

**Raising a Concern (Whistleblowing) Policy**

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|-----------|--|--|-----|---------------------------|-----|
| <b>1</b>  | <b>SUMMARY</b>   | Raising a Concern (Whistleblowing) Policy  |     |                           |     |
| <b>2</b>  | <b>RESPONSIBLE PERSON:</b>   | Steve Beeho, Head of Integrated Governance   |     |                           |     |
| <b>3</b>  | <b>ACCOUNTABLE DIRECTOR:</b>   | Jennie Williams, Director of Quality and Integrated Governance                               |     |                           |     |
| <b>4</b>  | <b>APPLIES TO:</b>   | All Individuals  |     |                           |     |
| <b>5</b>  | <b>GROUPS/ INDIVIDUALS WHO HAVE OVERSEEN THE DEVELOPMENT OF THIS POLICY:</b> | HR, NEL CSU; RSM Tendon  |     |                           |     |
| <b>6</b>  | <b>GROUPS WHICH WERE CONSULTED AND HAVE GIVEN APPROVAL:</b>                  | Joint Partnership Group – 30 November 2016<br>Senior Management Team – 14 December 2016      |     |                           |     |
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# **Raising a Concern (Whistleblowing) Policy**

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## **PART ONE: POLICY**

### **1.0 Policy Statement**

- 1.1. The CCG is committed to the principle of public accountability. The CCG will investigate any concerns made with reasonable belief expressed by individuals and other workers relating to malpractice within the CCG, and will ensure that individuals and other workers are not discriminated against or suffer a detriment as a result of making such a disclosure, as laid down by the Public Interest Disclosure Act 1998 (PIDA).
- 1.2. Qualifying disclosures are disclosure of information where the individual / worker reasonably believes (and it is in the public interest) that one or more of the following matters is either happening, has taken place, or is likely to happen in the future
- A criminal offence
  - The breach of a legal obligation
  - A miscarriage of justice
  - A danger of the health and safety of any individual
  - Danger to the environment
  - Deliberate attempt to conceal the above
  - Concerns about unsafe patient care
  - Unsafe working conditions
  - Inadequate induction or training for employee
  - A bullying culture
- 1.3. This policy applies to all employees and other workers (seconded, trainees, apprentices, work experience, bank staff lay members, contractors, consultants, suppliers, service users, employees and Committee members of the organisations funded by the CCG, employees and principals of partner organisations, volunteers and agency workers) whilst they are working at the CCG, and is in accordance with the CCG's Equality and Diversity policy. This policy also applies to individuals from external organisations who may wish to make an allegation about the conduct of the CCG. Individuals wishing to make allegations about their own organisation should do so in accordance with their own organisations policies.
- 1.4. If the concern is a personal complaint about the individual's employment that affects only themselves, rather than a concern about something that affects others, then the Grievance Policy should be referred to. If the allegation falls under another policy then the most appropriate policy will be consulted.
- 1.5. This policy incorporates the requirements of the Public Interest Disclosure Act 1998 (PIDA) and the Bribery Act 2010.

### **Values and Behaviours**

- 1.6. The three fundamental public service values underpinning the NHS and all public sector work, specified by the NHS Code of Conduct for Boards published by the NHS

Executive in April 1994 are Accountability, Probity and Openness. All those who work in the public sector should be aware of, and act in accordance with, these values. Acting with honesty and integrity forms a cornerstone of the public sector values.

- 1.7. The CCG is a public sector body and individuals and other workers are required to be honest and impartial in the conduct of their business. Where there is a policy in place, all individuals and other workers of the CCG should be aware of the Standards of Business Conduct documentation published on the CCG intranet. The CCG is absolutely committed to maintaining an honest, open and well-intentioned atmosphere within the organisation.
- 1.8 All individuals have a duty to report instances where they witness others failing to demonstrate the expected levels of integrity in their working life at the earliest opportunity. This will include bribery, fraud, corruption or bringing a CCG, the NHS or wider public service in to disrepute.

