

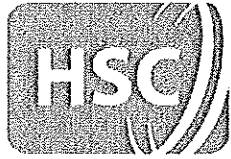


Belfast Health and Social Care Trust

Trust Policy Committee

Whistleblowing Policy	
Summary	The Policy sets out the process to be followed in the case of disclosure by Employees of malpractice, including illegal acts or omissions at work
Purpose	To encourage a climate of honesty and openness in which it is safe and acceptable for any members of staff to raise concerns internally, and at the earliest possible time. When genuine concerns have been raised in good faith, staff in accordance with this Procedure will be protected against victimisation or any other detrimental treatment related to their act of disclosure.
Operational date	September 2008
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Version Number	Final Draft
Director(s) Responsible	Medical Director

Ref No	TP022/08
Supersedes Previous	NA



Belfast Health and Social Care Trust

POLICY STATEMENT ON WHISTLE BLOWING AT WORK

The Belfast Health & Social Care Trust is committed to achieving the highest possible standards of service and the highest ethical standards in all its practices. To achieve these ends it promotes openness and encourages staff to speak freely and contribute their views on health and social care activities especially those relating to the delivery of care to patients and clients.

In introducing the Whistle Blowing Policy the Trust strives to encourage a climate of honesty and openness in which it is safe and acceptable for any member of staff to raise concerns internally and at the earliest possible time.

Staff are recommended to use internal procedures for reporting genuine concerns regarding malpractice or illegal acts at work by Trust employees. When genuine concerns have been raised in good faith, staff in accordance with this procedure will be protected against victimisation or any other detrimental treatment related to their act of disclosure.

The Trust Board and Chief Executive are fully committed to this Policy and its implementation.

Handwritten signature of the Chairman in black ink.

Chairman

Date 12 August 2008

Handwritten signature of the Chief Executive in black ink.

Chief Executive

Date 12 August 2008

1. INTRODUCTION

- 1.1 The Term "whistleblowing" refers to the disclosure by employees, of wrong doing including fraud, financial irregularity, serious maladministration arising out of improper conduct, unethical activities which may be of a criminal nature or acts or omissions which create a risk to the health and safety within the Organisation to which we belong.
- 1.2 This policy has been developed in recognition of the fact that individual members of staff in the Belfast Health & Social Care Trust have a right and a duty to raise with the Trust any matter of concern that they may have.
- 1.3 The policy seeks to encourage staff to use internal mechanisms, in the first place, at an early stage and in the right way.
- 1.4 The policy takes account of the Public Interest Disclosure (NI) Order 1998 and Circular HSS (Gen) 1/2000. It does not affect existing complaint procedures and it complements professional and ethical rules, guidelines and codes of conduct relating to complaints and freedom of speech.

2. AIMS & OBJECTIVES

- 2.1.1 The aim of the Policy is to promote a culture of openness, transparency and dialogue which at the same time: -
- reassures staff that they will not be penalised for raising a genuine concern and gives them a process to follow
 - upholds patient confidentiality
 - does not unreasonably undermine confidence in the service
 - meet the obligations of staff to their employer
 - Contribute towards improving services provided by the Trust
- 2.2 The Objectives of the Procedure: -
- Encourage staff to raise matters of concern internally and advise on how the matter should be raised

- Provide an effective and confidential process by which staff can raise genuine concerns so that patients, clients and the public can be safeguarded
- Ensure staff have the opportunity of free speech without fear of victimisation, reprisal or reproach from the Trust Board or its Management
- Assist in the prevention of fraud and mismanagement
- Demonstrate to staff and the public that the Trust is ensuring its affairs are carried out ethically, honestly and to high standards

The Trust recognises that employees may wish to contact outside bodies, however, the Trust would encourage staff to use the internal process set out in this policy.

3. SCOPE OF THE POLICY

3.1 The Trust recognises that existing policies and procedures which deal with conduct and behaviour at work (Disciplinary, Grievance, Harassment & Bullying, the Complaints Procedure and the Accident/Incident Reporting Procedure) may not always be appropriate to extremely sensitive issues which may need to be handled in a different way. The Whistleblowing Policy provides a procedure for staff to raise genuine concerns internally on malpractice relating to criminal activity, failure to comply with a legal duty, miscarriages of justice, danger to health and safety or the environment and the concealment of any of these issues in the workplace.

Examples may be: -

- Malpractice or ill treatment of a patient by a member of staff
- Repeated ill treatment of a patient despite a complaint being made
- Where a criminal offence has been committed, is being committed or is likely to be committed
- Suspected fraud
- Disregard for legislation, particularly in relation to Health and Safety at Work
- The environment has been, or is likely to be, damaged
- A miscarriage of justice has occurred, is occurring, or is likely to occur
- Breach of Standing Financial Instructions
- Showing undue favour over a contractual matter or to a job applicant
- Research misconduct

- Information on any of the above has been, is being, or is likely to be concealed

This list is not intended to be exhaustive or restrictive.

