 Confidentiality vs anonymity

- **Confidential:** your identity is known to the recipient but protected as far as possible.
- **Anonymous:** you do not provide your identity; this may limit investigation and feedback.

5. Principles

5.1 Speak up culture: We encourage everyone to raise concerns early. Speaking up protects people we support, colleagues and the organisation.

5.2 No retaliation: No colleagues will be victimised, disadvantaged, or treated unfairly for raising a concern in good faith. Any retaliation will be treated as a disciplinary matter.

5.3 Confidentiality and information handling: Concerns will be handled sensitively and shared only on a "need to know" basis. Information will be handled in line with data protection and safeguarding requirements. **W**e will protect confidentiality as far as possible. However, we may

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need to share information where required by law, to safeguard individuals, to enable a fair process, or where required by a regulator/police/court

- **Data protection and SARs:**
  "Whistleblowing information will be recorded and handled in line with the Data Protection Act 2018 and UK GDPR. Records will be stored securely and shared only on a need-to-know basis. Any request for information, including a **Subject Access Request (SAR)**, must be forwarded immediately to the **Data Protection Officer (DPO)**. Information may be withheld or redacted where lawful, including to protect third parties, safeguarding, or the integrity of an ongoing investigation."

5.4 How to raise a concern (internal routes): Where possible, raise concerns internally first:

- **Line Manager** (where appropriate)
- **Whistleblowing Hotline:** 0844 264 2070
- **Email:** whistleblowing@salutemsharedservices.co.uk
- **Senior Manager/Director** (if not appropriate to raise locally)
- **Quality / Safeguarding routes** (as applicable)

5.5 How whistleblowing cases are triaged:

Whistleblowing cases are rated using a red/amber/green (RAG) rating system.

RED = High (Immediate / Severe risk)

Red is used where there is actual or likely serious harm, criminality, or urgent regulatory risk, especially if the issue could be ongoing.

Typically includes:

- Safeguarding concerns: abuse or neglect (physical, sexual, emotional, financial), institutional abuse, exploitation, serious professional boundary breaches.
- Immediate safety risks: unsafe staffing levels creating danger, unsafe moving & handling, medication errors with serious harm potential, missing person risk, violent incidents not managed.
- Serious misconduct/criminality: theft/fraud, falsifying records, assault, harassment/sexual misconduct, drug/alcohol misuse at work affecting safety.
- Cover-up or retaliation: intimidation of whistleblowers, destruction of evidence, pressure to alter records.
- Serious regulatory breach: CQC notifiable incidents not reported, systemic non-compliance posing harm, widespread poor practice.
- High likelihood / credible evidence: multiple witnesses, documentation, clear dates/times, known patterns.

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AMBER = Medium (Significant concern / Needs prompt action)

Amber is used where the concern is serious but not immediately life-threatening, or where facts are unclear but the potential impact is meaningful.

Typically includes:

- Practice concerns that could lead to harm if not addressed: poor care standards, repeated missed visits, poor nutrition/hydration support, poor infection control, unsafe lone working arrangements.
- HR conduct issues with risk implications: bullying/harassment, inappropriate language, breach of confidentiality, poor supervision culture.
- Process failures: repeated poor record keeping, care plans not followed, training gaps, medication near-misses without harm but recurring.
- Single-incident allegations with limited corroboration but plausible risk.
- Service-user/family complaints that suggest systemic issues, but no immediate danger identified.
- Response expectation (typical):
- Prompt investigation (e.g., within days), interim controls if needed (extra checks, supervision, spot audits), decide if safeguarding threshold is met, HR management as appropriate.

GREEN = Low (Minor / Localised / Improvement-focused)

Green is used where the issue is low risk, isolated, or primarily about process improvement, with no indication of harm or serious misconduct.

Typically includes:

- Minor policy/process issues: admin errors, isolated documentation gaps, minor housekeeping issues not creating danger.
- One-off interpersonal issues without harassment/discrimination indicators and without risk to people.
- Suggestions/concerns about efficiency, communication, rota preferences (unless linked to unsafe staffing).
- Low credibility / insufficient detail and no immediate risk identified (but still logged and followed up appropriately).