### **Aims and Objectives**

- 1.9 This policy aims to:
  - Encourage all individuals and other workers to feel confident in raising serious/genuine concerns in reasonable belief regarding the practice of the CCG and conduct of individuals;
  - Encourage all individuals and other workers to feel confident in raising serious concerns regarding the practice of external organisations e.g. customer organisations and conduct of individuals;
  - Ensure that expectations about individuals / other workers and CCG duties are clear;
  - Ensure that individuals and other workers understand how to raise genuine concerns
  - Provide avenues for individuals and other workers to raise those concerns and receive feedback on any action taken;
  - Ensure that individuals and other workers receive a response/feedback following the protected disclosure;
  - Re-assure individuals and other workers that they will be protected from possible reprisals, subsequent discrimination, victimisation or disadvantage if they made a disclosure based on a reasonable belief;
  - Is maintained to ensure effectiveness of implementation.

## **2.0 Principles**

- 2.1. Any matter raised under this procedure will be investigated thoroughly, promptly and confidentially and the outcome of the investigation reported back to the individual or other worker who raised the issue.
- 2.2. All individuals/other workers will be made aware of this policy on joining the CCG and will be encouraged to read and understand its process. All existing individuals will be

made aware of the policy also be via various online and face to face Methods.

- 2.3. No individual or other worker will be victimised or suffer a detriment for raising a legitimate concern under this procedure.
- 2.4. In the event that misconduct is discovered as a result of any investigation under this procedure the CCG's disciplinary policy will be invoked in addition to any external measures required.
- 2.5. Where it can be demonstrated that an individual knowingly or maliciously supplied false information when raising a concern the CCG's disciplinary policy will be invoked.
- 2.6. The CCG will treat all disclosures made under this policy in a confidential and sensitive manner. The identity of the individual making the allegation may be kept confidential so long as it does not hinder or frustrate any investigation. However, the investigation process may reveal the source of the information and the individual making the disclosure may need to provide a statement as part of the evidence required.
- 2.7. Support arrangements will be offered to individuals raising a concern.
- 2.8. This policy encourages individuals to put their name to any disclosures they make. Concerns expressed anonymously are much less credible, but they may be considered at the discretion of the CCG.

In exercising this discretion, the factors to be taken into account will include:

- The seriousness of the issues raised.
- The credibility of the concern.
- The likelihood of confirming the allegation from attributable sources.

### **3.0 Responsibilities**

#### **3.1. Chief Officer & Executive Team**

Responsibility and accountability for the Whistleblowing Policy and Procedure sit with the Chief Officer. They will, in conjunction with the Executive Team:

- Demonstrate commitment to developing an open culture within the CCG, through actions and strategy
- Receive and review annual reports on whistleblowing activity
- Appoint a Freedom to Speak Up Guardian
- Report number of Whistleblowing concerns raised on monthly status report to CCG Executive team

#### **3.2. Freedom to Speak Up (FTSU) Guardian. The FTSU Guardian has lead responsibility for the whistleblowing process and for dealing with issues raised, they will:**

- Oversee and review the whistleblowing policy and process implementation and practice
- Raise the profile of raising concerns in the CCG
- Determine if concern raised falls within the scope of the Public Interest Disclosure Act 1998 (see para 4.0)
- Provide confidential advice and support to staff in relation to concerns they have about patient safety and/or the way their concern has been handled.
- Appoint an Investigative commissioning manager for a case where appropriate
- Ensure cases are progressed in a timely manner
- Ensure learning from whistleblowing cases is fed back to the wider CCG
- Ensure managers are trained in dealing with issues
- Ensure the process is monitored and improved where required
- Provide reports on whistleblowing activity on an annual basis to the Executive Team

Guardians do not get involved in investigations or complaints, but help to facilitate the process where needed, ensuring organisational policies in relation to raising concerns are followed correctly.

The local CCG FTSU Guardian details are contained in appendix 1.

### 3.3. Employees and other workers

- Have a duty to raise any concerns they have under the circumstances set out in this document
- Raise genuine concerns internally first to allow the CCG to address the concern
- Treat any information about the investigation as confidential
- Must not threaten or retaliate against a person who raises concerns in any way. Anyone involved in such conduct will be dealt with in line with the CCG Disciplinary Policy

### 3.4. Managers

Managers are responsible for;

- Ensuring all staff are aware of this policy and procedure and their responsibilities including
- Carrying out regular 1-1s / team meetings to support an environment where individuals feel they can raise a concern with their manager as soon as it arises so that it can be addressed proactively
- Taking a proactive and supportive approach to a raising concerns protected disclosures and support the person who raised the concern.
- Being sensitive to individual needs and discreet and consistent in their approach towards an individual / worker who raises a concern
- Investigating issues raised promptly and thoroughly
- Ensuring the staff raising concerns receives timely feedback

