

## Whistleblowing Policy and Procedure

<b>Document Number</b>	E29
<b>Version Number</b>	5
<b>Scope</b>	<p>The Trust is committed to achieving world class standards of care and the highest possible ethical standards in all of its practices. The Trust encourages employees to voice their concerns, and is committed to ensuring a culture of honesty and openness consistent with the Children values.</p> <p>This policy and procedure provides staff with a mechanism for making certain disclosures of information that is in the public interest. The Trust will support staff raising genuine concerns and protect them from reprisals.</p>
<b>Prepared By</b>	Head of HR
<b>Target Audience</b>	Trust Wide
<b>Other Relevant approved Documents</b>	Incident Reporting Policy ; Grievance Policy ;Complaints Policy
<b>Evidence Based/ Legislation</b>	Disclosure of Public Interest Act (1998)
<b>NHSLA Risk Management Standards</b>	N/A
<b>Standards for Better Health</b>	C8a
<b>Consultation on Document</b>	Terms and Conditions Group; Trust Policy Review Group; Mersey Internal Audit
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<b>Training Implications</b>	No
<b>Resource Implications</b>	No
<b>Risk/H&amp;S/Quality Implications</b>	Are there any risk, Health and Safety or quality issues with the implementation of this document
<b>Monitoring and Audit</b>	List any monitoring or audits that are included within this document
<b>Key Words</b>	"Whistleblowing" and "Raising Concerns"
<b>Dissemination</b>	Is there any reason why any part of this document should not be available on the public website? No
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<b>Date Valid From</b>	Date document is disseminated

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## **1 Introduction**

- 1.1 Occasionally individuals may have concerns about what is happening at work. Usually these concerns are easily resolved. However, when there are concerns about unlawful conduct, financial malpractice or concern about the quality of patient care, it can be difficult to know what to do.
- 1.2 The Trust has introduced this policy and procedure to enable staff to raise their concerns about such malpractice at an early stage and in the right way without being afraid of the consequences of speaking out. The Trust is committed to dealing responsibly, openly and professionally with such concerns.
- 1.3 The Trust will support staff raising genuine concerns and protect them from reprisals. Any victimising of such individuals or deterring them from raising their concerns will be dealt with in accordance with the Trust's disciplinary policy.
- 1.4 The Whistleblowing Policy is primarily for concerns where the interests of others or of the organisation itself are at risk. If, however, staff are aggrieved about their personal position they can refer to the Grievance Policy and Procedure (Policy E7).
- 1.5 There are a range of other routes available to staff who have concerns regarding standards of service delivery. These are available within the Trust Policies and procedures on the intranet and include:
  - Incident Reporting (Policy RM2)
  - Serious Critical Incident (Policy RM3)
  - Complaints (Policy RM6)
- 1.6 The Whistle blowing Policy should be used when other conventional routes have been attempted and their outcome judged to be unsatisfactory or in instances where it would not be possible or in the public interest to use the conventional reporting systems.

## **2 Purpose**

- 2.1 The Trust is committed to achieving world class standards of care and the highest possible ethical standards in all of its practices. The Trust encourages employees to voice their concerns, and is committed to ensuring a culture of honesty and openness consistent with the Children values.

- 2.2 This policy and procedure provides staff with a mechanism for making certain disclosures of information that is in the public interest. The Trust will support staff raising genuine concerns and protect them from reprisals.
- 2.3 Under the terms of the Disclosure of Public Interest Act 1998 (DIPA) it is the responsibility of all staff to raise matters of concern which relate to health care matters sensibly and responsibly without fear of victimisation and in a manner consistent with their obligations as employees.
- 2.4 The aims and objectives of this policy are:
- To encourage staff to raise concerns about risks to patients, unlawful conduct or financial malpractice
  - To provide a mechanism to resolve issues informally and as speedily as possible
  - To support staff raising genuine concerns and protect them from reprisals

### **3 Definitions**

#### **3.1 Whistleblowing**

Whistle blowing is a term used when someone who works in an organisation raises concern about a possible fraud, crime, danger, or other serious risk that could threaten customers, colleagues, the public or the organisation's reputation.

