**Whistleblowing Policy and Procedure**

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# Introduction

## Policy statement

It is important to the organisation that any fraud, misconduct or wrongdoing carried out by employees, partners or others who work in the organisation is reported and properly dealt with. The organisation therefore encourages all individuals to raise any concerns that they may have about the conduct of others in the organisation or the way in which the organisation is run.

This policy sets out the way in which individuals may raise any concerns that they have and how those concerns will be dealt with.

## Principles

Speaking up about any concern you may have at work is important. It is in fact vital because it will help the organisation to keep improving its services for all patients and the working environment for staff.

Raising concerns can sometimes feel like ‘complaining’ or going behind others’ backs and this can sometimes prevent people from speaking up but please do not be put off. The organisation is committed to an open and honest culture. We will investigate what you say and we will ensure you have access to the support you need.

We are committed to listening to our staff, learning lessons and improving patient care. When we are made aware of your concern, it will be recorded and you will receive an acknowledgement within two working days. We will then keep you updated on progress where appropriate.

Remember that if you are a healthcare professional, you may have a professional duty to report a concern. If in doubt, please raise it.

Do not wait for proof. We would like you to raise the matter while it is still a concern. It does not matter if you turn out to be mistaken, especially if you are genuinely troubled.

## KLOE

The Care Quality Commission would expect any primary care organisation to have a policy to support the raising of concerns and whistleblowing which should be used as evidence of compliance against CQC Key Lines of Enquiry (KLOE)[[1]](#footnote-1).

Specifically, Sheerwater Health Centre will need to answer the CQC Key Questions on “Safe and Well-Led”

The following is the CQC definition of Safe:

*By safe, we mean people are protected from abuse\* and avoidable harm. \*Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse.*

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| **CQC KLOE S6** | Are lessons learned and improvements made when things go wrong? |
| **S6.1** | Do staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses and to report them internally and externally, where appropriate? |
| **S6.2** | What are the arrangements for reviewing and investigating safety and safeguarding incidents and events when things go wrong?  Are all relevant staff, services, partner organisations and people who use services involved in reviews and investigations? |
| **S6.3** | How are lessons learned and themes identified, and is action taken as a result of investigations when things go wrong? |
| **S6.4** | How well is the learning from lessons shared to make sure that action is taken to improve safety?  Do staff participate in and learn from reviews and investigations by other services and organisations? |
| **S6.5** | How effective are the arrangements to respond to relevant external safety alerts, recalls, inquiries, investigations or reviews? |

The following is the CQC definition of Well-Led:

*By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation and promotes an open and fair culture.*

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| **CQC KLOE W1** | Is there the leadership capacity and capability to deliver high-quality, sustainable care? |
| **W1.1** | Do leaders have the skills, knowledge, experience and integrity that they need – both when they are appointed and on an ongoing basis? |
| **CQC KLOE W3** | Is there a culture of high-quality, sustainable care? |
| **W3.4** | Is action taken to address behaviour and performance that is inconsistent with the vision and values, regardless of seniority? |
| **W3.5** | Does the culture encourage openness and honesty at all levels within the organisation, including with people who use services, in response to incidents?  Do leaders and staff understand the importance of staff being able to raise concerns without fear of retribution, and is appropriate learning and action taken as a result of concerns raised? |
| **CQC KLOE W4** | Are there clear responsibilities, roles and systems of accountability to support good governance and management? |
| **W4.2** | Do all levels of governance and management function effectively and interact with each other appropriately? |
| **CQC KLOE W5** | Are there clear and effective processes for managing risks, issues and performance? |
| **W5.1** | Are there comprehensive assurance systems and are performance issues escalated appropriately through clear structures and processes?  Are these regularly reviewed and improved? |
| **W5.3** | Is there a systematic programme of clinical and internal audit to monitor quality, operational and financial processes, and systems to identify where action should be taken? |
| **CQC KLOE W6** | How are people's care and treatment outcomes monitored and how do they compare with other similar services? |
| **W6.1** | Is there a holistic understanding of performance, which sufficiently covers and integrates people’s views with information on quality, operations and finances?  Is information used to measure for improvement, not just assurance? |
| **W6.4** | Are there effective arrangements to ensure that the information used to monitor, manage and report on  quality and performance is accurate, valid, reliable, timely and relevant? What action is taken when  issues are identified? |
| **W6.6** | Are there effective arrangements to ensure that data or notifications are submitted to external bodies as  required? |
| **CQC KLOE W7** | Are the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services? |
| **W7.5** | Is there transparency and openness with all stakeholders about performance? |

## Freedom to speak up (NHS England only)

This policy aligns with [NHS England’s Freedom to Speak Up review](https://www.nationalguardian.org.uk/).