- Considering a range of options to achieve satisfactory resolution including carrying out a risk assessment and consider application of other CCG Policies which may resolve the concern
- Fostering an open culture within their teams
- Ensuring any staff raising concerns are not subject to detriment for raising the concern
- Escalating issues and engaging the support of the FTSU Guardian where required

### 3.5. Human Resources (HR)

HR will support successful application of this policy and procedure through:

- Providing advice and support to managers, individuals and other workers

## 4.0 The Public Interest Disclosure Act (PIDA) 1998

4.1. The above act provides protection for individuals who raise legitimate concerns about specified matters:

- That a criminal offence has been committed, is being committed or is likely to be committed.
- That a person has failed, is failing, or is likely to fail to comply with any legal obligation to which the worker is subject.
- That a miscarriage of justice has occurred, is occurring or is likely to occur.
- That the health or safety of any individual has been, is being, or is likely to be damaged.
- That information tending to show any matter falling within any one of the proceeding paragraphs has been, is being or is likely to be deliberately concealed.

These are called “qualifying disclosures”. A qualifying disclosure of information is a disclosure that, in the reasonable belief of the individual, is made in the public interest. In order for the disclosure to be protected, the worker must show that he or she reasonably believed that the malpractice falls within the matters for which the person is prescribed and that the information disclosed, and any allegation contained in it, are substantially true. It is not necessary for the individuals to have proof that such an act is being, has been, or is likely to be committed, a reasonable belief is sufficient.

PIDA only offers protection to employees.

## 5.0 The Bribery Act 2010

5.1. The above act makes it a criminal offence to give a promise or offer a bribe or request, or agree or receive a bribe. It also sets out a corporate offence of failing to prevent bribery by an organisation not having adequate preventative procedures in



place. This includes operating through an “agent/subsidiary or other associated person”.

## **6.0 Bribery, Fraud & Corruption**

- 6.1. The CCG is committed to the elimination of any bribery, fraud and corruption within the CCG and to the rigorous investigation of any such cases.
- 6.2. One of the basic principles of public sector organisations is the proper use of public funds and this would include assets bought through public funds. It is therefore important that all CCG individuals and other workers are aware of the rules against any acts involving bribery, dishonesty, corruption or damage to CCG property. For simplicity all such offences are hereafter referred to as “fraud”.
- 6.3. The CCG wishes to positively encourage anyone with reasonable suspicions of fraud to report them, and will ensure that no staff member will suffer in any way as a result of reporting reasonably held suspicions. All such concerns will be treated in confidence, wherever possible, and properly investigated.
- 6.4. Where instances of theft are identified these should be reported immediately to a line manager or in the event of the suspicion falling on that person, the Chief Finance Officer who, where appropriate, will arrange for the matter to be referred to the police for investigation.

## **7.0 Confidentiality**

- 7.1. Individuals and other workers raising a concern should be aware of the need to follow this procedure and in particular to maintain confidentiality. Allegations of breaches in confidentiality will be dealt with using the appropriate procedures, through the use of the CCG Disciplinary Policy.
- 7.2. The identity of the individual who has raised a concern will be protected on request and will not be disclosed without consent. Whether and how to proceed will be discussed with the individual if the situation arises where the concern cannot be resolved without revealing their identity (for example, because there is an internal investigation or evidence is needed in court).
- 7.3. Should anonymity not be expressly requested by the individual who has raised a concern, their identity will only be disclosed where necessary, and following a risk-based review by the CCG.
- 7.4. Any individual raising a concern must be aware that they may be asked to present evidence to substantiate any allegations made, and/or to provide a written statement. In addition, they may be asked to explain their allegations during any disciplinary proceedings that may result from them.
- 7.5. Victimisation of individuals who raise concerns reasonably and responsibly is prohibited under the Public Interest Disclosure Act 1998. The CCG will ensure that staff are protected from victimisation included but not limited to dismissal, selection

for redundancy or suffering detriment such as disciplinary action, loss of work or pay. There is a liability for the CCG if they have failed to take reasonable steps to prevent the harassment or victimisation of whistle blowers by their colleagues. Individuals can also be held personally liable.