- 3.3 The policy is not intended for personal issues that should be properly raised under existing Grievance Procedure arrangements.
- 3.4 This policy compliments professional and ethical rules, guidelines and codes of conduct and freedom of speech. It is not intended to replace professional codes and mechanisms which allows questions about professional competence to be raised. (However such issues can be raised under this process if no other more appropriate avenue is apparent).

4. PUBLIC INTEREST DISCLOSURE (NI) ORDER 1998

- 4.1 This policy and procedure has been introduced in compliance with the provisions of the above order which took effect 31 October 1999. The order gives significant statutory protection to employees who disclose information reasonably and responsibly in the public interest. It sets out the circumstances in which disclosures of information are protected. To be protected under the law an employee must act in good faith with an honest and reasonable belief that a malpractice has occurred, is occurring or is likely to occur. Disclosures may also be made to certain prescribed persons or bodies external to the Trust listed in the order. The Order does not normally protect employees making rash disclosures for example to the media, when the subject could have been raised internally.
- 4.2 The Trust Medical Director is the designated Executive responsible for ensuring the appropriate protections are applied. The Head of Office is the Designated Person to be the initial point of contact for complaints under this Procedure.
- 4.3 Staff are expected to treat many matters confidentially however the Trust does not operate any policy or clause in employee contracts which prevent staff from raising issues of concern protected by the Order. Where staff raise genuine, but unfounded concerns they will not face disciplinary action. Disciplinary action would only be considered if the disclosure was made in bad faith e.g. falsely or maliciously or in pursuit of a personal grudge.

- 4.4 If a member of staff is penalised or victimised for making a protected disclosure he or she can bring their case to an industrial tribunal. However the Trust has agreed that it expects staff to raise concerns about malpractices and that deterring someone from using the procedure or victimising someone who does will be viewed as a disciplinary matter.

5. RESPONSIBILITIES

5.1 The Trust

- To ensure that this policy enables genuine issues that are raised to be dealt with effectively
- To promote a culture of openness and honest and ensure that issues are dealt with responsibly and taken seriously
- To ensure that employees who raise any issues are not penalised for doing so unless other circumstances come to light which require this, e.g. where a member of staff knowingly raises an issue regarding another member of staff which they know to be untrue.

5.2 Managers

- To take any concerns reported to them seriously and consider them fully and fairly
- To recognise that raising a concern can be a difficult experience for some staff and to treat the matter in a sensitive manner if required
- To seek advice from other professionals within the Trust where appropriate
- To invoke the formal procedure and ensure the designated officer is informed, if the issue is appropriate

5.3 All Members of Staff

- To recognise that it is their duty to draw to the Trust's attention any matter of concern
- To adhere to the procedures set out in this policy
- To maintain their duty of confidentiality to patients and the Trust and consequently, where any disclosure of confidential information is to be justified, the employee should first, where appropriate, seek specialist advice from for example a representative of a regulating organisation such as the Nursing & Midwifery Council or the General Medical Council.

6. PROCEDURE

6.1 Informal Procedure

6.1.2 If an employee has a genuine concern about what they believe might be malpractice and have an honest and reasonable suspicion that the malpractice has occurred, is occurring, or is likely to occur, then the matter should be raised in the first instance with their Line Manager, or if there are specific reasons for not doing so the matter should be reported to the appropriate Senior Manager/Director.

6.1.3 Employees are entitled to representation from a Trade union/fellow worker or companion in assisting them raise such a matter of concern.

6.1.4 If the concern can be resolved at a local level, then the Line Manager will take the appropriate action and the staff member will be notified of the action taken within five working days of having raised the concern. If additional time is needed the timescale will be reviewed and communicated.

Where action is not considered practicable or appropriate the staff member should be provided with an explanation of the reasons within the timescale or revised timescale.

6.1.5 If informal action does not allay concerns, then the employee should invoke the formal procedure outlined below.

6.1.6 Where appropriate the Manager may decide to refer the issue to the Trust Designated Person to be dealt with under the formal procedure below).

6.2 Formal Procedure

In the event that the matter raised cannot be dealt with informally or under any of the Trusts other Procedures for dealing with conduct and behaviour at work, as specified at paragraph 3, then the following Procedure should be invoked:-

6.2.1 The Trust has appointed a Designated Person to be the initial point of contact for complainants under this Procedure. The Designated Person will have direct access to the Chair/Chief Executive. In some situations a member of staff may have initially discussed the matter with their Line Manager. It is important that the matter is immediately brought to the attention of the Designated Person.

Designated Person:	Mrs June Champion
Title:	Head of Office (Acting)
Location:	Chief Executive's Office
Telephone Number:	

6.2.2 The Designated Person will arrange an initial interview with the complainant, which will be strictly confidential and will ascertain the area of concern. The complainant may be represented by a Trade Union representative or fellow worker/companion. The Designated Person will seek to reassure the complainant about protection from possible reprisals or victimisation and give them a copy of this Policy. The Designated Person will write a summary report of the interview which will be agreed by both parties, and will ask the complainant to make a written statement.

