

WHISTLEBLOWING POLICY

This Policy can be made available in other formats and languages upon request. Please contact the PALS office on 01708 435454

Barking, Havering & Redbridge University Hospitals NHS Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. An equality impact assessment has, therefore, been completed for this policy.

Policy No:2010/HR/14 THIS POLICY IS VERSION 2.0	Approved by: Joint Staff Committee Date: 21st January 2010	Review Frequency: 2 yearly Reviewed: December 2010 (No Changes) Next Review Due: 21st January 2012	Version 2: 21st January 2010
Responsible Officer: Director of Human Resources and Organisational Development		Advice: Head of HR Workforce Advice Bureau	
Core Human Resource Policy: Yes		Applicable to Clinical and Non-Clinical Areas: Yes	

CONTENTS

	Page
1.0 EXECUTIVE SUMMARY	3
2.0 SCOPE OF POLICY	3
3.0 BACKGROUND	3
4.0 BEHAVIOUR	4
5.0 RESPONSIBILITIES	4
5.1 The Chief Executive	4
5.2 The Director of Human Resources and Organisational Development	5
5.3 The Line Manager	5
5.4 The Human Resources Department	5
5.5 The Local Counter Fraud Specialist.....	5
5.6 The Employee	5
6.0 HOW TO RAISE A CONCERN.....	5
6.1 In the case of fraud.....	5
6.2 In other cases.....	6
6.3 Record Keeping.....	8
7.0 DEVELOPMENT AND APPROVAL PROCESS OF THIS POLICY	8
8.0 DISTRUBUTION AND TRAINING.....	8
9.0 AUDIT AND REVIEW PLAN.....	8
10.0 GLOSSARY	9
11.0 REFERENCES & ASSOCIATED DOCUMENTS.....	9
12.0 AMENDMENTS	9
13.0 EQUALITY IMPACT ASSESSMENT	9
APPENDIX 1 WHISTLEBLOWING INCIDENT LOG	10

APPENDIX 2	CENTRAL MONITORING SUMMARY LOG	12
APPENDIX 3	FREQUENTLY ASKED QUESTIONS	13
APPENDIX 4	EQUALITY IMPACT ASSESSMENT FORM	15

1.0 EXECUTIVE SUMMARY

Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) is committed to encouraging an environment of openness, honesty and continuous improvement and applying the highest standards of quality, morality, openness and accountability. One of the keys to achieving this aim is encouraging staff to safely raise genuine concerns in the public interest regarding any aspect of work, in the knowledge they will be free of victimisation, recrimination or harassment.

2.0 SCOPE OF POLICY

The Public Interest Disclosure Act 1998 came into effect in July 1999. Under this Act, almost all staff and workers who have an honest and reasonable suspicion that corruption, malpractice or failure to comply with a legal or regulatory obligation, are able to raise these concerns confidentially and without fear of victimisation, recrimination or harassment.

Barking, Havering and Redbridge University Hospitals NHS Trust applies this policy to all staff employed by the Trust. In addition it covers those holding honorary contracts, trainees, volunteer and agency staff, contractors and those staff employed by a third party contractor.

3.0 BACKGROUND

The NHS Executive Health Service Circular – HSC 1999/198 states that every NHS Trust and should have in place local policies and procedures which comply with the provisions of the Public Interest Disclosure Act 1998 (PIDA). (see Links below)

This Act allows employees to voice authentic concerns about misconduct and malpractice without receiving penalties such as dismissal, victimisation, or denial of promotion, facilities or training opportunities. Furthermore, unions have taken the role of watchdogs to assure that this statutory protection is upheld.

The Trust has produced this policy in conjunction with the Local Counter Fraud Service (Parkhill) to enable appropriate and necessary investigation services to be available when required.

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4012043.pdf

http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthservicecirculars/DH_4004385

4.0 BEHAVIOUR

The Trust acknowledges it is not easy to report a concern, particularly one that relates to fraud, corruption, abuse and other aspects of misconduct, criminal behaviour etc. However, the Trust is committed to encouraging staff or others with serious concerns to take responsibility and report such concerns with confidence and trust.

The Trust undertakes to protect **any** staff who come forward in this way from reprisal or victimisation, bullying or harassment. If the concern is raised in good faith, regardless of the outcome of any forthcoming investigation, the individual will suffer no ill treatment or detrimental action with regard to their employment.

