# WHISTLEBLOWING POLICY

<table>
<thead>
<tr>
<th>Last Review Date</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approving Body</td>
<td>Audit Committee</td>
</tr>
<tr>
<td>Date of Approval</td>
<td>12 January 2017</td>
</tr>
<tr>
<td>Date of Implementation</td>
<td>1 February 2017</td>
</tr>
<tr>
<td>Next Review Date</td>
<td>February 2020</td>
</tr>
<tr>
<td>Review Responsibility</td>
<td>Chief of Corporate Services</td>
</tr>
<tr>
<td>Version</td>
<td>2.0</td>
</tr>
</tbody>
</table>
### REVISIONS/AMENDMENTS SINCE LAST VERSION

<table>
<thead>
<tr>
<th>Date of Review</th>
<th>Amendment Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 2014</td>
<td>Adopted PCT policy refreshed to reflect CCG.</td>
</tr>
</tbody>
</table>
| December 2016  | Policy reviewed by Counter Fraud Specialist and minor amendments made:  
                      - Cross-reference to Fraud, Corruption & Bribery Policy throughout (previously Fraud Policy).  
                      - Updates to contact details (p.15).                                                                 |


CONTENTS

Definitions 4

Section A – Policy 5
1. Policy Statement, Aims & Objectives 5
2. Legislation & Guidance 6
3. Scope 6
4. Accountabilities & Responsibilities 7
5. Dissemination, Training & Review 8

Section B – Procedure 10
1. Confidentiality
2. Deciding whether to raise a concern
3. Independent advice
4. How to raise a concern with the CCG
5. The CCG’s response to concerns
6. “Fair Blame”
7. Malicious allegations
8. Policies and procedures
9. Disclosures regarding commissioned services

Appendices
A Contact details 15
B Questions to consider when deciding to blow the whistle 16
## DEFINITIONS

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whistleblowing</td>
<td>NHS staff raising concerns about issues which may affect patients, the public, other staff or the organisation. The NHS Constitution was updated in March 2012 to include an expectation that NHS staff will raise concerns as early as possible and a pledge that NHS employers will support all staff in raising concerns, responding to and where necessary investigating the concerns raised.</td>
</tr>
</tbody>
</table>
SECTION A – POLICY

1. Policy Statement, Aims & Objectives

1.1. All of us at one time or another have concerns about what is happening at work. Usually these are easily resolved. However, when the concern feels serious because it is about a possible danger, professional misconduct or financial malpractice that might affect patients, colleagues, or the organisation itself, it can be difficult to know what to do. You may be worried about raising such an issue and may think it best to keep it to yourself, perhaps feeling it is none of your business or that it is only a suspicion. You may feel that raising the matter would be disloyal to colleagues, to managers or to the organisation. You may have said something but found that you have spoken to the wrong person or raised the issue in the wrong way and are not sure what to do next.

1.2. The Governing Body of NHS Doncaster Clinical Commissioning Group (CCG) is committed to running the organisation in the best way possible and to do so we need your help. We have introduced this policy to reassure you that it is safe and acceptable to speak up and to enable you to raise any concern you may have at an early stage and in the right way. Rather than wait for proof, we would prefer you to raise the matter when it is still a concern.

1.3. The aims of this procedural document is to ensure all members of staff are empowered to raise matters of concern about healthcare matters sensibly and responsibly without fear of victimisation and in a manner consistent with their obligations as employees.

1.4. If something is troubling you which you think the organisation should know about or look into, please use this procedure. If, however, you wish to make a complaint about your employment or how you have been treated, please use the Grievance Policy which you can obtain from your manager or from the Human Resources Team. If you have a concern about financial misconduct or fraud, please see our Fraud, Corruption & Bribery Policy. This Whistleblowing Policy is primarily for individuals who work for NHS Doncaster CCG and have concerns where the interests of others or of the organisation itself are at risk.

If in doubt – raise it!

