

THIRLWALL INQUIRY

Witness statement of John Bowers KC

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006

I, JOHN SIMON BOWERS will say as follows

I am a KC specialising in employment law and also the Principal of Brasenose College, Oxford. I attach as Annex 3 my curriculum vitae. The specific questions I was asked by the Inquiry are set out in italics with my answers in roman script

1. *Were the Grievance, Disciplinary, Guidelines for the Conduct of Formal Investigations and Whistleblowing policies and procedures in place at the hospital in 2015/16 representative of such policies at the time? If not, please state how they differ. If yes, were they separately and in combination adequate to encourage staff working in the NHS to speak up about patient safety concerns?*

- A. The policies in place in this Trust in 2015/16 were similar to the point of being virtually identical to those adopted in other NHS Trusts of which I am aware; these are cut and paste policies of a sort seen in virtually all NHS Trusts and they put into practice the guidance in The ACAS Code of Practice on Disciplinary and Grievance Procedures and the accompanying Guide. They are rather unspecific about practice on grievances, but this reflects the fact that grievances come in many shapes and sizes. This lack of specificity about how grievances should be dealt with is common throughout industry and the public services. As far as I am aware there is no central store of such policies in the NHS.
- B. I think that the NHS Trust procedures offer the opportunity for staff working in the NHS to speak up about patient safety concerns. The real issue is whether there is a culture in the NHS Trust in which employees truly feel secure that if they did speak up they would be supported, and that reprisals and recriminations would not take place against them¹. The response from management is too often defensiveness towards the concerns, and aggression towards the whistleblower.
- C. There are continuing concerns that whistleblowers in the NHS (and elsewhere) are not in fact supported or welcomed by their employers. This may be contrasted with the position for example with the police in recent years where Professional Standards regimes are strong and seen as supported by senior management and there are also signs that the financial services industry is

¹ The Francis Report Executive Summary para 93 states: "Although I do not consider the legal protection is adequate, I firmly believe it is the priority, and more effective, to address the culture and to improve the way concerns are handled so that it is not necessary to seek redress."

taking whistleblowing much more seriously (for example by having anonymous hotlines, a whistleblowing champion function at board level and an internal investigative capacity). I attach as Appendix A several important observations on this aspect from the Francis Review on Whistleblowing in the NHS.

2. *Are the current policies and procedures in place at the hospital representative of such policies in 2024 and fit for purpose? If not, please state why not.*

- A. The present policies are also standard and in fact differ little from the earlier versions. I make the same points as in 1B above.
- B. The Trust Speak Out Safely (Raising Concerns About Patient Care) and Whistle Blowing Policy says all the right things to promote whistleblowing:

“Above all, the Trust encourages a culture whereby staff and all levels of management fully understand that it is safe and accepted to raise such matters internally...In addition the Trust supports the Speak Out Safely campaign from the Nursing Times whose aim is to make it safe for staff to raise concerns about patient care and safety...”

“There is an expectation that anybody should be able to raise concerns at the earliest opportunity by the Trust creating an atmosphere where all staff can be open, honest and truthful in all their dealings with patients and with the public.”

The Speak Up policy provides

P12 “All concerns raised by staff about patient care will be dealt with seriously, promptly, and be subject to a thorough and impartial investigation where necessary. Managers have a particular responsibility to protect patients, and to handle concerns about their care in a way that will encourage the voicing of genuine misgivings, while at the same time protecting staff against unfounded allegations. **No recriminations will**

follow reports which are made in good faith about low standards of care or possible abuses². All staff must comply with the Trust Values and put patients at the heart of everything they do”

P15 “This list is not exhaustive and there may be other matters that may fall into the malpractice category”.

P16 “There may be times, however, when the matter is extremely sensitive and needs to be handled in a different way and when it is not felt appropriate to use normal Management reporting channels. In those instances, the provisions of the Whistleblowing Policy may be more appropriate. Examples may be:-... □ Suspicion or evidence of malpractice or ill treatment of a patient by a senior member of staff or repeated ill treatment of a patient, despite a complaint being made”.

3. *Would the policies currently in place equip managers to take decisions in a situation where a nurse/clinician is suspected of harming patients? If no, why not? If yes, how do they assist?*

A. They would be so equipped but there is a penumbra of uncertainty about some elements of the policies e.g. the use of redeployment as a quasi-disciplinary sanction. Redeployment is not listed as a (quasi) disciplinary sanction but is in fact often so used, as it was in this case. The ability to take decisions in such a situation of course depends on the degree of knowledge and suspicion of the malpractice under review. From my reading of the documents which I have seen it seems that the relevant doctors *did* want to bring matters to the attention of management but there was some resistance by management to hear them. I deal with reference to the police in paragraph 11 below.

