

GUIDANCE FOR STAFF ON RELATIONS WITH THE PUBLIC AND THE MEDIA INCORPORATING GUIDANCE ON WHISTLEBLOWING

PART A – STAFF RELATIONS, PUBLIC AND THE MEDIA.

A1 INTRODUCTION

In keeping with good practice we wish to encourage a climate of openness and dialogue within NIBTS, where free expression by staff of their concerns are welcomed by their managers as a contribution towards improving services; however this must be done with proper regard to the principles of confidentiality and in a manner which does not undermine confidence in the Service.

A2 NIBTS STAFF

The following provides specific guidance relating to NIBTS so there is particular emphasis on communication with blood donors and members of the public.

A2.1 Where staff interact with donors and members of the public, no attempt should be made to air grievances in this environment. In contrast, it is vital when donors themselves raise issues of importance relating to the delivery of the service, that we ensure we are receptive to their views and offer help as needed. Response cards/questionnaires and other leaflets are available which facilitate donors who wish to record a comment, assessment, suggestion, complaint or whatever. They must be made available for use and provided as appropriate. Additional procedures are in place to record such interactions (refer to Contact Form DD:260)

A3 PROCEDURES

In keeping with the attached guidance, our aim will always be for staff concerns to be resolved informally between the individual and his or her line or professional manager, who will be responsible for providing a prompt and thorough response and explain what further action is available.

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A4 CONTACT WITH THE MEDIA, PUBLIC REPRESENTATIVES OR OTHER EXTERNAL AGENCIES

NIBTS has forged excellent relations with the media, and normally communication will only be conducted through approved spokespersons with experience in public and media relations.

Where an employee has exhausted the internal channels and mechanisms of NIBTS, they might wish, as a last resort, to take their concerns outside the Service. Again, guidance on this is outlined in the document attached.

A5 SUMMARY

NIBTS is an organisation that by its very nature exists with public goodwill. Good public and staff relations are an essential ingredient of this partnership and all efforts will be made to foster and develop our relationship with all our stakeholders.

PART B – WHISTLEBLOWING

B1 INTRODUCTION

From time to time staff may have concerns about what is happening at work and usually these concerns are easily resolved using the appropriate channels. However, when the concerns are about financial malpractice, breaches of health and safety procedures or danger to the public, it can be hard to know what action is appropriate to take. Staff may also be worried about the repercussions of raising concerns.

The Agency has introduced this guidance on Whistleblowing to enable staff to raise concerns about issues at an early stage and in the right way. The Public Interest Disclosure (NI) Order 1998 (The Order) is designed to protect staff who, acting in good faith, raise concerns regarding the activities of the Agency, any of its employees or anyone working for, with or connected to it.

The Order requires employers to establish procedures, which protect staff in such circumstances.

This guidance has been developed to support and assist staff to bring genuine concerns to the attention of the relevant people within the Agency who can take appropriate action.

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B2 SCOPE

This guidance applies to all employees of the agency, including permanent, temporary and bank staff and also to self employed people, contractors and agency staff working within the Agency.

B3 STATEMENT

The Agency is committed to openness in all its activities and there may be times when staff have a concern about how the Agency is conducting its business or what is happening in their workplace, such situations may include: -

- Suspected malpractice by a member of staff in relation to a donor(s)
- Suspected malpractice by a member of staff in relation to patient records.
- Suspected ill treatment of a donor by a member of staff
- Suspected fraud
- Belief that a criminal offence has or is likely to be committed,
- Disregard for legislation e.g. Health & Safety Regulations,
- Breach of the Agency's standing financial instructions,
- Damage to the environment.

This list is illustrative and is not intended to be exhaustive.

When the concerns relate to any of the examples above it may be difficult for staff to know what to do.

The Agency will not tolerate the harassment or victimisation of anyone who raises a genuine concern. However, it is recognised that at times staff raising such issues may wish to have their anonymity maintained. If you ask us to protect your identity by keeping your confidence, we will not disclose it without your consent. If a situation arises where we cannot resolve the issue without revealing your identity, for instance, because your evidence is needed in court or during the course of a disciplinary hearing, we will discuss with you whether and how we can proceed.

The Agency encourages all staff to raise such issues through the proper channels and it is the intention of this guidance that no one should be disadvantaged, lose their job or suffer any form of retribution for raising issues in good faith.

