

WHISTLEBLOWING POLICY

Key words:	HR026	
Version:	1.0	
Approved by:	CCG Governing Body	
Date approved:	November 2014	
Name and designation of author/originator:	GEM CSU Human Resources	
Name of responsible Committee:	CCG Governing Body	
Date issued for publication:	December 2014	
Review date:	October 2016	
Expiry date:	November 2016	
Target audience:	All staff	
Type of policy (tick appropriate box):	Non-clinical <input checked="" type="checkbox"/>	Clinical <input type="checkbox"/>
Mandatory to read?	Non-clinical staff <input checked="" type="checkbox"/>	Clinical staff <input checked="" type="checkbox"/>
Which NHSLA Risk Management Standard(s)?	Not applicable	
Which relevant CQC standards (where applicable)?	Not applicable	

Version	Section/Para/Appendix	Version/Description of Amendments	Date	Author/	Version
1.0		Adoption by CCG	Nov 14	HR	

WHISTLEBLOWING POLICY

1 POLICY STATEMENT

- 1.1 The organisation is committed to the highest standards of probity and integrity. It values the principles of openness and seeks to create a culture where resolution of problems takes priority over apportioning blame, in order to bring about continuous improvement.
- 1.2 The organisation recognises there are times when staff have a duty to raise concerns about matters of probity, malpractice or risk to the public. It is the organisation's policy to create a climate in which such matters can be raised without fear of recrimination. The organisation will not tolerate the harassment or victimisation of anyone raising a genuine concern.
- 1.3 This policy provides a framework for staff to raise concerns and for those concerns to be dealt with promptly, sympathetically and seriously, ensuring that staff are kept fully informed of any action taken/not taken and the reason for this.

2 SCOPE OF THE POLICY

- 2.1 This policy applies to all staff employed by the organisation and to those who work for the organisation on the bank, through an agency or as a contractor.
- 2.2 Whistleblowing refers to when someone who works in or for the organisation raises a concern about a possible fraud, crime, danger or other serious risk that could threaten patients or service users, colleagues, the public or the organisation's reputation.

3 GENERAL PRINCIPLES

- 3.1 The Public Interest Disclosure Act 1998 (PIDA) places a responsibility on public sector employers to remind staff of their responsibility to disclose suspected "malpractice" without fear of recrimination. Any employee who discloses information reasonably and responsibly in the public interest under the PIDA will be protected from any detriment in relation to any allegations that are made.
- 3.2 All staff have a duty of confidentiality, and there is an implied duty of mutual trust and confidence between the individual employee and their employer. As such, all members of staff are encouraged to attempt to resolve issues internally wherever possible. In certain circumstances however, it will be appropriate to raise concerns externally.

- 3.3 Employees may use this policy to raise concerns, which fall under one or more of the following:
- that a criminal offence has been committed, is being committed or is likely to be committed
 - that a person has failed, is failing or is likely to fail to comply with any legal obligation to which he is subject
 - that a miscarriage of justice has occurred, is occurring or is likely to occur
 - that the health or safety of any individual has been, is being or is likely to be endangered
 - that the environment has been, is being or is likely to be damaged
 - that information tending to show any matter falling within any one of the preceding paragraphs has been, is being or is likely to be deliberately concealed.
- 3.4 Under normal circumstances, staff should follow the procedure as set out below to ensure their concern is addressed appropriately. Where, exceptionally, the individual legitimately feels they are unable to use the normal levels of the procedure or the matter relates to Senior Managers, they may contact the Chief Officer, CCG GP Chair or Senior HR Business Partner who will identify the appropriate course of action. This may involve a range of options including referral of the matter back to an earlier level, or involvement of outside agencies.
- 3.5 If the employee does not follow the procedure set out, which encompasses the requirements of the Public Disclosure Act 1998, the protection against detriment will not apply. Disclosing information in an inappropriate way (eg contacting the media) or deliberately making a false or malicious allegation could result in disciplinary action being taken against the employee, which could include dismissal.
- 3.6 Where staff witness incidents that represent a risk, but do not fall under the serious nature of concerns covered by this policy, they should complete an Incident Report form which will ensure the matter is properly reported and investigated.
- 3.7 It is not appropriate for employees to raise concerns about their personal work situation under this policy and these should be raised using the organisations grievance or dignity at work procedures.

4 ROLES AND RESPONSIBILITIES

4.1 Role of managers

It is the responsibility of managers to ensure staff are aware of this policy and if a member of staff raises a concern, to ensure that it is dealt with in the correct way.

4.2 Role of employees

Employees who have concerns about known or suspected wrongdoing or malpractice are encouraged to raise their concerns formally. In doing so, they should follow the procedures set out in this policy.

5 PROCEDURE TO BE FOLLOWED

5.1 Advice and guidance

5.1.1 Information and guidance for NHS staff is available from the national whistleblowing helpline provided by the Royal Mencap Society on **08000 724 725**. Advice can also be sought via email at enquiries@wbhelpline.org.uk. The service provides free, confidential advice for NHS staff who witness wrongdoing at work but who are unsure whether or not to raise their concern. It can be used to assist individuals to identify how best to raise their concern, and for advise on their rights under the [Public Interest Disclosure Act 1998](#) (PIDA).