1.5. To ensure continuous improvement, the organisation has a range of key performance indicators (KPIs) which it uses for monitoring purposes:

<table>
<thead>
<tr>
<th>No.</th>
<th>Key Performance Indicator</th>
<th>Method of Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.</td>
<td>Key Performance Indicator</td>
<td>Method of Assessment</td>
</tr>
<tr>
<td>-----</td>
<td>-------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>2.</td>
<td>Whistleblowing Nominated Officer.</td>
<td>Job description.</td>
</tr>
</tbody>
</table>

2. Legislation & Guidance

2.1. The following legislation and guidance has been taken into consideration in the development of this procedural document:

- The Public Interest Disclosure Act 1998 which became law on 2\textsuperscript{nd} July 1999. The Act is designed to give statutory protection to employees who disclose information reasonably and responsibly in the public interest and are victimised as a result.
- Speak up for a Healthy NHS, developed through the Social Partnership Forum (SPF) and published on 25 June 2010.
- NHS Constitution.
- NHS policy on Freedom of Speech was set out in letters to NHS Trusts and Authorities dated 25 September 1997. As a result every NHS Trust is required to have local policies and procedures in place which comply with the provisions of the Public Interest Disclosure Act 1998.
- Health Service Circular 1999/198 was published on 27 August 1999 stating the minimum requirements for Whistleblowing Policies throughout the NHS.
- Although health care regulatory bodies within the United Kingdom publish separate Codes of Conduct, each Code includes a collection of shared values. One of these values is to act to identify and minimise risk to patients and clients. Under this value, each body has a description of how professionals should raise concerns, so the relevant Code should be consulted in conjunction with this Policy. All staff should comply with their appropriate professional Code of Conduct.

3. Scope

3.1. This policy applies to those members of staff that are directly employed by NHS Doncaster CCG and for whom NHS Doncaster CCG has legal responsibility. For those staff covered by a letter of authority / honorary contract or work experience this policy is also applicable whilst undertaking duties on behalf of NHS Doncaster CCG or working on NHS Doncaster CCG premises and forms part of their arrangements with NHS Doncaster CCG. As part of good employment practice, agency workers are also required to abide by NHS Doncaster CCG policies and procedures, as appropriate, to ensure their health, safety and welfare whilst undertaking work for NHS Doncaster CCG.
## 4. Accountabilities & Responsibilities

### 4.1. Overall accountability for ensuring that there are systems and processes to effectively manage Whistleblowing disclosures lies with the Chief Officer. Responsibility is also delegated to the following individuals:

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chief of Corporate Services</strong></td>
<td>Has delegated responsibility for:</td>
</tr>
<tr>
<td></td>
<td>- Acting as the Nominated Officer for Whistleblowing</td>
</tr>
<tr>
<td></td>
<td>- Ensuring a Whistleblowing Policy is in place</td>
</tr>
<tr>
<td></td>
<td>- Ensuring appropriate awareness raising of the Policy</td>
</tr>
<tr>
<td></td>
<td>- Providing advice and information relating to Whistleblowing</td>
</tr>
<tr>
<td><strong>All Chiefs of service</strong></td>
<td>Has delegated responsibility for:</td>
</tr>
<tr>
<td></td>
<td>- Promoting Whistleblowing within the organisation</td>
</tr>
<tr>
<td><strong>Counter Fraud Specialist</strong></td>
<td>Has delegated responsibility for:</td>
</tr>
<tr>
<td></td>
<td>- Providing specialist advice and information relating to fraud</td>
</tr>
<tr>
<td><strong>Line Managers</strong></td>
<td>Have delegated responsibility for:</td>
</tr>
<tr>
<td></td>
<td>- Developing and creating a culture where employees can discuss concerns</td>
</tr>
<tr>
<td></td>
<td>- Taking employee concerns seriously</td>
</tr>
<tr>
<td></td>
<td>- Considering them carefully and undertaking investigation</td>
</tr>
<tr>
<td></td>
<td>- Understanding the difficult position an employee may be in</td>
</tr>
<tr>
<td></td>
<td>- Seeking appropriate advice</td>
</tr>
<tr>
<td></td>
<td>- Taking prompt action to resolve the concern or referring it to an appropriate person</td>
</tr>
<tr>
<td></td>
<td>- Keeping the employee informed of the process</td>
</tr>
<tr>
<td></td>
<td>- Monitoring and reviewing the situation</td>
</tr>
<tr>
<td></td>
<td>- Inform appropriate officers of the CCG as described in the attached procedure</td>
</tr>
<tr>
<td><strong>Staff</strong></td>
<td>Responsibilities of Staff (including all employees, whether full/part time, agency, bank or volunteers) are:</td>
</tr>
<tr>
<td></td>
<td>- Ensuring compliance with this policy</td>
</tr>
<tr>
<td></td>
<td>- Reporting concerns in line with this policy</td>
</tr>
</tbody>
</table>
5. Dissemination, Training & Review