If the Trust discovers that the allegation has been raised maliciously or in bad faith or without reasonable belief, disciplinary action may be taken.

The Trust will respect any request for confidentiality and anonymity if this is requested.

This policy is intended to complement professional and ethical guidelines of professional organisations such as the NMC and GMC and should be used in conjunction with the Trust's Anti-Fraud and Corruption policy.

<http://www.nmc-uk.org/aArticle.aspx?ArticleID=3985>

http://www.gmc-uk.org/guidance/good_medical_practice/good_clinical_care_raising_concerns.asp

http://aglovale/assets/pdfs/trust_info/policyantifraud.pdf

5.0 RESPONSIBILITIES

The **Chief Executive** as Responsible Officer for the Trust has a duty of care to BHRUT employees to ensure they are able to raise genuine concerns where a reasonable and honest suspicion exists without fear of victimisation, recrimination or harassment.

The strategic and operational functions of executing this duty is delegated to the **Director of Human Resources & Organisational Development**.

- 5.1** The **Director of Human Resources & Organisational Development** has strategic and operational responsibility for ensuring the Trust operates this policy correctly and within the confines of the law. They are responsible for ensuring an appropriate network is available for anonymous reporting and that

such concerns are also reported to any relevant necessary governing bodies. Their responsibility extends to ensuring such monitoring information is used to cascade such reports to the Chief Executive.

5.2 The **Line Managers** are responsible for ensuring staff are aware of their responsibilities to raise any concern they have and wherever appropriate to discuss these concerns with their line manager in the first instance.

5.3 The **Human Resources** Department are responsible for:

- Raising awareness of the procedures set out in section 6 of this policy.
- Ensuring this policy is used appropriately and the necessary actions taken.

5.4 The **Local Counter Fraud Specialist** is responsible for:

- Investigating all alleged fraud matters for the Trust
- Advising on the most appropriate course of investigation eg Police Involvement.

5.5 The **Employee** is responsible for:

Reporting any genuine concerns with regards to any wrong doing, corruption, malpractice and danger relating to:

- Risk to Patients
- Risks to Relatives
- Risks to staff
- Fraud and Financial Malpractice (Including appropriate acceptance of Hospitality – refer to the Trusts Business Conducts Standards Policy) <http://aglovale/assets/pdfs/hr/policyconduct.pdf>
- Criminal Acts
- Failure to comply with a legal obligation, including negligence, breach of contract, breach of administrative law)
- Failure to comply with a professional obligation
- Concerns about an individuals fitness to practice
- A risk to health and safety
- Any attempt to intentionally withhold information regarding any of the above.

6.0 Procedure for raising a concern (Whistleblowing)

If a member of staff has a concern they wish to raise, they should follow the following procedure:

6.1 In the case of Suspected or Alleged Fraud

Definition – Fraud is not theft. Theft of NHS property or monies is a straightforward criminal offence and gross misconduct that is likely to lead to dismissal from employment. Fraud covers a host of criminal offences including:

- Obtaining property by deception.
- Obtaining services by deception.
- Making, copying, using a false/using a copy of a false(monetary) instrument ie credit card, other documents, etc
- False accounting
- Obtaining a financial or economic advantage by deception

These offences apply equally whether the person committing the offence makes a gain or if a third party makes a gain.

Action

1/ Staff should report their concern to the Director of Finance or the Local Counter Fraud Specialist (LCFS). Contact details below.

2/ Staff are encouraged to make notes of events, conversations, telephone calls or other matters that may be pertaining to the situation.

3/ LCFS will consider the event(s) and may make certain preliminary enquires as necessary, which may include contacting the Director/ Senior Manager and or the staff member that has raised the concern.

4/ In association with the Director of Finance, a decision will be made regarding the sequence of events. If a formal fraud investigation is to take place, either the LCFS or the NHS Counter Fraud Operational Team will be involved. Only in exceptional cases will the staff member have to deal with the Police authorities.

5/ Staff must maintain complete silence with regard to their reported suspicions and not divulge any information whatsoever, to any other member of staff. This helps to maintain strict confidentiality for them and prevents alerting the alleged fraudsters to detection.

It is important to note that The Metropolitan Police report that half of fraud cases are not prosecuted because of inappropriate action taken when a suspicion exists. Therefore it is extremely important to make notes as described in point 2.