#### **3.2 Public Interest Disclosure Act 1998**

Whistleblowing was introduced as a result of the Public Interest Disclosure Act. This legislation allows all staff the opportunity to raise concerns regarding wrongdoing or malpractice they may reasonably suspect without fear of retribution. Staff should have confidence when raising concerns that they will not suffer as a result.

Disclosures covered by the act include:-

- A criminal offence has been or is likely to be committed
- A failure to comply with any legal obligations
- A miscarriage of justice
- Improper use of public funds

- A health and safety risk to an individual
- Damage to the environment
- Deliberate concealment of information relating to any of the above.

## **4 Duties**

### **4.1 The Trust Board** has a responsibility to

- i. Promote a culture of openness and honesty based on the CHILDREN values
- ii. Support staff raising genuine concerns and ensure they are protected from reprisals or victimisation

### **4.2 Managers** have a responsibility to

- i. Raise awareness of the Whistleblowing Policy at Local Induction
- ii. Take staff concerns seriously considering them fully and sympathetically
- iii. Offer the support of the confidential staff counselling service provided by the Alder Centre
- iv. Consider concerns carefully making an objective assessment of the concern
- v. Understand the difficult position a member of staff may be in and allow them to be accompanied by a Trade Union Representative or workplace colleague during the process
- vi. Identify if the member of staff has any personal interest in the matter
- vii. Take prompt action in investigating the concern or refer it on to an appropriate person or to another procedure if more appropriately dealt with in that way
- viii. Keep the member of staff informed appropriately of the process
- ix. Monitor and review the situation
- x. Inform senior managers

- xi. Ensure individuals who report genuine concerns are not penalised in any way
- xii. To ensure that the action necessary to resolve the concern is taken

**4.3 Employees** have a responsibility to:

- i. Work within their professional code of conduct
- ii. Ensure that the best standards of care are achieved
- iii. Report any concerns which might compromise these standards
- iv. Raise concerns in good faith with a true belief that a malpractice has occurred
- v. Not raise concerns with any malicious intent
- vi. Any abuse of this policy by raising unfounded or malicious allegations will be dealt with in accordance with the Trust's Disciplinary policy

## **5 Consultation, Approval and Ratification Process**

- 5.1 This policy was circulated to
- 5.2 This policy was approved by Terms and Conditions Group on 2<sup>nd</sup> June 2010 prior to ratification by the Workforce and Organisational Development Committee on 7<sup>th</sup> July 2010.

## **6 Equality and Diversity**

- 6.1 The Trust is committed to an environment that promotes equality and embraces diversity both within our workforce and in service delivery. This policy must be implemented with due regard to this commitment.

## **7 Review and Revision Arrangements**

- 7.1 This Policy will be reviewed on or before 31<sup>st</sup> May 2013 by the Head of Human Resources.

## **8 Dissemination and Implementation**

- 8.1 The Policy Administrator will update the intranet and internet, and arrange for new and revised policies to be advertised in the Trust weekly publication 'My Alder Hey'.
- 8.2 This policy will be effectively communicated to all staff through Trust and local induction, awareness raising sessions and Trust publications such as Trust Weekly, Team Brief and Trust Intranet.

## **9 Monitoring Compliance with the Effectiveness of Procedural Documents**

- 9.1 This policy will be subject to ongoing monitoring by the Head of Human Resources.
- 9.2 Where any deficiencies are identified an action plan will be developed by the Head of Human Resources and agreed and overseen by the Trust Terms and Conditions Group.

## **10 References**

- Disclosure of Public Interest Act (1998)  
[http://www.opsi.gov.uk/acts/acts1998/ukpga\\_19980023\\_en\\_1](http://www.opsi.gov.uk/acts/acts1998/ukpga_19980023_en_1)  
<http://www.direct.gov.uk/en/Employment/ResolvingWorkplaceDisputes/Whistleblowingintheworkplace/index.htm>
- NHS Employers Guidance  
<http://www.nhsemployers.org/EmploymentPolicyAndPractice/Pages/Whistleblowing.aspx>

## **11 Associated Documentation**

- Trust Grievance Policy
- Trust Bullying & Harassment Policy
- Trust Counter Fraud Policy and Response Plan