## **8.0 Equality Statement**

- 8.1. In applying this policy, the CCG will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

## **9.0 Monitoring & Review**

- 9.1. This policy and procedure will be reviewed periodically by the appropriate CCG Committee, and HR in conjunction with operational managers and Trade Union representatives. Where review is necessary due to legislative change, this will happen immediately.
- 9.2. The implementation of this policy will be audited on an annual basis by the FTSU Guardian.

## **Part Two: Procedure**

### **10.0 How to Raise a Concern: Whistleblowing**

- 10.1. This document lays down the procedure for individuals and other workers to follow if they have genuine concerns about any malpractice connected with the CCG, without fear of adverse repercussions. The dismissal of any individual for making such a disclosure will be automatically unfair.
- 10.2. If an individual believes they have a concern about risk, malpractice or wrongdoing at work or an issue under the Public Interest Disclosure Act (para 4.0) or has reason to suspect a colleague, contractor, patient or other person of fraud, or an offence against the CCG or a serious infringement of CCG or NHS rules, they have a responsibility to report this.
- 10.3. Concerns should first be raised with the line manager or a more senior manager, either orally or in writing. Staff must not assume their manager is already aware of the problem or is dealing with it.
- 10.4. If, for whatever reason, the person raising the concern is unable to discuss or raise the matter with their line manager or a more senior manager, the following people can be approached:
- FTSU Guardian
  - Any member of the Executive Team

- Lay members
  - CCGs can nominate other relevant people who staff can approach
- 10.5. If the person raising a concern feels they need support, they may approach their Trade Union/ Professional Body representative or a member of Human Resources.
- 10.6. If the person raising the concern believes they have a concern about matters relating to the provision of health and social care, they can raise the concern to Care Quality Commission at:
- CQC National Customer Service Centre  
Citygate  
Gallowgate  
Newcastle upon Tyne NE1 4PA  
Tel: 03000 616161  
www.cqc.org.uk
- 10.7. Individuals may contact Public Concern at Work at any stage for free confidential advice
- 10.8. Individuals may be protected when they have made disclosures to any Member of Parliament and can show they suffered as a result.
- 10.9. Additional guidance for managers and staff can be found in appendix 1 of this document.

## **11.0 Reporting the Concerns Raised**

- 11.1. The manager in receipt of the concern shall advise the FTSU Guardian who will determine if concern raised falls within the scope of the Public Interest Disclosure Act 1998 (see para 4.0). The FTSU Guardian will oversee process implementation and appoint a commissioning manager if an investigation is required.
- 11.2. The concern shall be recorded for reporting purposes.

## **12.0 Investigation Process: Raising a Concern (Whistleblowing)**

- 12.1. The FTSU Guardian is responsible for appointing a Whistleblowing Commissioning Manager to oversee the case. The Whistleblowing Commissioning Manager will have responsibility for commissioning and overseeing the investigation process. The Whistleblowing Commissioning Manager shall ensure the process is managed in a timely manner, that support arrangements are offered to the individual and the individual is kept up to date through the process and receives feedback (see para 15).
- 12.2. The Whistleblowing Commissioning Manager shall appoint an appropriate Investigating Officer, who has been trained in undertaking such investigations. Those responsible for receiving and investigating whistleblowing allegations are suitably trained in interview techniques and how to handle evidence.
- 12.3. Normally the investigation process should take no longer than 4 weeks. Where it is

not possible to complete the process within this timescale, the reasons for the delay will be recorded and the expected date for completion of the investigation process communicated in writing to all parties involved. The investigating officer should ensure that the investigations are undertaken as quickly as possible without affecting the quality and depth of those investigations.

- 12.4. The Commissioning Manager will discuss with the complainant if they wish to move role or base during the process.
- 12.5. The HR Team shall advise those involved in the investigation in matters of employment law and other procedural matters.
- 12.6. Any potential disciplinary matters will be dealt with by the CCG through the Disciplinary Policy.
- 12.7. The member of staff raising a concern will be kept informed throughout the process including feedback on progress and the reasons for any change to the agreed timescales, where the CCG considers this is appropriate.
- 12.8. If the member of staff raising a concerns is not satisfied that their concern has been dealt appropriately by the investigating officer, they have the right to raise it with the Commissioning Manager, FTSU Guardian or one of the designated persons described in Appendix 3 (in cases of fraud).
- 12.9. If the investigation finds the allegations unsubstantiated and all internal procedures have been exhausted, but the member of staff raising a concern is not satisfied with the outcome of the investigation, the CCG recognises the lawful rights of employees and ex-employees to make disclosures to prescribed bodies (such as the Health and Safety Executive, relevant audit body, or the regulators), or, where justified, elsewhere.
- 12.10. If, however, the member of staff is not satisfied with any action taken and feel it is right to take the matter outside of the CCG, they should not discuss it with the receiver of the issue before sending any information. This is to ensure that they comply with information governance procedures and do not disclose information which should properly remain confidential. Individuals and other workers will need to confirm this with the person or organisation they decide to contact.