B. I am surprised that disciplinary procedures were not activated against Letby given the degree of suspicion the doctors held of her (and I am not clear why that did not happen). This may reflect a

² My emphasis

concern at the length and cost of disciplinary procedures, and by “cost” I do not mean monetary cost but the emotional toll and the cost in relationships between different professional disciplines who have to work together in the interests of their patients.

4. *In your view is the law surrounding whistleblowing / protected disclosures adequate to the task of encouraging staff working in NHS settings to speak up about patient safety and/or child protection concerns? If not, what, if any, changes to the law or any relevant guidance are needed or should be considered?*

- A. In general, I believe that the answer is yes, although there are marginal changes which could usefully be made to the structure of whistleblowing law as set out in C and D below. The change which is needed is more, however, a matter of culture and getting internal structures working properly than it is hard law in my view.
- B. There needs in particular to be stronger reassurance for whistleblowers that concerns if raised will be acted upon and that employees will not be “sent to Coventry” in the old phrase ie shunned, avoided or victimised by speaking out. This seems to be a particular issue in the NHS notwithstanding the number of reports about this.
- C. The recent decision of the Court of Appeal in *Kong v Gulf International Bank UK Ltd* [2022] EWCA Civ 941 which draws a distinction between dismissal for whistleblowing which is unlawful and dismissal for the way in which whistleblowing is presented is

unfortunate and may deter whistleblowing. I believe that this should be overturned by legislation³.

D. In this regard I also believe that one the proposals of Protect, the whistleblowers' charity, would be useful. This is for a new s43CB to be inserted into the Employment Rights Act 1996 to the effect that employers with more than 50 employees should have

“internal channels and procedures for reporting and managing qualifying disclosures including...

(D) diligent follow up to the disclosures by the designated person or department...

(F) a comprehensive procedure for documenting whistleblowing concerns and the actions taken as a result of each concern disclosed including outcomes”.

I believe that this would give greater confidence to those who are thinking about making appropriate disclosures that their concerns will be taken up and not just ignored, which is a complaint I have heard made regularly by whistleblowers.

E. It is also essential that employees know to whom they should direct their whistleblowing including which is the appropriate regulator. In important research which Protect conducted with YouGov in 2023, only 4 in 10 workers could identify the correct regulator as a place they could raise concerns apart from their employer.

F. I know that there is concern in some quarters that the Speak up Guardian system introduced after the Francis Report has not been a complete success⁴. This is partly because the Guardians are typically mid-level management with a host of other responsibilities

³ This might be achieved by assimilating

⁴ This was set up in 2016. The National Guardians Office support them in role and reinforce good practice. In the Trust policy freedom to speak up is dealt with at para 7.2.11. It describes it as a local champion to ensure that a safety issue about which a concern had been raised is dealt with properly and promptly.

and they may not receive much training. There is a perception that many lack the independence, seniority and resources to really challenge senior executive or board members. There may not be much pay available for them to perform this role. There is no “job description” or grading and no standardisation of response. This position does however differ between Trusts. If such a “champion” system is to work it needs to be manned by senior officers of the Trust for it to achieve credibility (although again they are likely to be busy people). G. The Guardians are often dealing with numerous bullying and individual grievances as well as other serious whistleblowing concerns. The dual roles of supporting individuals and changing cultures are not working well everywhere. The model set up in Scotland where an Independent National Whistleblowing Officer can investigate concerns raised if the NHS Board fails to respond appropriately is one that might be rolled out in England and Wales too.

5. *In your experience, what if any is the interplay between freedom to speak up / whistle blowing policies, and bullying/harassment policies?*

There is a separation between freedom to speak up and bullying/harassment policies but inevitably some of the speaking up or whistleblowing will relate to (perceived) harassment. The national speak up policy includes this “The matter you are speaking up about may be best considered under a specific existing policy/process; for example, our process for dealing with bullying and harassment”.

6. *The Hospital did not contact the Police until 2017, despite concerns about Letby having been raised since 2015. What employment law guidance (if any) was in place at the time to assist employers, particularly in the NHS setting, with deciding when to contact the police? What guidance (if any) is in place now? Is it adequate? Are there any steps that should be taken to amend any such guidance?*
- You are not asked to comment upon safeguarding policies when answering this question, but rather to focus on hospital policies relevant to employment law.*

A. As far as I am aware there is no employment law guidance on when and how employers should contact the police within the NHS although particular trusts may have guidance about this in their individual policies (and there is usually guidance about safeguarding)⁵.