5.1. Dissemination

5.1.1. The effective implementation of this procedural document will support openness and transparency. NHS Doncaster CCG will:

- Ensure all staff and stakeholders have access to a copy of this procedural document via the organisation’s website.
- Communicate to staff any relevant action to be taken in respect of complaints issues.
- Ensure that relevant training programmes raise and sustain awareness of the importance of effective complaints management.

5.1.2. This procedural document is located in the General Policy Manual. A set of hardcopy Procedural Document Manuals are held by the Governance Team for business continuity purposes and all procedural documents are available via the organisation’s website. Staff are notified by email of new or updated procedural documents.

5.2. Training

5.2.1. All staff will be offered relevant training commensurate with their duties and responsibilities. Staff requiring support should speak to their line manager in the first instance. Support may also be obtained through their HR Department.

5.3. Review

5.3.1. As part of its development, this procedural document and its impact on staff, patients and the public has been reviewed in line with NHS Doncaster CCG’s Equality Duties. The purpose of the assessment is to identify and if possible remove any disproportionate adverse impact on employees, patients and the public on the grounds of the protected characteristics under the Equality Act.

5.3.2. The procedural document will be reviewed every three years, and in accordance with the following on an as and when required basis:

- Legislatives changes
- Good practice guidelines
- Case Law
- Significant incidents reported
- New vulnerabilities identified
- Changes to organisational infrastructure
- Changes in practice
5.3.3. Procedural document management will be performance monitored to ensure that procedural documents are in-date and relevant to the core business of the CCG. The results will be published in the regular Governance Reports.
SECTION B – PROCEDURE

1. Confidentiality

1.1. Whilst all staff have a duty of confidentiality to patients and their employer, this does not preclude individuals expressing concerns about misconduct, malpractice, risks or potential incidents. The CCG will not tolerate victimisation of anyone raising a genuine concern. So far as this is reasonably practicable, the confidence of the person raising the issue will be protected, but where action of a disciplinary/criminal nature is being contemplated, evidence may need to be given in person and/or in writing. However, the member of staff will be advised of the need to let their identity be known prior to action being taken.

2. Deciding whether to raise a concern

2.1. There are common feelings or experiences that can be barriers to raising a concern. Sometimes concerns are not raised because it feels none of one’s business; it is only a suspicion without hard evidence; it is being disloyal to colleagues, managers or the CCG; it didn’t go according to plan when it was raised previously, or other people had a poor experience of whistleblowing.

2.2. It is important, however, for a potential whistleblower to be clear about the limits of their responsibility and to remember that a whistleblower is a witness, not a complainant. The role of the whistleblower is to let the facts speak for themselves and to allow the responsible manager to determine what action to take. The CCG would prefer staff to raise matters sooner rather than waiting for proof.

2.3. The CCG appreciates that it may be difficult to decide whether or not to raise a concern, for this reason staff are asked to consider the implications of not blowing the whistle. Some questions which may be helpful in reaching this decision can be found in Appendix B.

3. Independent Advice

3.1. Free, independent and confidential advice on whether and how to raise a concern about serious malpractice at work can be obtained at any stage from the relevant Trade Union or Professional Association or Public Concern at Work (PCaW) on 020 7404 6609 www.pcauw.co.uk PCaW is a whistleblowing charity that employs lawyers to provide confidential, independent advice.
4. How to raise a concern within the CCG

4.1. Although the CCG supports and encourages responsible whistleblowing, it is recognised that staff may still be anxious about raising concerns and may wish to do this privately. It is therefore important to specify if the concern is being raised in confidence at the outset so that appropriate arrangements can be made. The Whistleblowing Policy provides three different routes for raising a concern that falls within the scope of this policy:

ROUTE 1

Raise it verbally or in writing to the line manager except where fraud is suspected. In these instances reference should be made to the Fraud, Corruption & Bribery Policy for guidance.

