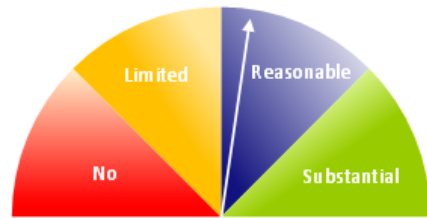


Audit Objective

To ensure that the Council has appropriate policies and procedures in place to manage whistleblowing incidents and that they are adequately communicated and correctly applied and adhered to.

Assurance Opinion



There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.

Number of Actions

Priority	Number
Priority 1	0
Priority 2	3
Priority 3	1
Total	4

Risks Reviewed

1. The Council's Whistleblowing Policy is not visible enough or inadequate, leading to concerns around conduct or potential fraud that employees, members, or members of the public have not being reported, or reported cases not being adequately investigated and addressed.

Assessment

Low

Key Findings



Herefordshire Council provide two mandatory training modules which reference the Whistleblowing Policy. This training is not offered annually and there are currently no whistleblowing reminders posted or provided to staff through the year.



Historical data has not been kept up to date in the Corporate Register as required by the Whistleblowing Policy. However, the 2023/24 cases are now being documented.



We raised concerns about the level of guidance provided to investigating officers under the old process/policy, however the new policy that was approved by Audit and Governance on 23rd June 2023 provides more detail in this area. We consider this to be sufficient at this time, and hence we are not including a finding within this report. However, we will review the effectiveness of this during our next audit review of whistleblowing.



Records provided by the Information Security Officer showed a discrepancy in the staff access to the whistleblowing shared drive. The Head of Legal Services & Deputy Monitoring Officer took immediate action to resolve this issue.

Audit Scope

The audit consisted of a review of the following areas:

- Ensuring that the Whistleblowing Policy is in place and up to date;
- Ensuring that staff communications are provided to ensure policy awareness;
- Review of Whistleblowing response procedures;
- Ensuring the staff are trained to manage Whistleblowing cases;
- Ensuring that roles and responsibilities are clearly defined and understood for dealing with cases linked to senior management.
- Cases are stored safely and securely.

Summary

The revised Whistleblowing Policy was approved by the Audit and Governance Committee on 23rd June 2023. Changes made to the policy should promote a positive understanding of whistleblowing and provide assurances to potential whistleblowers that a disclosure would not have a subsequent negative impact on them.

Appendix 1

Findings & Action Plan

Finding 1.	Action												
<p><u>Whistleblowing Policy Awareness</u></p> <p>The Council offers two mandatory training modules to all staff/officers/contractors and Hoople staff for completion initially through induction and thereafter as required by the Council.</p> <p>Mandatory training references whistleblowing and shares a link to the policy, however, this training is offered on a two-yearly or three-yearly cycle and there is currently no whistleblowing reminders posted or provided to staff through the year.</p> <p>As this is not circulated annually, to increase awareness and ensure there is a positive culture towards whistleblowing, all directors and assistant directors should communicate a reminder to all staff that the whistleblowing policy is in place. Having the policy mentioned in the CEO briefings a couple times a year would also promote awareness.</p>	<p>As the Whistleblowing Policy is currently used, there does not appear to be any evidence of a lack of awareness. However, we will ask Directors to remind their staff on an annual basis that the policy exists. When the policy is updated or process changes, we will notify staff via the Chief Executive weekly news bulletin.</p> <table border="1" data-bbox="1137 651 2119 799"> <tr> <td>Priority</td> <td>3</td> <td>SWAP Reference</td> <td>AP#2380</td> </tr> <tr> <td>Responsible Officer</td> <td colspan="3">Monitoring Officer</td> </tr> <tr> <td>Timescale</td> <td colspan="3">Complete</td> </tr> </table>	Priority	3	SWAP Reference	AP#2380	Responsible Officer	Monitoring Officer			Timescale	Complete		
Priority	3	SWAP Reference	AP#2380										
Responsible Officer	Monitoring Officer												
Timescale	Complete												
<p><u>Finding 2.</u></p> <p><u>Corporate Register/Case Log</u></p> <p>Record keeping is not up to date and cases are not being recorded on the corporate register/case log spreadsheet. All concerns raised should be documented, this includes cases not considered as whistleblowing concerns or not proceeding to investigation stage. Records should also include details to identify lessons learned or improvements to be made.</p> <p>Completing a corporate register/case log will provide ease of reference for whistleblowing officers, enable the team to track trends, provide lessons learned for future investigations and accuracy in reporting to the Audit and Governance Committee.</p>	<p>The Council does have a tracker which keeps a record of all cases and outcomes, including those which do not proceed for other reasons e.g. employment matter. This is now kept up to date.</p> <table border="1" data-bbox="1137 1145 2119 1289"> <tr> <td>Priority</td> <td>2</td> <td>SWAP Reference</td> <td>AP#2383</td> </tr> <tr> <td>Responsible Officer</td> <td colspan="3">Monitoring Officer</td> </tr> <tr> <td>Timescale</td> <td colspan="3">Complete</td> </tr> </table>	Priority	2	SWAP Reference	AP#2383	Responsible Officer	Monitoring Officer			Timescale	Complete		
Priority	2	SWAP Reference	AP#2383										
Responsible Officer	Monitoring Officer												
Timescale	Complete												