B. The only reference to referral to the police which I can find is in the 'incident decision tree' contained in the Guidelines for the Conduct of Formal Investigations. This states

Based on a flowchart (see attached), the Incident Decision Tree guides you through a series of structured questions about the individual's actions, motives and behaviour at the time of the incident. These questions move through four sequential 'tests':-

- ☐ *The Deliberate Harm Test". The flowchart says in only this case "consider referral to police and disciplinary/regulatory body".*

⁵ In the grievance interview Alison Kelly says "It was talked about at the Board we needed to go to the police but in the absence of any evidence, what was there to say?" Within the interview of Eirian Powell it states "Steven Cross is ex police and he had said that they have no evidence, if they put it together it will be looked at".

- I am not sure how clear this will be to staff and it is probably too
categoric in saying that a finding of “Deliberate Harm” needs to be
made before there is such a referral.
- C. Appendix 6 of the Disciplinary Policy sets out when the Local
Authority Designated Officer should be contacted. This includes
where a staff member has harmed a child. This has to be done
via the Professional Head/Lead Clinician or Head of Service for
their Division which seems somewhat indirect. It does not mention
referral to the police but does refer to DBS.
- D. At p158 of my bundle, the grievance report into Letby’s grievance states that “If there appears to be a criminal act the Chief Executive will consult the police before invoking the disciplinary procedure”⁶. I do not know where this derives from in terms of any procedural document.
- E. I know from experience that there is often some reluctance to inform the police as these police investigations take so long a time (and may be disruptive in terms of time spent internally) and this may also derail the internal disciplinary processes (although I do not know whether this consideration featured here). In particular the police will usually ask that internal procedures should be suspended whilst their inquiries are ongoing. Further of course the police are considering whether matters are proved to a *criminal* standard of proof which is different to the civil burden in internal procedures.
- F. Here there was allegedly a threat to report to the police designed to achieve a particular result.

⁶ I notice in my Bundle p162 in the Grievance Report that it states “the consultants said they would call the police IF she [LL] were not removed from the unit”. Karen Rees says that “Ravi Jayaram...had raised major concern with LL purposely harming babies”.

7. *Letby raised a grievance in 2016 and the grievance manager was a nurse from another NHS Trust. Was it usual and in compliance with any guidance at the time for a grievance to be heard by a member of the same profession as the grievant? Does this create any risk of bias or perception of bias? What is best practice in terms of determining a grievance?*

A. There is no provision in the Trust Grievance Procedure about by whom a grievance should be heard (as is normal) nor is there any guidance on this aspect in the ACAS Code. The Trust Grievance Procedure just talks about the need for an “appropriate manager” to hear the grievance. It is unusual in my experience to go to another Trust for an internal grievance to be heard but it may be that in a small Trust many of the managers would have already been involved in some way in the case (and independence of adjudication is stressed in many guides including the ISO code on formal investigations). Often a grievance would be heard by a non-executive member of the Trust board but this depends on the practice and culture of the particular Trust.

B. The ACAS Code of Practice on Disciplinary and Grievance Procedures is a statutory code to which tribunals should have regard where relevant. It was issued on 11 March 2015 replacing previous iterations. It includes this relevant provision:

“Employers and employees should always seek to resolve disciplinary and grievance issues in the workplace. Where this is not possible employers and employees should consider using an independent third party to help resolve the problem. The third party need not come from outside the organisation but could be an internal mediator, so long as they are not involved

in the disciplinary or grievance issue. In some cases, an external mediator might be appropriate.”

C. In general, a grievance should be dealt with by someone independent of the person bringing the grievance and the person against whom the grievance is brought but it should also be someone with some general knowledge of the Trust and its conduct and procedures and/or the issues which have been raised in the particular grievance. This can be a difficult balance to strike for the management. It would in my view be a reasonable response to ask someone from another Trust (so as to provide independence) and also that this person be from a similar discipline (so as to provide expertise in the areas being complained about). There is no wrong or right answer to this; it is a matter of judgment to be exercised in the particular case. I can however see the contrary argument that having someone from the same discipline may bring in some preconceived notions especially where the grievance pitted nurses against doctors (in general terms). It essentially comes down to the personalities involved. What should be avoided is any suggestion of what may be called tribalism in the hearing of a grievance i.e. that the person hearing the grievance supports their own tribe, their own profession.