ROUTE 2

If, for whatever reason, the staff member does not feel it is possible or appropriate to raise it with the line manager, then the concern can be raised verbally or in writing with the CCG’s Nominated Officer. This person is a member of the Senior Management Team and will act ‘In Confidence’ if requested to and seek to investigate all reports made to them.

ROUTE 3

If for whatever reason, the staff member does not feel it is possible or appropriate to raise it with the line manager or the Nominated Officer, then the concern can be raised verbally or in writing with any CCG Executive Director responsible for the area of concern.

ROUTE 4

Alternatively you can contact the Lay Member for Audit and Governance.

4.2. See Appendix A for contact details for these four routes of disclosure.

5. The CCG’s response to concerns

5.1. Arranging the Initial Meeting. The CCG aims for a meeting with the whistleblower to take place within 5 working days of making a verbal or written request. The relevant manager will make the arrangements to meet promptly, with due regard to confidentiality and discretion. The option of being accompanied or represented by a trade union representative, Human Resources representative or work colleague will be offered to provide support.
5.2. **The Initial meeting.** At the first meeting, the manager should remind the person raising the concern that moral support is available from their trade union or professional association if they feel the need. The person raising the concern will be asked if they have a personal interest in the matter, in case the matter falls more properly within other policies such as the CCG Grievance Policy or the Harassment and Bullying at Work Policy. The manager may ask for their view on how the concern may best be resolved. Notes will be made at the initial meeting which all parties involved in the initial meeting will be asked to sign as confirmation that they are an accurate reflection of the meeting that has taken place.

5.3. **Initial Response.** The manager will assess what action should be taken. This may take the form of an informal review, an internal inquiry or a more formal investigation involving outside bodies such as the Police or NHS Protect. An initial response to the whistleblower will be made in writing within 5 working days of the discussion. The response will summarise the concern and set out the planned action, including who is handling the matter.

5.4. **Looking into a Concern.** The CCG is committed to responding to concerns raised under this policy in an open and transparent way. All parties involved in looking into concerns should feel that matters have been dealt with thoroughly and fairly. The investigating manager may seek advice from the Chief Finance Officer, Chief of Corporate Services, or any other Chief role depending on the nature of the concern.

5.5. **Feedback to the Whistleblower.** While the main purpose of the policy is to enable the CCG to investigate concerns raised under this policy and take appropriate steps to deal with those concerns, due consideration will be given to the personal support needs of the whistleblower. In the spirit of developing a learning culture, at the conclusion of the investigation the whistleblower may be asked for their opinion on how the concern was handled. The whistleblower will be given as much feedback as appropriate in respect of the outcome, as long as this does not infringe on the duty of confidence owed to someone else.

5.6. **Supporting the Person under Investigation.** The whistleblowing procedure must be fair to and respect the needs of the person about whom the concern is being raised. They should be informed of the nature of their alleged conduct or behaviour and be reminded of their right of access to support and advice from their trade union. They should have the opportunity to put their side of the story and be kept fully informed of the progress and the outcome of the review or investigation. Details of the concern should be confined to those who need to know in order to conduct the investigation and take whatever actions may subsequently arise. Where the line manager is conducting
the investigation, it is their responsibility to nominate an alternative source of managerial support for the person under investigation.

5.7. **Dissatisfaction with the CCG’s response.** Through this policy, the CCG will try to respond to concerns in an open and transparent way. If the whistleblower is dissatisfied with the response, they may wish to go to other levels within the CCG, the charity Public Concern at Work (www.pcaw.co.uk), the relevant trade union or professional body, or the external bodies detailed below.

5.8. **Informing Other Agencies/Bodies.** Whilst the CCG encourages the raising of concerns internally, it also recognises that there may be circumstances where it is appropriate to report matters to outside agencies, including regulators or the Police. It is preferable to raise a concern with the appropriate regulator than not at all, as long as this is in good faith and there is evidence to back up the concern. Public Concern at Work or the relevant Trade Union will be able to give advice on the circumstances in which an outside body can be contacted safely.

