



## CC\_HR20\_Whistleblowing Policy

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## **1. Introduction**

Communitas Clinics is committed to developing a culture where staff are encouraged and supported fairly to raise issues and concerns, and are involved in helping to resolve them.

The promotion of open honest management and team support cannot be overemphasised.

Wherever possible staff are encouraged to discuss issues in the first instance with their Service Manager or with the Clinical Director. The Service Manager/ Clinical Director will aim to resolve issues quickly with staff, encouraging openness and honesty.

This policy should be invoked where serious issues or concerns arise, where matters remain unresolved, or where a member of staff feels unable to address issues with their line manager.

## **2. Background**

The Public Interest Disclosure Act 1998 promotes accountability in the public, private and voluntary sectors by encouraging people to raise concerns which they believe to be threatening public interest, without fear of detrimental treatment (dismissal and victimisation). This Act ensures that organisations address the message rather than the messenger and resist temptation to cover up serious malpractice. By protecting people who raise concerns from dismissal and victimisation the Act promotes the public interest. There is no minimum period of service required.

## **3. Scope**

This policy applies to all staff working for Communitas Clinics. It covers all employees, students, trainees, agency and contract staff

## **4. Purpose**

The purpose of this policy is to:

- Encourage staff to feel confident in raising serious concerns and to question and act upon concerns about practice
- Provide avenues for staff to raise those concerns and receive feedback on any action taken
- Ensure that staff receive a response to their concerns and that staff are aware of how to pursue them if they are not satisfied
- Ensure that as far as is practically possible, the complainant's identity will be kept confidential, and will be revealed to only the absolute minimum number of people necessary in order for the matter to be properly investigated.
- Reassure staff that they will be protected from possible reprisals or victimisation if they have a reasonable belief that they have made any disclosure in good faith.

There are existing procedures in place to enable staff to lodge a grievance relating to their own employment. The whistle-blowing policy is intended to cover major concerns that fall outside the scope of other procedures.

At some point in time anyone might be concerned about issues that they may see or hear about during the course of their employment within the Practice. In addition, all staff shares responsibility for being alert to the behaviour of their employer, other employees, co-workers or colleagues. Individually, staff members must be aware that anything they notice at work that appears to be unusual practice or behaviour, or causes them to feel uncomfortable or to question may have a wider consequence.

Usually these concerns are easily resolved. However, if you have a reasonable belief that:

- a person has failed, is failing or is likely to fail to comply with any legal obligation(s) to which s/he is subject - i.e. breaking the law;
- poor clinical practice is putting patients at risk;
- possible financial malpractice/fraud has, is, or is likely to take place;
- there is a risk or danger to patients, staff or the public;
- a criminal offence has or is likely to be committed;
- there is a serious risk or danger to the environment;
- the health and safety of any individual whilst at work (including mental and/or physical issues) has been, is being, or is likely to be endangered in any way;
- the public perception of the integrity of the Practice has been, is or is likely to be, undermined in any way.

This policy enables you to raise your concerns about such possible serious issues at an early stage and in the right way. We would rather you raised the matter when it is just a concern rather than wait for proof.

We also encourage you to raise concerns about issues that may appear on the surface to be small or minor matters; the same concern may have been troubling a number of other people. If these individual concerns are taken together, they may indicate the existence of a wider issue of concern that can then be addressed appropriately.

**Please remember** – an isolated incident or concern may appear on the surface to be inconsequential or unimportant. BUT, taken with other information it may be a critical part of a wider problem that needs to be tackled.

Communitas Clinics has clear procedures for staff to follow when raising concerns about such issues.

If something is troubling you who you think the Company should know about or look into, please use this procedure. If however, you are aggrieved about your personal position, please use the Grievance Procedure. The Whistleblowing Policy is primarily for concerns where the interest of others or of the Practice itself is at risk.

## **5. Key Principles**

The individual interest of people who use Communitas Clinics' services must be paramount and the organisation recognises that its members of staff are the most valuable protectors of their interests. All employees have a duty to draw to the attention of the Service Manager or Clinical Director any matter they consider to be damaging to the interests of a patient, and to put forward suggestions that may improve their care.

Organisation staff are encouraged to freely contribute their views on all aspects of our service, and such communication should be part of normal every day working. This can be through discussions with their Line Manager, Service Manager, Education meetings, etc.

The organisation promotes organisational learning. The systematic identification of mistakes, systems failures and possible future risk will help us to ensure that corrective action can be taken.

The organisation also recognises that staff may be reluctant to express a concern. Practice staff expressing their views in is way, and in accordance with this procedure, will not be penalised for doing so.

## **6. Responsibilities**

The Service Manager/ Clinical director will:

- Acknowledge and take concerns seriously
- Consider them fully and sympathetically
- Recognise that raising a concern can be a difficult experience for some staff
- Seek appropriate advice
- Feedback findings/response to the individual
- Communicate relevant findings to others where appropriate

Staff's Responsibility

The Practice actively encourages concerns to be expressed about issues which pose a risk to patients, the public and staff.

The Practice is also committed to ensuring that all staff are provided with an opportunity to

learn from any mistakes and to improve practice where this is shown to be necessary. Every professional has a duty of care to his or her patient. They are also responsible for ensuring that they keep up to date and that both they and their colleagues practice safely.

## **7. Confidentiality**

All staff have a duty of confidentiality to patients and other staff. Disclosure of personal information without appropriate authority about any patient will be regarded as a serious matter that will always warrant investigation and which may lead to disciplinary action. This applies even where a member of staff believes that he or she is acting in the best interests of a patient by disclosing personal information.