<p>Finding 3.</p> <p><u>Response Procedures</u></p> <p>There are no response procedures currently in place. Due to this, we were unable to ascertain whether sufficient support/advice was provided to investigators on cases reviewed, or whether correct steps were taken to investigate concerns.</p> <p>A comprehensive process procedure, would offer a step-by-step guide to support an outcome and ensure consistency of approach i.e. how to proceed with the case, ensuring support is provided, reporting is done, timeframes are kept, all documents are stored/recorded and final outcomes are provided etc.</p> <p>Due to the Corporate Register (case spreadsheet) not being consistently updated and all cases recorded, as well as missing documentation, the Whistleblowing team was unable to provide clear feedback on cases queried.</p>	<p>Action</p> <p>The audit was based on the previous Whistleblowing Policy. A new policy was agreed by the A&G Committee at its meeting in June 2023, and this contains a procedure for those receiving a concern. It also advises that support can be obtained from the Monitoring Officer for help with an investigation. As there are approximately six cases per year, and these can be on varied topics, it is not considered appropriate to write a comprehensive process procedure. All documentation is stored and recorded by the Monitoring Officer at the resolution of a case.</p>												
	<table border="1"> <tr> <td>Priority</td> <td style="background-color: #FFD700;">2</td> <td>SWAP Reference</td> <td>AP#2382</td> </tr> <tr> <td>Responsible Officer</td> <td colspan="3">Monitoring Officer</td> </tr> <tr> <td>Timescale</td> <td colspan="3">Complete</td> </tr> </table>	Priority	2	SWAP Reference	AP#2382	Responsible Officer	Monitoring Officer			Timescale	Complete		
Priority	2	SWAP Reference	AP#2382										
Responsible Officer	Monitoring Officer												
Timescale	Complete												

<p>Finding 4.</p> <p><u>Whistleblowing Shared Drive Access</u></p> <p>The Information Security Officer confirmed that the user account list provided by Head of Legal Services & Deputy Monitoring Officer did not match the user account list held by IT. Due to the nature of sensitive documentation held on this shared drive, immediate action is required to ensure no unauthorised staff have access to this data.</p>	<p>Action</p> <p>The Head of Legal Services & Deputy Monitoring Officer has provided an update to the Information Security Officer with details of staff who have approved access to the whistleblowing shared drive. This has been updated by the Information Security Officer and all other access has been removed.</p>												
	<table border="1"> <tr> <td>Priority</td> <td style="background-color: #FFD700;">2</td> <td>SWAP Reference</td> <td>AP#2342</td> </tr> <tr> <td>Responsible Officer</td> <td colspan="3">Head of Legal Services & Deputy Monitoring Officer</td> </tr> <tr> <td>Timescale</td> <td colspan="3">Complete</td> </tr> </table>	Priority	2	SWAP Reference	AP#2342	Responsible Officer	Head of Legal Services & Deputy Monitoring Officer			Timescale	Complete		
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Responsible Officer	Head of Legal Services & Deputy Monitoring Officer												
Timescale	Complete												