8. *The investigating officer (Dr Green) produced an investigation report and was also present at the grievance hearing. Is it usual practice for an investigator to produce a report and also be present at the grievance hearing? If so, is this good practice? Please set out any concerns you have and any other observations about the grievance process deployed.*

A. I think it is usual practice to have the report writer present at the grievance hearing although this may I can see have put some implicit pressure on the person hearing the grievance. I can see the argument that it may be intimidating for the person hearing the grievance to have the report writer present; I am not clear about the relative management positions of the two persons. I note that Dr Green was Director of Pharmacy for the Trust; Ms Annette Weatherley who heard the grievance was Deputy Chief Nurse of the University Hospital of South Manchester NHS Trust. Again, there is no right or wrong answer in employment law terms on this issue. It is a matter of feel and judgment in the particular circumstances.

The grievance proceeded by interviews with several of those involved. It is difficult sometimes to tell from the pages of a transcript but the questioning of Mr Brearley looks to have been quite pointed and hostile. Letby was questioned but it seems rather softly.

9. *It appears that consultant paediatricians who had raised patient safety concerns about Letby were asked to attend mediation sessions with her. Was such a request in line with law and guidance in place at the time? Please set out the reasons for your answer.*

A. There is no “law” as such on the subject but there is general encouragement in NHS procedures (as elsewhere) for an informal approach to be adopted and this level of suggestion has increased in recent years⁷. The ACAS Guide on Disciplinary and Grievance

⁷ The grievance policy says “Staff are encouraged to discuss any issues informally with their immediate supervisor in order to allow for a speedy resolution if this is possible. Where informal

Procedures which was updated in 2020 refers to considering mediation at any stage of the dispute. Page 8 states “There are no hard-and-fast rules for when mediation is appropriate, but it can be used:

- for conflict involving colleagues of a similar job or grade, or between a line manager and their staff...
- to address a range of issues, including relationship breakdown, personality clashes, communication problems, bullying and harassment.”

Page 37 goes on “In some cases outside help such as an independent mediator can help resolve problems especially those involving working relationships.”

Page 43 requires the employer “to consider whether to offer independent mediation as part of a grievance procedure.

In this case there was some element of relationship breakdown”⁸.

B. I am not personally familiar with any other situation in which in a NHS situation such “enforced” mediation has been attempted. Whilst, as I say, there has been some movement towards mediation as part of internal disciplinary or pre disciplinary processes, this case does not appear an obvious candidate for such processes given the very serious nature of the concerns expressed and that they were unlikely to be resolved in a context of mediation.

discussions have taken place without a satisfactory outcome or where a more formal response is required then the Grievance Procedure...”

⁸ The Freedom to speak up review 2015 said “Mediation and dispute resolution: Consideration should be given at an early stage to the use of expert interventions to resolve conflicts, rebuild trust or support staff who have raised concerns”. Action 9.1: All NHS organisations should have access to resources to deploy alternative dispute resolution techniques, including mediation and reconciliation to: • address unresolved disputes between staff or between staff and management as a result of or associated with a report raising a concern • repair trust and build constructive relationships

10. *The Inquiry understands that Letby was not investigated under any disciplinary procedure. Following the raising of concerns about her, the Hospital redeployed Letby from the NNU onto the Risk Team (where her role was to deal with complaints). Was such redeployment action usual, and what guidance, if any, was in place at the time concerning redeployment of employees when patient safety or child protection concerns have been raised?*

Redeployment is, as stated above, used relatively commonly⁹ as a quasi-disciplinary outcome in difficult situations but it is usually adopted in cases where personal relationships have broken down so that employees have to be kept apart for the proper running of the service or business. Here it was used in effect as a disciplinary method (although I wonder whether there was also some thought that the consultants might have been able to gather whether there was a pattern when Letby was not on the NNU). The only way of challenging such redeployment appears to be by bringing a grievance as Letby did (and she complained for example about the management not having been open and honest with her as to the reasons) or claiming a breach of contract if the job was specified in the contract or alternatively it might be said to be a breach of the implied duty of trust and confidence in the contract of employment which might lead to resignation and a claim for constructive dismissal.

⁹ It is phrased at para 7 16 of the Grievance Report that she was “redeployed on a temporary basis to the Risk Team from the NNU.” Elsewhere it is said that she was seconded to the Risk & Patient Safety Office for 3 months. This led to the grievance she brought.