## **Appendix A**

### **Whistleblowing Procedure**

#### **1 Stage 1 - Informal**

- 1.1 Normally a concern will be raised verbally by an employee with the immediate manager. The manager will look into the concern to assess initially what action should be taken. The manager will respond within five working days or sooner by taking such steps as are necessary. This time limit may be extended dependent on the nature of the concern raised. The manager will give as much feedback as possible but may be unable to disclose the precise action taken where this would infringe a duty of confidence owed by the Trust to someone else. If resolved, the matter is closed. If the issue is not resolved to the individual's satisfaction the employee will have the right to proceed to stage 2.

#### **2 Stage 2 - Formal**

- 2.1 If an employee continues to be concerned following the informal stage, they may raise the matter in writing with their manager. On receipt of the written concerns the manager will take any steps necessary to investigate fully, fairly and sympathetically the issues raised and will respond within five working days or sooner, whenever possible, and with a full explanation as appropriate being provided. The Manager should notify the Director of Human Resources in writing of any concerns raised under the formal stages of this policy.

#### **3 Stage 3 - Reference to Non-Executive Board Member**

- 3.1 If an employee is not satisfied with a manager's response the matter should be referred to an identified non-executive Board member for resolution. It has been agreed that this will be Susan Musson, and she may be contacted through the secretary to the Trust Board (telephone: 0151 252 5092 or Extension 2092). The non-executive Board member will respond within five working days or sooner, whenever possible. (Individual personal grievances should continue to be dealt with through the Trust's grievance procedure).

#### **4 Exceptional Circumstances:**

- 4.1 It is recognised that in exceptional circumstances individuals may feel unable to raise issues of concern with their line managers. In these cases individuals may, with the agreement of the non-executive Board Member, by-pass the first two stages. Similarly, in exceptional circumstances individuals may wish to raise their concerns in confidence. While the Trust will respect and protect the individual's wish for anonymity, the individual should be made aware that such anonymity may hinder the proper investigation of their concerns.



## **5 Fraud and Corruption Procedure**

### **5.1 Counter Fraud Policy and Response Plan**

If the concern you wish to raise is about fraud and/or corruption then different arrangements to the usual whistle blowing procedures are in place to deal with this matter. These are set out in more detail in the Foundation Trust's "Counter Fraud Policy and Response Plan".

### **5.2 Reporting concerns about fraud or corruption**

When raising a concern relating to fraud or corruption, you should not inform your line manager or colleagues in the first instance. The first and most appropriate point of contact within the Trust is your Local Counter Fraud Specialist (LCFS) or alternatively the Director of Finance. Please report it by contacting:

- Director of Finance: Sue Lorimer  
Tel 0151 252 5450  
Email: [Sue.xxxxxxx@xxxxxxxx.xxx.xx](mailto:Sue.xxxxxxx@xxxxxxxx.xxx.xx)
- Local Counter Fraud Officer: Jacqui Catterall  
Tel: 01244 364479  
Email: [xxxxxx.xxxxxxxxxx@xxxx.xxx.uk](mailto:xxxxxx.xxxxxxxxxx@xxxx.xxx.uk)
- Counter Fraud Team [MIAA] on 0151 285 4500
- Calling the national NHS Fraud and Corruption Reporting Line on:  
0800 028 40 60

### **5.3 Fraud and Corruption investigations**

Interviews or investigations where fraud is concerned must only be undertaken by the Local Counter Fraud Specialist who will ensure that any investigation is completed observing the standards defined in the Fraud and Corruption Manual and the Secretary of State Directions.

Fraud and corruption within the NHS is unacceptable and diverts valuable resources away from patient care. The NHS Counter Fraud Service was established in 1998 and acknowledged that action needed to be taken against fraud and corruption. Measures have been taken to develop an anti fraud culture within the NHS and to prevent and detect fraud in a structured and professional manner. Wherever fraud is identified then appropriate sanctions are applied (criminal, civil and disciplinary) against the fraudster and redress is

sought in order to recover NHS funds. In 2003 the NHS Counter Fraud and Security Management Service (CFSMS) was formally established as a Special Health Authority and from 1st April 2006 became a division of the NHS Business Services Authority.