5.9. Regulatory bodies relevant to the NHS include:

- The Care Quality Commission
- Monitor
- NHS Protect
- HM Revenue & Customs
- Health & Safety Executive
- The Occupational Pensions Regulatory Authority

5.10. **Reporting Fraud & Corruption.** A separate Fraud, Corruption & Bribery Policy exists to detail the specific action required of staff in respect of concerns of this type. Any member of staff or manager presented with a concern about fraud or corruption must at the earliest opportunity report their concerns in the first instance directly or indirectly to either:

- The local Counter Fraud Specialist (CFS)
- The Chief Finance Officer
- NHS Fraud & Corruption Reporting Line on: 0800 028 40 60 or online via https://www.reportnhsfraud.nhs.uk/

5.11. **The Public Interest Disclosure Act 1998 will not protect an employee who makes a rash disclosure.** A rash disclosure includes reporting to the media a concern that falls within the scope of this policy that could and should have been raised within the CCG.
6. “Fair Blame”

6.1. The CCG wishes to foster an environment where staff are encouraged to report risks, incidents and ‘near misses’ and raise concerns about matters which affect the quality of care. NHS Doncaster CCG’s Governing Body is committed to a fair blame approach to ensure fear of disciplinary action does not deter any member of staff from reporting an incident or potential incident. The view of the Governing Body is that disciplinary action should not form part of the response to an incident report except in cases where potentially one or more of these applies:

- where there is a second case involving the same individual;
- where the incident results in police investigation;
- where, in the view of the CCG or any professional registration body, the action causing the incident is far removed from acceptable practice;
- where there is failure to report an incident in which a member of staff was either involved in, or aware of.

7. Malicious Allegations

7.1. Where the investigation concludes that malicious allegations have been made it will be necessary to take action under the CCG’s Disciplinary Policy.

8. Policies and Procedures

8.1. Key policies for reference are:

- Standing Orders
- Standing Financial Instructions
- Grievance Policy
- Bullying and Harassment at Work Policy
- Fraud, Bribery & Corruption Policy
- Standards of Business Conduct and Conflicts of Interest Policy
- Disciplinary Policy

9. Disclosures regarding commissioned services

9.1. As a commissioner of local healthcare services, the CCG may receive disclosures of a whistleblowing nature from members of the public or from staff within those commissioned services. Such disclosures will be managed on a case-by-case basis within the spirit of this policy. Lead commissioners will be kept informed, as appropriate, of the outcomes of investigations relating to their lead areas.
CONTACT DETAILS

ROUTE 1:

Your Line Manager, except where fraud is suspected. In these instances reference should be made to the Fraud, Bribery & Corruption Policy for guidance.

ROUTE 2:

Nominated Officer - Chief of Corporate Services 01302 566034

ROUTE 3:

Chiefs of Service

- Chief Nurse (patient safety / clinical concerns) 01302 566211
- Chief Finance Officer (financial / contracting concerns) 01302 566078
- Chief of Strategy & Delivery (commissioning concerns) 01302 566331
- Chief of Corporate Services (staff employment and governance concerns) 01302 566034
- Chief of Partnership Commissioning & Primary Care (primary care commissioning concerns) 01302 566224

ROUTE 4:

Lay Member for Audit & Governance Via the PA to the Chair & Chief Officer 01302 566061

EXTERNAL REPORTING:

Counter Fraud Specialist 01709 428701

NHS Fraud & Corruption Reporting Line 0800 028 40 60

GENERAL ADVICE:

Public Concern at Work 020 7404 6609
QUESTIONS TO CONSIDER WHEN DECIDING TO BLOW THE WHISTLE

The following questions have been compiled by the charity Public Concern at Work to help individuals who are unsure whether or how to raise a concern:

- Is someone (e.g. a patient) unaware that they are being exposed to a risk that you would not take or expose your loved ones to?
- If the tables were turned and someone had a concern about your clinical practices, how would you want them to raise the issue?
- How can the risk be addressed so that the least damage is caused to the colleague involved?
- Have you talked to your colleagues or your team (if not, why not)?
- Can you find a solution within your team?
- Is there a trusted senior colleague or friend you can discuss the issue with first?
- If you have known of the risk for some time, why are you minded to raise the issue now?
- What do you think would be a satisfactory outcome?
- What obstacles are there to it?
- What is your motivation?

You can contact Public Concern at Work to discuss in confidence whether or how to raise a concern on 020 7404 6609.