5.6 External reporting: You may raise concerns externally if internal reporting is not appropriate, or if you believe the concern is not being addressed:

- **CQC:** https://www.cqc.org.uk/guidance-providers/whistleblowing
- **Ofsted (children's social care):** https://www.gov.uk/guidance/whistleblowing-about-childrens-social-care-services

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- **CIW:** CIW@gov.wales / 0300 7900 126
- **Local Authority Safeguarding Teams**
- **Protect (independent advice):** https://protect-advice.org.uk/ (Protect provides independent advice and support; it is not a regulator)

5.7 Safeguarding and escalation

If a concern indicates immediate risk of harm:

- Follow safeguarding procedures and notify the **Designated Safeguarding Lead (DSL)** without delay.
- In an emergency, call **999**. For urgent health advice, contact **NHS 111**.

5.8 Investigation and outcomes

- All concerns are logged, triaged and assessed.
- Investigations are proportionate, timely and fair.
- Feedback will be provided where possible (subject to confidentiality/legal constraints).
- Actions may include training, supervision, process changes, disciplinary action, referral to safeguarding/regulators, or other remedial steps.

5.9 Malicious allegations: Concerns must be raised in good faith. Deliberately false or malicious allegations may lead to disciplinary action

5.10 PIDA protections: Legal protections under the Public Interest Disclosure Act 1998 apply to 'workers'. We encourage external stakeholders to raise concerns and we will handle them appropriately, but PIDA protections may not apply to non-workers.

5.11 Support: Colleagues who raise concerns can access support from their line manager (where appropriate), HR/People Team, and wellbeing support services (e.g., EAP/Occupational Health where available)

6. Monitoring, Audit and Compliance

6.1 How compliance will be monitored

- Whistleblowing tracker oversight (volume, timeliness, outcomes)
- Themes/trends analysis and learning actions
- Evidence of induction coverage and staff awareness (training records/spot checks)
- Audit of posters/visibility of routes and local contact details
- Case file quality checks (triage, actions, closure, feedback)

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6.2 Reporting arrangements

- A prescribed Whistleblowing Committee meets monthly to review whistleblowing activity (as relevant to safeguarding), ensure actions are completed, and confirm learning is captured.
- Summary reporting (anonymised) is provided to:
    - **SLT** (Senior Leadership Team)
    - **GEXEC** (Group Executive)
- Reporting includes: themes and trends, lessons learned, actions taken, and assurance of completion.

6.3 Actions for non-compliance

Non-compliance will be addressed through support, supervision, additional training, and where necessary capability/disciplinary processes

7. Areas of Responsibility

7.1 Senior Leadership / Executive (SLT / GEXEC)

- Promote and model an open, just culture, where speaking up is welcomed and acted upon.
- Provide clear assurance that retaliation, victimisation or detriment will not be tolerated and will be addressed promptly.
- Review whistleblowing reports, themes, trends, timeliness, outcomes and lessons learned, and challenge where responses are not robust.

7.2 Divisional Directors

Divisional Directors are accountable for the effective management of whistleblowing concerns within their division. They must:

- Ensure concerns are acknowledged, assessed, escalated and actioned promptly in line with this policy and safeguarding requirements.
- Provide timely updates, required communications, and assurance evidence (e.g., actions taken, outcomes, learning, and completion of agreed actions) to the Whistleblowing Committee within agreed timescales.
- Ensure appropriate support and protection from victimisation is in place for anyone who raises a concern.
- Confirm that themes, trends and lessons learned are embedded into divisional quality improvement and shared with relevant managers/teams.

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7.3 Location/Registered Manager / Headteacher/Principal/Heads of Dept (as applicable)

- Ensure whistleblowing routes are visible and understood (policy and poster accessible; discussed in team meetings/supervision).
- Create a local environment where colleagues feel safe to speak up and know how to escalate concerns outside the line management chain if needed.
- Receive, respond and escalate concerns appropriately, including immediate safeguarding escalation where risk is identified.
- Maintain accurate local records and provide information required for investigation in a timely way.
- Ensure colleagues who raise concerns are supported, kept informed where possible, and protected from victimisation.