The organisation’s ‘Freedom to Speak Up Guardian’ is Dr S Soin (01932 340484) and is independent of the organisation.

## Status

The organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents). Consideration has been given to the impact this policy might have with regard to the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment.

## Training and support

The organisation will provide guidance and support to help those to whom it applies to understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

Whistleblowing training is available on the BlueStream Academy website.

# Scope

## Who it applies to

This document applies to all employees of the organisation which includes, but is not limited to trainees, partners, directors, agency workers, locums and contractors.

## Why and how it applies to them

Everyone should be aware of the importance of preventing and eliminating wrongdoing at work. You should be watchful for illegal or unethical conduct and report anything of that nature that you become aware of.

Any matter raised under this procedure will be investigated thoroughly, promptly and confidentially and, in most circumstances, the outcome of the investigation will be reported back to you as the person who raised the issue.

An employee who makes a protected disclosure or ‘blows the whistle’ has the right not to be dismissed, subjected to any other detriment or victimised because he or she has made a disclosure. This means that your continued employment and opportunities for future promotion or training will not be prejudiced because you have raised a legitimate concern. The victimisation of an employee for raising a qualified disclosure will be a disciplinary offence.

If misconduct is discovered as a result of any investigation carried out under this procedure, the organisation’s disciplinary procedure will be used in addition to any appropriate external measures.

Maliciously making a false allegation is a disciplinary offence. An instruction to cover up wrongdoing is itself a disciplinary offence. If told not to raise or pursue any concern, even by a person in authority such as a manager, you should not agree to remain silent. You should report the matter to a partner.

This procedure is for disclosures about matters other than a breach of an employee’s own contract of employment. If you are concerned that your own contract has been or is likely to be broken, you should use the organisation’s grievance procedure. Personal grievances (for example bullying, harassment, discrimination) are not covered by whistleblowing law unless your particular case is in the public interest.

# Definition of terms

## Whistleblower

A whistleblower[[2]](#footnote-2) is an employee who reports certain types of wrongdoing, usually something they have seen at work.

## Qualifying disclosure

Qualifying disclosures (also known as protected disclosures) are legitimate concerns that an employee raises about specified matters and are reasonably believed to be in the public interest (this means it affects others, for example the general public).

These are covered under the [Public Interest Disclosure Act 1998](https://www.gov.uk/government/publications/the-public-interest-disclosure-act/the-public-interest-disclosure-act).

## Complaints that count as a qualifying disclosure

A qualifying disclosure is one made in the public interest by an employee who has a reasonable belief that any of the following is being, has been, or is likely to be, committed:

* A criminal offence
* A miscarriage of justice
* An act creating risk to health and safety
* An act causing damage to the environment
* A breach of any other legal obligation
* Concealment of any of the above

## Examples of serious concerns relating to general practice

* Unsafe patient care
* Unsafe working conditions
* Inadequate induction or training for staff
* Lack of or poor response to a reported patient safety incident
* Suspicions of fraud, financial irregularity, dishonesty
* A bullying culture (across a team or the organisation rather than individual instances of bullying)
* Malpractice, corruption, bribery
* Unethical conduct
* Medical or prescribing errors

## Prescribed persons

These are the people and bodies you can report malpractice to, other than your employer. They include but are not limited to:

* [**Monitor (part of NHS Improvement)**](https://www.gov.uk/government/organisations/nhs-improvement) for concerns about regulation, performance and how NHS trusts and foundation trusts are run
* [**Care Quality Commission**](https://www.cqc.org.uk/) for quality and safety concerns
* [**Healthwatch England**](https://www.healthwatch.co.uk/), part of CQC, however you can make disclosures directly to Healthwatch if you wish
* [**National Guardian’s Office**](https://www.nationalguardian.org.uk/about-the-ngo/) for concerns regarding freedom to speak up and cultures in NHS in England
* [**General Medical Council**](https://www.gmc-uk.org/-/media/documents/DC5900_Whistleblowing_guidance.pdf_57107304.pdf)
* [**Nursing and Midwifery Council**](https://www.nmc.org.uk/globalassets/sitedocuments/annual_reports_and_accounts/whistleblowing_report_2020-final.pdf)
* [**Health and Care Professions Council**](https://www.hcpc-uk.org/)
* [**National Health Service Commissioning Board**](https://www.england.nhs.uk/commissioning/) **(also known as NHS England)** for concerns about:
* Primary medical services (general practice)
* Primary dental services
* Primary ophthalmic services
* Local pharmaceutical services
* [**Health Education England**](https://www.hee.nhs.uk/) for education and training in the NHS
* [**NHS Counter Fraud Authority (formerly NHS Protect)**](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/415175/bis-15-200-whistleblowing-guidance-for-employers-and-code-of-practice.pdf) for concerns about fraud and corruption
* [**Healthcare Improvement Scotland**](https://www.mygov.scot/whistleblowing/)for matters relating to safety or quality of healthcare in Scotland
* [**Welsh Ministers**](https://careinspectorate.wales/contact-us/whistle-blowing) for the review of, and investigation into, provision of health care by and for Welsh NHS bodies and independent healthcare providers in Wales