Director of Finance – 01708 435346

Local Counter Fraud Services – 020 8869 7433

6.2 In the case of all other types of concern.

1/ Ideally staff should wherever possible discuss their concerns with their immediate line manager. This may be a supervisor, team leader, Clinical lead or Clinical Director. If this is not possible or if there is good reason why this is not appropriate, for example, if the concern is regarding the line manager, staff should contact either the next most senior member of staff or the Human Resources department.

2/ In addition to this, if staff feel they cannot discuss their concerns with a member of BHRUT staff, they can contact a Non-Executive Director, in confidence, via the Nominated Officer, in this case the Trust Board Secretary. The contact details for the Trust Board Secretary are 01708 435444 or internally on extension 3944. Alternatively they can be contacted by letter addressed to the Trust Board Secretary marked '*strictly private & confidential*'. **The staff member may remain anonymous.**

2/ Concerns raised anonymously will be followed up and investigated where possible, allowing for the fact that the person raising the concern cannot be contacted or interviewed. Obviously no communication can be issued regarding the outcome of any investigation.

3/ Where the staff member does not wish to remain anonymous but wishes confidentiality, a meeting can be arranged with the investigating officer to discuss the matter. An outlined timescale for completion of the process will be discussed at this meeting. The investigating officer will keep the staff member informed if the investigation will extend beyond the discussed timescale.

4/ If the Trust decides to undertake an investigation, the Trust will wherever possible maintain confidentiality, however, there may be occasion when the Trust has no alternative but to take action which breaks confidentiality. The Trust will ensure that this is communicated in full prior to such action.

5/ During any investigation, it may be necessary to involve other regulatory bodies, e.g. Police, HM Revenue & Customs, the Health & Safety Executive, etc. It would be expected that any staff member raising a concern would fully co-operate with these outside agencies.

6/ During investigations for concerns raised regarding, for example, misconduct, the Trust must investigate in accordance with the Trust's disciplinary policy. Therefore, other staff members may need to be involved. During the investigation the Trust will respect any fears that may be expressed about personal or physical and/or emotional safety and/or career.

The rules of confidentiality will be established at first contact. Every assurance will be given that this will be maintained, however, others may guess.

The Trusts policies and procedures should work at all times and no external agencies should need to be contacted to enable staff to raise concern. However, in exceptional, urgent or emergency circumstances it may be felt best to do so.

7/ If a very senior member of staff is involved in the alleged concern, it may be appropriate to contact the non-exec director on the number shown above. In the case of abuse of a vulnerable service user, it may be raised with the Local Authority Social Services Registration Officer.

Other Independent agencies who can offer guidance and advice are:

- the independent charity Public Concern at Work on 020 7404 6609 or www.pcaw.co.uk their lawyers can give you free confidential advice at any stage about how to raise a concern about serious malpractice at work.
- The Audit Commission on 0207 828 1212
- The NHS Fraud Reporting Hotline on 0800 028 4060
- Trade Union Representatives

6.3 RECORD KEEPING

Details of all concerns raised and the subsequent investigation will be retained for a minimum of 3 years. The purpose of this is to ensure that a central record is kept which can be cross-referenced with other complaints in order to monitor any patterns of concern and to assist BHRUT with monitoring the effectiveness of this policy.

This information will be kept confidentially in a secure location in Trust offices.

7.0 DEVELOPMENT AND APPROVAL PROCESS OF THIS POLICY

This policy has been benchmarked using the Internet, against the latest guidance and advice available from pertinent expert bodies, including Parkhill. This version (2), 21st January, 2010 was circulated to the Human Resources Policy Review Group, of the *Joint Staff Committee* (JSC) who were asked to review the document and submit comments.

The policy was subsequently approved and ratified by the JSC.

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

In approving this policy, and subsequent revisions, the JSC will ensure that an Equality Monitoring and Impact Assessment has been undertaken and, where necessary, an action plan has been produced to address any deficiencies.

8.0 DISTRIBUTION AND TRAINING PLANS

This policy is made available to staff via the Trust's Intranet and awareness of the available services through Line managers, Human Resources and the Local Counter Fraud Services Representative.

9.0 AUDIT AND REVIEW PLAN

All cases investigated under this policy will be recorded on the appropriate form (**Appendix 1**) by the Nominated officer receiving the message.