7.4 Quality / Safeguarding Lead (as applicable)

- Act as a central point to receive, record, triage and risk-rate whistleblowing concerns; maintain the whistleblowing tracker and case documentation.
- Ensure colleagues complete appropriate safeguarding referrals and regulatory notifications are made where required, in line with local and national guidance.
- Provide quality assurance of outcomes, including evidence of root cause analysis, learning and sustained improvement.
- Produce monthly/periodic reports for the Whistleblowing Committee, SLT and GEXEC, including themes/trends, timeliness, outcomes, and action completion.

7.5 HR / People / L&D

- Provide advice on PIDA protections, confidentiality, fair process, and employment implications (including disciplinary/capability/grievance interfaces).
- Support the wellbeing of colleagues raising concerns and ensure any alleged victimisation/retaliation is addressed promptly and appropriately.
- Support line managers with investigation process and documentation standards where employment matters are involved.
- Liaise with the DPO where information governance advice is required and ensure any SARs are promptly referred to the DPO
- Ensure whistleblowing is embedded in induction, mandatory training, and manager development, and that completion/competency is recorded.

7.6 All colleagues, workers, volunteers, contractors and agency staff

- Raise concerns promptly, honestly and in good faith, using the internal routes set out in this policy (or external routes where appropriate).
- Provide factual information and cooperate with investigations, maintaining confidentiality and not discussing the matter inappropriately.

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- Continue to follow safe practice and escalate immediately if they believe there is an immediate risk of harm.

Policy management Departments must maintain up-to-date policies. The Quality Team ensures policies are accessible on BLINK. Line Managers must communicate updates and confirm understanding/compliance.

Compliance with this policy is mandatory. Failure to follow its principles may compromise safety, quality, or regulatory compliance and may result in managerial or disciplinary action.

8. Learning and Development

8.1 Mandatory induction content: whistleblowing routes, confidentiality, safeguarding escalation, and where to find the poster/policy.

8.2 Ongoing learning: refreshed through supervision, team meetings, and role-specific training where required.

8.3 Competency/awareness checks: recorded via induction sign-off and periodic assurance activity.

9. Associated Documents

Available on BLINK:

- Whistleblowing Poster
- Feedback, Complaints & Compliments Policy
- Safeguarding Policy, Procedure and Guidance
- Disciplinary Policy and Procedure
- Grievance Policy
- Salutem Code of Conduct

10. Legal, Regulatory & Standards Framework

- **Public Interest Disclosure Act 1998 (PIDA)**
- **Employment Rights Act 1996** (as amended)

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- **Data Protection Act 2018 / UK GDPR**
- **Equality Act 2010**
- **Health and Safety at Work etc. Act 1974**
- **Care Act 2014**
- **Children Act 1989 & 2004** and **Working Together to Safeguard Children** (latest edition)
- **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** (CQC Fundamental Standards)
- **Ofsted/CIW/Estyn regulatory requirements and guidance** (as applicable)

11. Version Control

This is a controlled document. As a controlled document, any printed copies of this document, or saved onto local or network drives should be actively monitored to ensure the latest version is always available.

Version Number	Date	Author	Summary of Changes	Approved By
V1.0	December 2018			Gary Laville
V1.1	December 2020		Included what falls under whistleblowing and what to do if it's a complaint	
V1.2	January 2023		Remove reference to QARM and some changes of ownership	
V1.3	February 2025		Complete update to procedure.	
V1.4	March 2026		Procedure updated to reflect the Whistleblowing Management Team and process of escalation.	
V2.0	April 2026	Melinda Glover	Updated to new template; strengthened governance (monthly committee & SLT/GEXEC reporting), induction requirement, responsibilities (incl. Divisional Directors), and IG (DPO/SAR); refreshed reporting routes and legal/regulatory references; wording/format updates	

12. Appendices

- Appendix A: (e.g., checklist)
- Appendix B: (e.g., flowchart)

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