This list of prescribed persons and bodies is updated on a regular basis at [www.gov.uk](https://www.gov.uk/government/publications/blowing-the-whistle-list-of-prescribed-people-and-bodies--2).

# Procedure for raising a concern

## Stage 1

In the first instance, and unless you reasonably believe the practice manager to be involved in the wrongdoing, any concerns should be raised with the practice manager. If you believe the practice manager to be involved, or for any reason you do not wish to approach him/her, then you should proceed directly to Stage 3.

When we are made aware of your concern, it will be recorded and you will receive an acknowledgement within two working days. We will then keep you updated regarding progress where appropriate.

## Stage 2

The practice manager will arrange an investigation into the matter (either by investigating the matter him/herself or immediately passing the issue to someone in a more senior position).

The investigation may entail you and any other individuals involved providing a written statement. Any investigation will be carried out in accordance with the principles set out above.

Your statement will be taken into account and you will be asked to comment on any additional evidence obtained.

The practice manager (or the person who carried out the investigation) will then report to the senior partner who will take any necessary action including reporting the matter to any appropriate government department or regulatory agency.

If disciplinary action is required, the practice manager (or the person who carried out the investigation) will report the matter to the senior partner who will instigate the disciplinary procedure. On conclusion of any investigation, you will be told the outcome of the investigation and what the organisation has done, or proposes to do, about it. If no action is to be taken, the reason for this will be explained.

## Stage 3

If you are concerned that the practice manager is involved in the wrongdoing, has failed to make a proper investigation or has failed to report the outcome of the investigations to the senior partner, you should contact the Freedom to Speak Up Guardian[[3]](#footnote-3), Dr S Soin (01932 340484), who will arrange to review the investigation that was carried out, make any necessary enquiries and make his/her own report to the senior partner as in Stage 2 above.

If, for any other reason, you do not wish to approach the practice manager, you should also in the first instance, contact Dr S Soin. Any approach to this person will be treated in the strictest confidence and your identity will not be disclosed without your prior consent.

## Reporting outside the organisation

If, on conclusion of Stages 1, 2 and 3, you reasonably believe that the appropriate action has not been taken you should report the matter to the proper authority. The legislation sets out a number of bodies to which qualifying disclosures may be made (see 3.5 above).

Additionally, you can also contact [ACAS](https://archive.acas.org.uk/index.aspx?articleid=1919), the whistleblowing charity Protect or your trade union for more guidance.

The organisation encourages you to raise your concerns under this procedure in the first instance. If you are unsure whether or not to raise a concern, you should discuss the issue with your line manager or the practice manager or the Freedom to Speak Up Guardian.

# Further reading

Outside of the links contained within this policy, further reading can be sought at:

1. [www.cqc.org.uk](https://www.cqc.org.uk/sites/default/files/documents/20131107_100495_v5_00_whistleblowing_guidance_for_providers_registered_with_cqc.pdf)
2. [ACAS](https://archive.acas.org.uk/index.aspx?articleid=1919)
3. [www.gov.uk](https://www.gov.uk/whistleblowing)

# Summary

Whistleblowing can only be disclosed should it be in the public’s interest, such as in that any claim must affect others and not have been made only in the claimant’s own self-interest.

Whistleblowing is a protected category and, as such, any claimant will be protected under the Public Interest Disclosure Act 1998 that protects the whistleblower from unfair treatment following any disclosure.

Should any member of the organisation consider that whistleblowing is the most appropriate action, then the individual should discuss their concerns with an appropriate member of the team or, as detailed, the organisation’s Freedom to Speak Up Guardian.

1. [www.cqc.org.uk](https://www.cqc.org.uk/sites/default/files/20180628%20Healthcare%20services%20KLOEs%20prompts%20and%20characteristics%20FINAL.pdf) [↑](#footnote-ref-1)
2. <https://dictionary.cambridge.org/dictionary/english/whistle-blower> [↑](#footnote-ref-2)
3. [www.nationalguardian.org.uk](https://www.nationalguardian.org.uk/information-on-speaking-up/) [↑](#footnote-ref-3)