### **13.0 How to Raise a Concern: Fraud & Security**

- 13.1. Anyone can report concerns about fraud in the NHS. To make a report, the actions below can be taken. Individuals and other workers are required to do one of these.
  - Contact your Local Counter Fraud Specialist (LCFS) or
  - Call the NHS Fraud and Corruption Reporting Line (Freephone 0800 028 40 60)
  - Contact NHS Protect for both fraud and security related disclosures or
  - Use online fraud reporting form- visit <https://www.reportnhsfraud.nhs.uk/onLineReport>
- 13.2. A list of key personnel in fraud investigations can be found in Appendix 3.

- 13.3. The counter fraud protocol is available on the CCG intranet page:  
<http://nww.haringey.nhs.uk/staff/about/Pages/Fraud.aspx>

The CCG expects anyone having reasonable suspicions of fraud to report them. While cases of theft are usually obvious, there may initially only be a suspicion regarding potential fraud and individuals should therefore report the matter to their Local Counter Fraud Specialist (LCFS) who will then ensure that procedures are followed. LCFS can be contacted at either [Gemma.Higginson@rsmuk.com](mailto:Gemma.Higginson@rsmuk.com) or [Chaya-Orna.Diamond@rsmuk.com](mailto:Chaya-Orna.Diamond@rsmuk.com)

#### **14.0 Investigation Process: Fraud**

- 14.1. Due to the varied nature of these sorts of complaints, which may involve internal investigators and / or the police, it is not possible to lay down precise timescales for such investigations. The investigating officer should ensure that the investigations are undertaken as quickly as possible without affecting the quality and depth of those investigations.
- 14.2. Responsibility for investigating fraud has been delegated to the Chief Finance Officer. The Chief Finance Officer will be supported in this role by the Local Counter Fraud Specialist (LCFS) and NHS Protect.
- 14.3. If there are grounds for suspicion of a person's involvement in an offence then they will be invited by the LCFS or NHS Protect to attend an interview under caution, with legal representation if they so wish.
- 14.4. The HR Team shall advise those involved in the investigation in matters of employment law and other procedural matters.
- 14.5. Any potential disciplinary matters will be dealt with by CCG whilst criminal cases will be progressed by the LCFS or NHS Protect. In the event that civil action is necessary to recover lost funds this will be taken by CCG with the assistance of the LCFS or NHS Protect.
- 14.6. If the member of staff raising a concern is not satisfied that their concern has been dealt with properly by the investigating officer, they have the right to raise it in confidence with the FTSU Guardian or one of the designated persons described in Appendix 3 (in cases of fraud).
- 14.7. If the investigation finds the allegations unsubstantiated and all internal procedures have been exhausted, but the member of staff raising a concern is not satisfied with the outcome of the investigation, the CCG recognises the lawful rights of individuals and ex-employees to make disclosures to prescribed bodies (such as the Health and Safety Executive, relevant audit body, or, where justified, elsewhere).
- 14.8. If, however, the individual is not satisfied with any action taken and feel it is right to take the matter outside the CCG, they should ensure that they do not disclose information which should properly remain confidential. Individuals will need to confirm this with the person or organisation they decide to contact.

## **15.0 Feedback Procedure**

- 15.1. The CCG is committed to providing any individual who raises a concern with as much feedback as possible, without breaking confidentiality which those involved may be entitled to.
- 15.2. The individual who has raised the concern will be told who is handling the matter, how they can be contacted and whether their further assistance will be needed.
- 15.3. Upon request, the CCG will make available to the individual who has raised the issue a written summary of the concern, together with a proposal on how the matter will be handled where appropriate and without breaching confidentiality....
- 15.4. The CCG cannot advise on the outcome of the investigation and/or actions taken by the CCG if this breaks confidentiality.
- 15.5. Any individual who raises a concern should not be subject to detriment.
- 15.6. The individual should be able to return to their original position or to an alternative position within the CCG where mutually acceptable. A range of options may be considered to provide resolution.
- 15.7. The FTSU Guardian will follow up with the person who raised the concern and their manager to ensure that they have not been subject to retribution. This may involve speaking to the individual, manager and looking at objective measures e.g. appraisal documentation, to identify any potential detriment.