6.2.3 The Designated Person will report to the Chief Executive. However, if the complaint is about the Chief Executive the Designated Person should report to the Chair. In the event the complaint is about the Chair of the Trust it should be referred to the Permanent Secretary, Department of Health, Social Services & Public Safety. If the complaint concerns the improper use of public funds then the Designated Person should have direct access to the Chair of the Trust's Audit Committee.

- 6.2.4 The Chief Executive, or the Chair or Designate Person as appropriate, will be responsible for the commission of the investigation. This investigation will be carried out by an independent individual(s) (Investigating Officer(s))/Panel. The Investigating Officer(s)/Panel will conduct a full investigation which will be carried out under the terms of strict confidentiality. The Designated Person will be kept informed of progress.
- 6.2.5 In serious cases, for example allegations of ill treatment of patients, fraud, consideration will have to be given by the Designated Person, Chief Executive or the Chair to immediate suspension from work. The suspension and subsequent investigation will be conducted under the Trust's Disciplinary Procedure(s) and guidelines and if, as a result of the investigation there is a case to be answered and it is deemed appropriate for formal disciplinary action, a Disciplinary Hearing will be convened under the Trust Disciplinary Procedure and as appropriate maintaining high professional standards for Medical staff. In other cases the investigation will be carried out in accordance with the principles, time periods and rights to representation as set out in the Trust's Disciplinary Procedure and Guidelines.
- 6.2.6 Following the investigation the Investigation Officer(s)/Panel will produce an investigation report will report back to the Designated Officer, Chief Executive, or the Chair as appropriate, who will implement the recommendations and ensure appropriate action is taken which may include changes in practise or disciplinary action. Where applicable, to ensure consistency, the Investigating Officer(s) will present the case at a Disciplinary Hearing. Otherwise the Presenting Officer(s) for any Disciplinary Hearings will be convened in accordance with the normal Disciplinary arrangements, will be fully briefed and be provided with the complete investigation report so that the case can be presented to the Disciplinary Panel.
- 6.2.7 If there is no case to answer the Chief Executive, Chair or Designated Person will take into account that protection should be afforded to an employee who was not in an informed position to form a belief on reasonable grounds about the truth of information, but believed nonetheless that the information may have been true and is of sufficient importance to justify its disclosure so that the truth can be investigated.

6.2.8 The Chief Executive, Chair or Designated Officer may conclude in circumstances where false or malicious allegations have been made that it is appropriate to invoke the Disciplinary Procedure against the person or persons who made these.

6.2.9 The Designated Person will provide the individual who raised the concerns with as much feedback on the outcome of the investigation as is proper in the circumstances. However, the Trust may not be in a position to disclose the precise action taken where it would infringe a duty of confidence owed to someone else. In particular precise details of any disciplinary action will not be provided.

7. ROLE OF TRADE UNIONS & OTHER ORGANISATIONS

7.1 All staff have the right to consult and seek guidance and support from their Professional Organisations, Trade Union or from statutory bodies such as the Nursing & Midwifery Council, the General Medical Council, Health Professional Council and the Social Care Council for Northern Ireland.

8. EXTERNAL CONTACTS

8.1 The Trust hopes this Policy reassures staff of its commitment to have concerns raised under it taken seriously and fully investigated, and to protect an individual who brings such concerns to light. Whilst there may be occasions where individuals will wish to report their concerns to external agencies or the Police, the Trust would hope that the robust implementation of this Policy will reassure staff that they can raise such concerns internally in the first instance.

9. OMBUDSMAN

9.1 The Ombudsman may investigate complaints by staff on behalf of a patient, provided he/she is satisfied there is no one appropriate, such as an immediate relative, to act on the patient's behalf.

Contact Number – [REDACTED]

10. MEMBERS OF PARLIAMENT/MLA'S/EXTERNAL AGENCY

10.1 A member of staff has the right to consult with their Member of Parliament, Member of the Legislative Assembly in Northern Ireland or relevant agency. However the Trust expects staff to follow these procedures before taking such a step so that the Trust has the opportunity to take appropriate action.

11. THE MEDIA

11.1 Staff who feel their concerns have not been properly addressed through the procedure may be considering going to the media. However staff should carefully consider what they are putting into the public domain and ensure that patient confidentiality is protected at all times. The Trust reserves the right to take disciplinary action if patient confidentiality is breached.

11.2 Communication with the media is coordinated by the Communications Department. Staff approached by the media should direct the media to the Trust's telephone number 028 90960096.

12. PATIENT & CLIENT CONFIDENTIALITY – RESPONSIBILITY OF ALL STAFF

12.1 All Trust staff have a duty of confidentiality to patients and clients. Unauthorised disclosure of personal or confidential information about a patient or client is a serious matter which will result in disciplinary action. This may apply even if staff members believes he/she is acting in the best interests of a patient or client by disclosing the information. Employees have a duty of confidentiality. Breach of the duty may result in disciplinary action. Staff should seek specialist advice to ensure cases involving disclosure of confidential information are soundly based before considering action.