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B4 HOW TO RAISE A CONCERN INTERNALLY

B4.1 Step One

A member of staff should normally raise concerns about wrongdoing and malpractice initially with their line manager/supervisor/unit leader. The concern may be raised either orally or in writing.

B4.2 Step Two

If it is not possible to raise the matter with the line manager/supervisor or unit leader for whatever reason the issue should be raised with the appropriate member of the Senior Management Team.

B4.3 Step Three

If these channels have been followed but there are still concerns or if the matter cannot be discussed with any of the Senior Management Team, the matter should be raised with the Chief Executive. Where necessary, a member of the Agency Board should be contacted.

B5 HOW THE MATTER IS HANDLED

Once you have told us of your concern we will look into the matter to assess what action might be taken. This may involve an internal inquiry within a department or team or a more formal investigation. You will be told who is handling the matter, how to contact them and whether you will be required for further assistance. If you request we will write to you, summarising your concern and setting out how we propose to handle it. We will also advise you if we believe the concerns should be dealt with in a more appropriate context such as through the grievance, harassment or disciplinary procedure. Please note, however, that we may not be able to tell you the precise action we may take where this would infringe a duty of confidence owed by us to someone else.

B6 ANONYMOUS REPORTS

The Agency will consider anonymous reports under this guidance but remember that it will be much more difficult for us to look into the matter or to protect you or to give you feedback if you do not tell us who you are.

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B7 RESPONSIBILITIES

B7.1 The Agency's Board

The Agency's Board will delegate to the Senior Management Team the responsibility of monitoring this guidance and the concerns or issues that are raised as a result.

B7.2 Management

All those with managerial/supervisory responsibilities should understand the possibility that staff on occasion may find it difficult to raise a concern with them. Managers and supervisors should take appropriate action promptly, as laid down in this guidance, and where necessary seek advice from the HR Department.

They should ensure that the staff member is kept fully informed of progress throughout the procedure.

B7.3 All Staff

All employees have a responsibility:

- To raise concerns in good faith through the proper channels, with a true belief that a malpractice has or may have occurred.
- To ensure that the best standards of care are achieved for each donor and patient at all times.
- To report concerns that something is happening which might compromise these standards to a member of Agency staff as outlined in this guidance below.
- Not to raise concerns with any malicious intent.
- It should be noted that any staff member who engages in raising claims via this procedure, which vexatious, malicious, or mischievous nature may face disciplinary proceedings.

B8 TRADE UNION REPRESENTATION

Some employees may prefer to raise their concerns initially with their Staff Side representatives for advice and/or representation. The Staff Side representative will advise the member of staff how to use this guidance on Whistleblowing or any of the other policies of the Agency, which may be more appropriate.

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B9 DISCLOSURE OF INFORMATION OUTSIDE THE AGENCY

Staff are encouraged to follow the internal guidance on Whistleblowing for all relevant concerns including the following:

- Criminal Offences
- A failure to comply with a legal obligation
- Endangering of an individual's health and safety
- Damage to the environment
- Concealment of any of the above.

The internal procedure should be used prior to pursuing any external routes which may be available.

Any employee who, having exhausted all the internal procedures, remains dissatisfied with the outcomes of an investigation has the final option of pursuing the matter in the public arena through disclosure to prescribed bodies, including those in the following areas:

- The Department of Health and Social Services and Public Safety
- Staff Organisations
- Trade Unions
- Health and Safety Executive
- Other Statutory Inspection Agencies
- Northern Ireland Audit Office

This list is not exhaustive.

Disclosure to these organisations will be protected provided the employee honestly and reasonably believes the information and associated allegations are substantially true.

Equality and Human Rights Statement:

This guidance has been drawn up and reviewed in light of the statutory obligations contained within Section 75 of the Northern Ireland Act (1998). In line with this statutory duty of equality this guidance has been screened against particular criteria. If at any stage of the life of the guidance there are any issues within the guidance, which are perceived by any party as creating adverse impacts on any of the groups under Section 75, that party should bring these to the attention of the Human Resources & Corporate Services Manager.

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Enquiries:

Any enquiries regarding the application of this procedure should be referred to either the Human Resources & Corporate Services Manager or the Donor Services General Manager.

Review:

This guide will be kept under review by the organisation.

Written by : Charles Kinney,
Donor Services General Manager

Signature: _____ **Date:** _____

Written by : Ivan Ritchie,
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Signature: _____ **Date:** _____

Approved by : Dr W M McClelland, Chief Executive Medical Director.

Signature : _____ **Date :** _____

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