5.1.2 Additional guidance and support has also been provided for staff by a number of Regulatory Bodies, as follows:

- [British Medical Association](#) (BMA) - guidance for doctors and medical students
- [Nursing and Midwifery Council](#) (NMC) - guidance and toolkits for nursing and midwifery
- [Health and Care Professions Council](#) (HPC) - guidance for health care professionals
- [General Medical Council \(GMC\)](#) - guidance for doctors on raising and acting on concerns
- [Care Quality Commission](#) (CQC) - guidance for health and care staff about how you can contact CQC if you do not feel able to report your concern internally.

5.1.3 The charity “Public Concern at Work” also offer a free confidential advice service relating to malpractice at work and can be contacted on 0207 404 6609.

5.1.4 The Social Partnership Forum in association with Public Concern at Work has also published guidance on how to implement whistle blowing arrangements called “Speak Up for a Healthy NHS” (2010). The organisation advocates managers referring to this document when they are responding to a concern, especially in relation to the practical tips for managers. This document can be accessed via the following link:

[http://www.socialpartnershipforum.org/SiteCollectionDocuments/Speak%20up%20report%20\(final%202\)%20bkmk.pdf](http://www.socialpartnershipforum.org/SiteCollectionDocuments/Speak%20up%20report%20(final%202)%20bkmk.pdf)

5.2 Raising concerns in confidence or anonymously

In some cases, staff may prefer to raise their concerns under the Whistleblowing Policy in confidence, or anonymously. Where concerns are raised in confidence the organisation will respect this, and will not disclose an individual’s identity without their agreement. However it should be noted that this may limit the extent of investigation that is possible, and there may be circumstances (for example if the police become involved) where it is not possible to protect an individual’s identity. Where a concern is raised anonymously, it will be more difficult to investigate and provide feedback. In these circumstances consideration will be given as to whether it is possible to pursue the concern under this policy.

5.3 Internal Disclosures – Level 1

5.3.1 An individual should, in the first instance, raise issues of concern with their immediate or another line manager. Where an individual feels this is not appropriate they may proceed directly to level 2. This may be done verbally or in writing. The manager should make a record of the concerns raised and confirm that the individual wishes to raise a concern under this policy. The manager will investigate promptly and thoroughly, seeking help if required, from an appropriate senior officer.

5.3.2 The manager should record their findings in writing and should also provide feedback on the outcome to the employee who raised the concern. This process should normally take no more than 10 working days, unless for practical reasons the investigation cannot be completed in this timescale. If this is the case the individual will be informed of the reason why and the likely timescale for completion.

5.4 Internal Disclosures - Level Two

5.4.1 If the matter cannot be resolved at level one or that level is not appropriate due to the nature of the concern, the member of staff should put their concern in writing to the Chief Officer, Chief Finance Officer or other appropriate Senior Manager.

5.4.2 If it is appropriate (particularly if level one has not been completed) the Senior Manager will undertake an investigation and report back to the individual. This will normally take place within 20 working days. If this is not possible the individual will be informed of the reason why and the likely timescale for completion.

5.4.3 The Senior Manager will meet with the individual and report their findings and any action taken. They will also confirm the outcome in writing.

5.5 Fraud (or Suspicions of Fraud)

Where fraud is suspected, the individual concerned should contact the Chief Finance Officer, the Local Counter Fraud Specialist or National Fraud and Corruption Reporting Line (0800 028 4060)

5.6 External Disclosures

In the interests of confidentiality and of resolving issues locally, individuals who have a concern should as a principle follow the internal procedure set out above at the appropriate level. In some circumstances it may be appropriate for a member of staff to make a disclosure to an external body as follows:

5.6.1 Regulatory Disclosure

There is protection under the Public Interest Disclosure Act for disclosures in good faith to bodies prescribed under the Act, which include, amongst others, the Care Quality Commission, Monitor (for Foundation Trusts), the Health and Safety Executive, the Audit Commission, the Commissioners of the Inland Revenue etc

5.6.2 Disclosures to Ministers

Where someone in the NHS makes a disclosure in good faith directly to the Minister of State for Health, the disclosure is protected in the same way as an internal one.

5.6.3 Wider Disclosures – Police, MPs, Non-Prescribed Regulators

Provided they are not made for personal gain, wider disclosures are protected if, in addition to the tests for internal disclosures, the whistleblower can prove they meet the following conditions:

- They reasonably believe they would be victimised if they raised the matter internally or with the prescribed regulator
- They reasonably believe a cover-up was likely and there was no prescribed regulator
- They had already raised the matter internally or with a prescribed regulator (in which case the reasonableness of the response when this was initially raised will be particularly relevant).

5.6.4 Disclosures to the media

The media is not a relevant external body. Employees should not contact the media with allegations about the organisation.