11. *From your experience, how could employment policies and practices in NHS bodies be improved to ensure the safety of patients, in particular, babies?*

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- A. I think a protocol for determining when employers should refer matters to the police would be useful. This might include various features which might indicate that a matter merits the attention of police. Employers might well be reluctant to bring the police in because of reputational issues and also by the length of time a police investigation might take. There should be training of staff to accompany any such guidance being issued.
- B. Strengthening whistleblowing protections is another feature which may strengthen protections although the issue is probably cultural as well as legal (as already stated). We need to reach a position where accountability is written into the DNA of managers. It should actually be seen as a positive to bring an issue to the attention of management. Speaking to whistleblowers makes one realise the great efforts they have to take to be treated seriously (and the time and stress that is involved).
- C. The Committee on Standards in Public Life in its report "Getting the balance right" CM 6407 Jan 2005 at para 4.31 highlighted the role the whistleblower plays "both as an instrument of good governance and manifestation of a more open culture". Whistleblowing often however draws negative defensive responses and the culture of work may cause staff to keep silent. The Office of Whistleblower Bill (introduced as a private member's bill) would set up a

Whistleblower Complaints Authority an independent agency to receive and investigate complaints of retaliation and improper investigations of whistleblower disclosures. The agency may make binding recommendations and forward relevant information to regulatory, investigative or prosecutorial authorities for follow up. The Trust policy is “encouraging freedom of speech” and says “Above all the Trust encourages a culture whereby staff and all levels of management fully understand that it is safe and accepted to raise such matters internally...There is an expectation that anybody should be able to raise concerns at the earliest opportunity by the Trust creating an atmosphere where all staff can be open, honest and truthful in all their dealings with patients and the public”. This is fine but the query is whether this is how it operates in practice. On P148 of the Bundle it states that “concerns were raised by the consultant medical staff to Trust executives...”

An Extra Point

12. I have been invited to add any extra points that occur to me beyond the questions raised. I wonder whether management was perhaps discouraged from taking disciplinary action by the fact that the grievance was brought against the quasi-disciplinary redeployment. It is noteworthy that there were no Disciplinary processes ever started and it may be that the redeployment was decided upon as it seemed an easier way of proceeding to a full-blown disciplinary process. There is a feeling amongst NHS managers that disciplinary processes are too complex and time

consuming to be worth the candle. This thought may have operated here.

I have reminded myself of the duty of an expert witness and reread the summary of those duties set out in Appendix A of the letter of instruction and confirm that to the best of my ability I have prepared this report in accordance with those duties.

I confirm that I have made clear which facts and matters referred to in this report are within my own knowledge and which are not. Those that are within my own knowledge I confirm to be true."

SIGNED

Annex A: Extracts from The Francis Report

The Francis Report on whistleblowers in NHS "Freedom to Speak up" was published in February 2015; These parts of the Executive Summary are especially noteworthy in the present context:

Para 4: "The NHS has a moral obligation to support and encourage staff to speak out".

Para 6 "I have concluded that there is a culture within many parts of the NHS which deters staff from raising serious and sensitive concerns and which not infrequently has negative consequences for those brave enough to raise them".

Principle 1: “Every organisation involved in providing NHS healthcare should actively foster a culture of safety and learning in which all staff feel safe to raise concerns”.

49 “Feedback to the person who raised the concern is critical. The sense that nothing happens is a major deterrent to speaking up.”

53 “Mediation and dispute resolution techniques can play a role in resolving disputes at a much earlier stage, before positions become entrenched or relationships break down irretrievably. They can be used to rebuild trust within a team after a difficult period. Mediation needs to be done by trained experts and by people who understand the context within which they are operating.”

Recommendation 12 of Francis Mid Staff NHS Foundation Trust Public inquiry “Reporting of incidents of concern relevant to patient safety...needs to be not only encouraged but insisted upon. Staff are entitled to feedback in relation to any report they make, including information about any action taken or reasons for not acting.”

Annex B: The National Freedom to Speak up policy

The National Freedom to Speak up policy for the NHS is applicable to primary care, secondary care and integrated care systems. It includes these statements

- A. We know some groups in our workforce feel they are seldom heard or are reluctant to speak up
- B. You can speak up about anything that gets in the way of patient care or affects your working life.
- C. Your speaking up to us is a gift because it helps us identify opportunities for improvement that we might not otherwise know about.
- D. We will not tolerate anyone being prevented or deterred from speaking up or being mistreated because they have spoken up.
- E. The matter you are speaking up about may be best considered under a specific existing policy/process; for example, our process for dealing with bullying and harassment.