Local Counter Fraud Specialists (LCFS) are in place to assist in reducing fraud and corruption to the absolute minimum within your Trust; they can only do this with your help. If you are aware of potential fraud or corruption concerning anyone within the Trust, even if this is just a suspicion, then do please pass this information to the Local Counter Fraud Specialist.

All correspondence or calls received will be treated in strictest confidence and any information professionally assessed and evaluated. Callers can remain anonymous if they wish. All leads given or information received are followed up.

## **6 Staff Support**

- 6.1 Whilst the Trust anticipates that this policy gives staff the reassurance needed to raise such matters internally, the Trust also encourages staff to seek independent advice and support from their Trade Union or Public Concern at Work (telephone 0207 404 6609 - <http://www.pcaw.co.uk/bsi/> )
- 6.2 Where appropriate staff may be offered support from a senior Trust colleague. Staff should also be informed that they may have recourse to the Trust's confidential staff counselling support service by contacting the Alder Centre directly (telephone: 0151 252 5391 ext 2391) or by contacting the Occupational Health Department in complete confidence.

## **7 Health Service Commissioner**

- 7.1 All staff should be aware of the role of the Health Service Commissioner who may look into complaints by staff on behalf of a patient, provided that he/she is satisfied that there is no one more appropriate, e.g. and immediate relative, to act on the patients behalf.

## **8 Reference to the Media**

- 8.1 Alder Hey Children's NHS Foundation Trust is a publicly funded body and recognises the legitimacy of public interest in its affairs. When a member of staff has made reasonable efforts to pursue the issues through the locally established procedures and as a last resort contemplates the possibility of disclosing a matter of genuine concern to the media, he/she should be aware of their implied duty of confidentiality and loyalty to the Trust and seek further advice from:
  - Line Manager / Professional Manager
  - Non-Executive Board Member
  - Trade Unions / Professional Associations

- Public Concern at Work tel 0207 404 6609

8.2 The member of staff should be mindful of contractual issues described below:

Alder Hey Children's NHS Foundation Trust would not seek to prevent individuals discussing specific issues with the media provided the following criteria have been satisfied.

- The matter has been raised and pursued through the internal mechanisms detailed above
- Information shared with external sources does not directly or indirectly compromise the absolute right of confidentiality for individual patients and privacy for members of staff
- Any facts or information used which may give rise to public concern or undermine public confidence in the Trust must be a fair and accurate reflection of the position

8.3 Any failure by an individual member of staff to satisfy the above conditions in raising issues with the media will leave themselves liable to disciplinary action, in accordance with the Disciplinary Policy and Procedure.

8.4 Nothing in the above document precludes consultant medical staff from their publication and lecturing rights in accordance with Schedule 12, Section 7, Terms and Conditions of Employment – Consultants (England) 2003.

## Appendix B

### Reporting Process Checklist

It is essential in order to take prompt and appropriate action that any concerns are expressed as soon as possible. Staff will need to explain fully to the person contacted the grounds for concern providing as much information as possible.

DO	DON'T
Deal with the matter promptly if you feel your concerns are warranted.	Do nothing.
Convey your suspicions to someone with the appropriate authority to deal them.	Be afraid of raising your concerns.
Feel assured that the Trust will treat seriously any disclosure based on honest and reasonable suspicions.	Try to investigate the matter your self (this might hinder further enquiries at a later stage).
	Approach or accuse any individual directly.
	Convey your suspicions to anyone other than those with the proper authority.

## Appendix C Version Control Sheet

Version	Date	Author	Status	Comment
5	May 2010	Dave Eaton	Current	
4	February 2007	Sub group of EPRG, HR Manager & Staffside	Archived	
3	November 2006	Sub group of EPRG, HR Manager & Staffside	Archived	Minor amendments to version 2. Chair's approval given
2	December 2005	Sub group of EPRG, HR Manager & Staffside	Archived	This policy was reviewed and given a short review date of 6 months
1	December 2003	Jayne Shaw	Archived	
0	August 2000	Unknown	Archived	