An employee's duty of confidentiality to the organisation is not absolute and there may be circumstances where an employee considers making a disclosure of confidential information because they consider it to be in the public interest, or in the interest of a patient or patients. In this event, the employee should first seek advice, for example, from appropriate professionals or the Service Manager/ Clinical Director. (See also the Practice's Confidentiality Code of Practice.)

## **8. Procedure**

In cases where there is evidence of poor behaviour or work standards both professional and/or general (as detailed in the Disciplinary Procedure) being applied by a member of staff, the person who is concerned is encouraged, where appropriate, to raise the matter with the individual themselves, in a confidential informal capacity.

Where this is not successful, it may be appropriate to discuss the issue with a professional colleague and for both to approach the individual again, pointing out the need for a change in behaviour.

In cases where both these approaches have failed or are inappropriate, and in the case of serious concerns, staff should approach the Service Manager who will investigate the issue(s) raised and normally respond to the staff member within 2 weeks.

In cases of extreme professional misconduct or actions that expose patients, staff or other people to immediate danger or risk, staff should take immediate appropriate action and report individual member(s) of staff direct to Service Manager, in writing. In exceptional circumstances, it may also be appropriate for an individual to report someone direct to the individual's professional registration body e.g. Nursing and Midwifery Council, General Medical Council, although it is advisable to first discuss concerns with the Service Manager or a Board member.

For his or her part, the member of staff must be clear that he/she is acting in good faith and is not motivated by personal gain.

Where a serious concern does not relate specifically to an individual but to the way things are done and whether they work, again this should be reported to the Service Manager or a Board member.

Where appropriate, the matters raised may:

- be investigated by management, internal audit, or through the disciplinary process
- be referred to the police
- be referred to the external auditor
- form the subject of an independent inquiry

In order to protect individuals and those accused of misdeeds or possible malpractice, initial enquiries will be made to decide whether an investigation is appropriate and, if so, what form it should take. The overriding principle which the Clinic will have in mind is the public interest. Concerns or allegations which fall within the scope of specific procedures (for example, child protection or discrimination issues) will normally be referred for consideration under those procedures.

Some concerns may be resolved by agreed action without the need for investigation. If urgent action is required this will be taken before any investigation is conducted.

The amount of contact between the staff member considering the issues and the whistle blower will depend on the nature of the matters raised, the potential difficulties involved and the clarity of the information provided. If necessary, the Clinic will seek further information from the whistle blower.

Where any meeting is arranged, off-site if preferred, the whistle blower can be accompanied by a union or professional association representative or a friend.

## **9. Representation**

An employee raising a concern under this procedure may choose to be represented or supported either by a staff organisation representative (the representative must be an organisation employee or belong to an organisation recognised by the organisation).

Staff are encouraged to consult, seek guidance and support from their professional organisation or trade union, and from statutory bodies such as the Nursing and Midwifery Council, and the General Medical Council.

Employees may not be legally represented under this procedure.

## **10. Independent Advice**

If you are unsure whether to use this procedure or if you want independent advice at any stage you may contact:

Your union, or

HR, if applicable, or

The independent charity, Public Concern at Work on 020 7404 6670 where free confidential advice is given by their solicitors on how to raise a concern about serious malpractice at work.

## **11. External contacts**

While we hope that this policy gives you the reassurance you need to raise serious concerns internally, we would rather you raised a matter externally than not at all.

Provided you are acting in good faith and you have evidence to back up your concern, you can also contact:

NHS London	Care Quality Commission
Environment Agency	Health and Safety Executive
National Patient Safety Agency	General Medical Council
Nursing and Midwifery Council	Institute of Healthcare Management
Royal Colleges	Public Concern at Work
NHS Counter Fraud line (for financial malpractice)	

## **12. Safeguards against malicious allegations**

The Clinic will not tolerate any harassment or victimisation (including informal pressures) and will take appropriate action to protect staff when they raise a concern in good faith.

All concerns will be treated in confidence and every effort will be made not to reveal the identity of the member of staff reporting a concern if they so wish. At the appropriate time, however, they may need to come forward as a witness.

Where an allegation was made in good faith and where it is reasonably believed that the information and any consequential allegation were substantially true but are not subsequently confirmed by the investigation, your actions will be supported by the Practice.

Where the investigation concludes that malicious allegations have been made it will be necessary to take action under the Practice's Disciplinary Procedure.

## **13. References and Legislation**

This policy links closely with CG-02-Safeguarding Children, Vulnerable Adults and Prevent Policy and should therefore be read in reference to.

<https://www.legislation.gov.uk/ukpga/1998/23/contents>

<https://www.england.nhs.uk/ourwork/whistleblowing/>

<https://improvement.nhs.uk/resources/freedom-to-speak-up-whistleblowing-policy-for-the-nhs/>

## 14. VERSION HISTORY TABLE

VERSION	DATE UPDATED	UPDATED BY	REASONS
11 Complaints and staff concerns policy	11/09/2015	AB	<ul style="list-style-type: none"> <li>- Whistleblowing policy separated from 11 Complaints and staff concerns policy</li> <li>- Responsibilities broken down by role</li> <li>- 7 – confidentiality added</li> <li>- Procedure updated</li> <li>- Representation updated and separated from Procedure to own heading</li> <li>- Independent advice added</li> <li>- Policy template updated. Issued at V1.0</li> </ul>
1.0	18/12/2017	AB	References added including reference to safeguarding policy, issued as v1.1