## **16.0 Advice & Support**

- 16.1. The CCG is dedicated to providing a safe and open culture in which concerns can be raised. The CCG recognises that taking the decision to speak out is significant for a staff member raising concerns may cause concern.
- 16.2. There are a number of support mechanisms which can be accessed:
  - Counselling support through the local CCG provider, details of which can be provided by HR
  - Coaching, mentoring or mediation can be accessed through HR
- 16.3. At any point either before raising the concern or at any stage in this procedure an individual or other worker may involve a Trade Union or Professional Association Representative who will be able to provide help and advice.
- 16.3. Free, independent and confidential advice can be obtained from the Whistleblowing Helpline for NHS and Social Care on 08000 724 725.
- 16.4. Support and advice is available from Public Concern at Work and the NAO Comptroller and Auditor General at the following addresses:

Public Concern at Work  
3rd Floor, Bank Chambers  
6 - 10 Borough High Street  
London,  
SE1 9QQ  
Tel: 020 7404 6609  
Website: <http://www.pcaw.co.uk>

The Comptroller and Auditor General  
National Audit Office  
157-197 Buckingham Palace Road  
London  
SW1W 9SP  
Telephone: 020 7798 7999

## **17 Reviewing & Reporting**

- 17.1. The CCG is committed to taking concerns seriously and reporting openly on the outcomes.
- 17.2. The FTSU Guardian will prepare an annual report on whistleblowing activity within the CCG which will include:
- The number and type of concerns raised
  - The outcomes of the investigations
  - Feedback from individuals who have used the process
  - Any complaints of victimisation or detriment
  - Any complaints of failures to maintain confidentiality
  - Review of any other reporting mechanisms
  - Review of any other adverse incidents which could have been identified by staff such as complaints, publicity, wrong doing identified by third parties
  - Review of any relevant litigation
  - Review of staff awareness, trust and confidence in the scheme
- 17.3. The CCG Executive Team will analyse the data received for trends and themes and identify actions to address any identified root causes. Where appropriate, information about investigations under the Raising a Concern (Whistleblowing) Policy will be generalised and the learning and action taken shared with NCL CCG's

## **18 Storage**

- 18.1. The details and records of the concern raised shall be stored / held by the CCG under confidential conditions for a period of 8 years from the date of resolution.

## APPENDIX 1: Guidance to Staff Member

**Haringey CCG Freedom To Speak UP Guardian is: Jennie Williams, Director of Quality and Integrated Governance.**

**Contact details: [jennie.williams@haringeyccg.nhs.uk](mailto:jennie.williams@haringeyccg.nhs.uk) / 020 3688 2766**

### **Q - What should you do if you suspect malpractice?**

**Do** make an immediate note of your concerns

**Do** convey your suspicions to someone with the appropriate authority and experience e.g. line manager, senior manager, FTSU Guardian

**Do** deal with the matter promptly

**Don't** do nothing

**Don't** be afraid of raising your concerns

**Don't** accuse any individuals directly

**Don't** try to investigate the matter yourself

**Don't** tell anyone about your suspicions other than those with the proper authority

**Do** tell the FTSU Guardian, LCFS, or the Chief Finance Officer or contact the NHS National Fraud & Corruption reporting line on 08000 724 725 or report online at [www.reportnhsfraud.nhs.uk](http://www.reportnhsfraud.nhs.uk)

## **GUIDANCE TO MANAGERS**

**Do** be responsive to staff concerns

**Do** note details

**Do** try to evaluate the allegation objectively

**Do** deal with the matter promptly

**Do** advise the appropriate person:

- Line Manager
- FTSU Guardian
- Local Counter Fraud Specialist



**Don't** ridicule suspicions raised by Staff Member

**Don't** approach or accuse any individuals directly

**Don't** convey your suspicions to anyone other than those with the proper authority

**Don't** try to investigate the matter yourself

## **BRIBERY ACT 2010**

This section is provided for information.