All forms will be logged on a central monitoring pro-forma (Appendix 2), anonymously where this has been requested. The statistics from this information will then be reported on the Director of Human Resources and Organisational Development's bi-monthly report to the Trust Board.

10.0 GLOSSARY

BHRUT	Barking, Havering & Redbridge University Hospitals NHS Trust comprises Queen's Hospital, Romford and King George Hospital, Ilford. The Trust serves a population of 750,000 in north east London.
HR	Human Resources
LCFS	Local Counter Fraud Specialists
NMC	Nursing & Midwifery Council
GMC	General Medical Council
JSC	Joint Staff Committee
PIDA	Public Information Disclosure Act

11.0 REFERENCES & ASSOCIATED DOCUMENTS

This policy should be read in conjunction with the following Trust policies:

BHRUT Anti-Fraud and Corruption Policy
BHRUT Business Conduct Standards Policy
BHRUT Incident and SUI Policy
BHRUT Complaints Policy & procedure

**The Health and Safety Executive
Public Concern at Work**

www.pcaw.co.uk

Department of Health, Health Service Circulars

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4012043.pdf

http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthservicecirculars/DH_4004385

12.0 AMENDMENTS January 2010

Titles & Logo	Title amended to Whistleblowing, logo amended
Policy	Amended to reflect Policy on Policy format
Policy	Amended to reflect current good practise guidelines and standards from LCFS

13.0 EQUALITY IMPACT ASSESSMENT

This policy has been assessed for its impact on staff to ensure that it does not discriminate against any specific group or groups of staff. A copy of the Equality Impact Assessment has been lodged with the Trust's Equality & Diversity Manager as required under legislation.

WHISTLEBLOWING POLICY
CONCERN RAISED FORM

Form to be completed by the individual responsible for dealing with the concern and agreed with the individual who has raised it.

CONCERN RAISED ANONYMOUSLY- YES/NO
Nature of the Concern (e.g. environmental, health and safety, malpractice)
Main points of the Concern raised

--

First date the Concern was raised and with whom:
Date notified to the Nominated Officer:
Detail of action agreed with the individual raising the concern:
Declaration: I confirm that to the best of my knowledge that the concern I raise is genuine, of a serious nature and should be further investigated by Barking, Havering & Redbridge University Hospitals NHS Trust in the Public Interest. I further confirm that the detail contained above is an accurate account of the concern I raise. Signature.....Date:..... Print Name: Signature of investigating manager: Date:..... Print Name: Job Title:.....

APPENDIX 2

WHISTLEBLOWING POLICY
CENTRAL MONITORING SUMMARY LOG

Detail of concern raised	Date	Name of individual raising concern (if not to remain anonymous)	Name of manager /nominated officer receiving concern	Action plan

APPENDIX 3

WHISTLEBLOWING POLICY

Frequently Asked Questions

Q. Who is responsible for dealing with fraud matters in the Trust?

- A. The trust has appointed Parkhill to provide Counter Fraud Services and the nominated Local Counter Fraud Specialist (“LCFS”) is Vicky Hotson. If you have concerns over fraud or suspected fraud You can contact Vicky Hotson on 07775 538801 or 020 8869 7433 or email Vicky.xxxxxx@xxxxxxxx.xxx.uk

The Trust also has in place a “Counter Fraud Policy and Response Plan” and this must be followed in the event that the suspicion may be considered to fall within fraud or corruption.

If you do not feel able to talk to anyone in the Trust, you can contact the NHS Fraud Hotline on 0800 028 4060 or the Audit Commission on 0207 828 1212.

Q. What should a member of staff do if they suspect fraud?

- A. The Metropolitan Police report that they are unable to prosecute over half of fraud cases because of inappropriate action taken before the case is referred to them. The action that you take when you first suspect that fraud is present may be crucial in bringing a successful prosecution. Total confidentiality is vital.

Staff are encouraged to report *reasonably held* suspicions. If you suspect a colleague, a patient, a visitor or other person of fraud and you consider you have reasonably held suspicions, **then do convey your suspicions to either the Director of Finance or the LCFS and make an immediate note of events, conversations, telephone calls or other matters which brought the matter to your attention.**

Q. What happens after the suspicions or allegations of fraud have been reported?

- A. The LCFS will consider the event(s) and will make certain other preliminary enquiries, as necessary contacting the director / senior manager and perhaps speaking to the member of staff who raised the matter. There will be nothing to fear from this process and a completely unbiased approach will be used. Full honest and frank answers should always be given to any questions.