- F. We will treat you with respect at all times and will thank you for speaking up. We will discuss the issues with you to ensure we understand exactly what you are worried about.
- G. We want speaking up to improve the services we provide for patients and the environment our staff work in. Where it identifies improvements that can be made, we will ensure necessary changes are made, and are working effectively. Lessons will be shared with teams across the organisation, or more widely, as appropriate.

Annex C: JOHN BOWERS CV

EDUCATION

1967-74: Mathew Humberstone Comprehensive School in Cleethorpes, Lincolnshire
1974-77: Scholarship to Lincoln College, Oxford

CAREER

1979: Called to the Bar
1980 onwards: Member of Littleton Chambers
1981 onwards: Part time teaching at Middlesex Polytechnic (now University), Polytechnic of Central London (now University of Westminster), University of Greenwich and University of Leicester
1998: Appointed silk
1998: Appointed part time Employment Judge
1998-2003: appointed to Home Office Task Force on Human Rights
2000: Promoted to sit in the Employment Appeal Tribunal
2001-2005: member of Standards Board for England (the Regulator of ethical standards in local government)
2002: Recorder on the Midlands Circuit on civil and criminal cases
2008: Appointed Honorary Visiting Professor in Law at University of Hull
2010-2012: member of the Standards Committee of the Metropolitan Police Authority
2011: Appointed Deputy High Court Judge with an Administrative Court and Kings Bench Division "ticket", hearing employment, immigration and education disputes (several judgements reported in law reports)
2013: Joint Head of Littleton Chambers
2013-2017: Member of the Council of the University of Kent
2015: Appointed Principal of Brasenose College
2020-2: Vice Chairman, Oxford Conference of Colleges

2023: Appointed Honorary Fellow of Lincoln College

Acting for both employers and employees, with an extensive employment practise and human rights, judicial review and education. Listed as the 4th most reported advocate in the Industrial Relations Law Reports (IRLR). Acted in most of the major industrial disputes. Landmark cases include European Court of Human Rights application on the employment of gay servicemen, House of Lords rulings, Supreme Court decisions, Court of Justice of the European Union, and in the European Court of Human Rights.

Member of the Equality and Human Rights Commission panel of approved counsel.

Independent adjudicator in local government disputes.

A CEDR (Centre for Effective Dispute Resolution) trained mediator. I carry out mediation in employment and other cases with a high success record.

Carried out work for the Bar Pro Bono Unit, ELAAS (Employment Law Advice and Assistance Scheme) in the Employment Appeal Tribunal. Previously Honorary Legal Advisor at Turnpike Lane Advice Centre, Camden Law Centre, and Public Concern at Work (whistleblowers charity now known as Protect). I sit on Advisory Board of Protect

Former Chair of Bar Disciplinary Summary Tribunals and member of the Bar Council's Race Relations Committee.

Former Chair of the Employment Law Bar Association and for three years chaired the Employment Appeal Tribunal Users' Group.

WRITING, LECTURING, TEACHING, and EDUCATIONAL RELATED WORK

A frequent lecturer on employment law, written 15 books, four of which are recognised as the leading works in their field, A Practical Approach to Employment Law, Employment Practice and Procedure, TUPE; the Encyclopaedia and Whistleblowing.

Latest book is *Downward Spiral* about declining standards in public life. On the Editorial Board of Equal Opportunities Law Reports.

Frequently invited to speak by a range of organisations including the Employment Law Bar Association, Industrial Law Society, Lexis Nexis and Employment Lawyers Association throughout England, Scotland, and European conferences. I have led seminars at the annual Conference of Employment Judges and lectured widely on the Human Rights Act. In 2013 participated in a panel hosted by Joshua Rosenberg on religion and the law entitled *Outlawing God*. In 2014 lectured to the Oxford Human Rights Hub on protection of political opinion.

Worked with the Runnymede Trust, which promotes community cohesion and co authored an early pioneering work on affirmative action for the Fabian Society.

In 2006 I served on a committee for the Society of Local Authority Chief Executives which considered the relationship between such chief executives and council leaders. The report was entitled *United We Stand*.

Trustee of a foundation for a school which promotes understanding between Jews and Arabs. My role there has included substantial involvement in fundraising activity, including contacting donors.