If a formal fraud investigation is to take place the Director of Finance or Chief Accountant, in liaison with the LCFS, will speak to the director / senior manager and explain the future sequence of events and methodology to be used in that particular situation. This will involve, either the LCFS investigating on behalf of the trust, or the NHS CFS Operational Fraud Team (CFS OFT) becoming involved. Either way, only in exceptional cases will staff have to deal directly with the police authorities. It is possible formal written statements may be required, so it is vital that facts are recorded as clearly as possible.

Q. Who is responsible for dealing with non fraud related cases within the Trust?

- A. Dependent on who the staff member decides to declare their concern to, the matter will be raised with either the senior team managing that area of work or if the matter is concerning that senior team, the Trust will appoint an investigating officer to investigate the concern/allegation. All matters raised will be dealt with equal seriousness.

Q. Who will be appointed as an investigating officer if the concern raised requires further investigation?

- A. If an investigation is needed, an independent senior member of staff will be nominated by whomever as received the concern, to undertake this. The nominated investigation officer would normally be chosen from another area of work within the Trust.



Chairman: Mr Edwin Doyle
Chief Executive: Mr John Goulston



APPENDIX 2

Equality Monitoring and Impact Assessment

Although certain employment Acts require policies to be assessed for their impact and that the general duties are being adhered to, the Trust has decided to assess for impact on all areas identified under its Equal Opportunity Policy to ensure that no group is disadvantaged by any condition or requirement which cannot be shown to be justified.

Please complete and attach to any policy document when submitting it to the appropriate committee for consideration and approval.

Policy Name:	Raising Concerns at Work Policy
Policy Number:	2010/HR/14
Responsible Officer:	Director of Human Resources and Organisational Development
Approving Committee:	Joint Staff Committee

		Yes/No	Comments
1.	Does the policy affect one group less or more favourably than another on the basis of:		
	Age		Neutral Impact
	Disability – learning disabilities, physical disability, sensory impairment and mental health problems.		Neutral Impact
	Race		Neutral Impact
	Nationality		Neutral Impact
	Ethnic origin – including gypsies and travellers		Neutral Impact
	Gender / Gender reassignment		Neutral Impact
	Religion		Neutral Impact
	Beliefs		Neutral Impact
	Sexual orientation – including lesbian, gay and bisexual people		Neutral Impact
	Domestic circumstances		Neutral Impact
	Social and employment status		Neutral Impact
	Marital/partnership status		Neutral Impact
	HIV status		Neutral Impact
	Political affiliation		Neutral Impact
	Trade Union membership		Neutral Impact

2.	What is the overall purpose of this policy area, function or activity?		The policy provides employees within the Trust with Guidance as to issues which should be reported, outlining the steps to be taken and stating internal contact points along with where concerns can be taken externally if necessary.
3.	What approaches are currently used to measure progress and performance in this area?		A bi-monthly report will be produced by the Director of HR & OD for the Trust board to identify any trends.
4.	What counts as success in this area?		Staff will be able to confidently raise concerns following the appropriate procedure.
5.	Are there opportunities within this policy to:		
	Eliminate illegal discrimination		
	Promote equality of opportunity		All staff members are able to use the policy.
	Promote good relations between people of different groups?		All staff members are able to use the policy.
6.	Is the impact of the policy likely to be negative e.g. is their risk of:		
	Illegal discrimination	No	
	Reducing equality of opportunity for some groups?	No	
	Harming relations between different people of different groups?	No	
7.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
8.	If so, what action could be taken to reduce adverse effects and promote or enhance positive effects?	N/A	
9.	Please describe the options available for incorporating equality monitoring into routine arrangements?		Analysis of the Monitoring Forms will identify if there are specific groups of staff that tend to use the policy and may indicate further investigation is required.
Signed off by:			Date:
Keeley Mayes, Equality and Diversity Manager			Date: 8/2/2010

If you have identified a potential discriminatory impact of this policy document, please refer the issue to Keeley Mayes, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Keeley Mayes, Equality and Diversity Manager on extension 3294.