Staff are not required to categorise any concerns they have but may find it useful to know how the Bribery Act defines bribery. The Act defines four key offences with regard to bribery, which are:

- Active bribery (offering, promising or giving a bribe);
- Passive bribery (requesting, agreeing to receive or accepting a bribe); and Bribery of a foreign public official
- It is also an offence for a corporate body to negligently fail to prevent bribery, by not having adequate preventative procedures in place to prevent bribery;

The reporting process outlined in this document should be followed for all genuine suspicions of bribery.

**Appendix 2: Referral Form:**

**NAME:**

**ORGANISATION/PROFESSION:**

**EMAIL ADDRESS:**

**TELEPHONE NUMBER:**

**THIS ALLEGED FRAUD RELATES TO:**

**NAME:**

**ADDRESS:**

**DATE OF BIRTH:**

Referrals should only be made when you can substantiate your suspicions with one reliable piece of information. The completed form can be returned to the LCFS on the contact details below or to Chaya-Orna Diamond, LCFS, RSM Fraud Risk Services, 25 Farringdon Street, London, EC4A 4AB, [chaya-orna.diamond@nhs.net](mailto:chaya-orna.diamond@nhs.net) or [chaya-orna.diamond@rsmuk.com](mailto:chaya-orna.diamond@rsmuk.com)

Suspicion:

Please provide details:

Possible useful contacts:

*Please attach any available additional information.*

**Signed**.....

**Date**.....

## **APPENDIX 3: FRAUD INVESTIGATIONS – KEY PERSONNEL**

### **Local Counter Fraud Specialist (LCFS)**

The LCFS is responsible for maintaining a register of reported suspicions. They may be approached by an individual with suspicions, and are responsible for reporting the details to the Director of Finance. They are required to investigate cases in accordance with the Secretary of State Directions and the NHS Fraud and Corruption Manual.

Your Local Counter Fraud Specialist is:

**Chaya-Orna Diamond, LCFS,  
RSM Fraud Risk Services,  
25 Farringdon Street,  
London,  
EC4A 4AB.**

[chaya-orna.diamond@nhs.net](mailto:chaya-orna.diamond@nhs.net)

or

[chaya-orna.diamond@rsmuk.com](mailto:chaya-orna.diamond@rsmuk.com)

### **Chief Finance Officer**

It is the responsibility of the Chief Finance Officer to monitor and ensure compliance with the counter fraud arrangements under the Secretary of State's Directions.

All instances of fraud must be reported to the Chief Finance Officer.

### **HR Team**

The HR Team will be responsible for ensuring that employment law and the CCG's policies and procedures are adhered to throughout the investigation.

### **Chief Officer**

The Chief Officer will have an overview of the issues involved and will keep CCG informed of the progress of any investigation as necessary.

### **Audit Committee**

The Audit Committee will review the register of reported suspicions on an annual basis. They will also review the LCFS's final reports and consider any necessary improvements to controls.

### **Governance Team**

The CCG's Governance Team will be responsible for liaising with the CCG's solicitors where necessary.

### **Managers**

Suspicions will normally be reported to an employee's line manager. The manager will be responsible for passing the details to the HR Team, LCFS or Chief Finance Officer unless it is clear that the suspicions are groundless.

## Appendix 4

### Reporting Concerns Raised data required for NHS England Central team

#### Quarterly Return

|   |   |
|---|---|
| Date raised   |   |
| Nature/Type of Concern  |   |
| Complainant status  | Employee<br>Bank worker<br>Associate<br>Agency<br>Volunteer<br>Trainee/apprentice<br>Lay member<br>An external organisation<br>An external individual |
| Equality information of complainant                                 | Gender:<br>Race/Religion/Belief:<br>Disability:<br>Trade Union member:  |
| Outcome of investigation  |   |
| Actions agreed to resolve the concern                               |   |
| Date concern was resolved   |   |
| Relevant litigation related to the concern                          |   |
| Complaints of victimisation or failures to maintain confidentiality |   |
| Description of lessons learnt for shared learning                   |   |

## **Appendix 5: Equality Analysis Initial Assessment**

### **Title of the change proposal or policy:**

Raising a Concern (Whistleblowing) Policy

### **Brief description of the proposal:**

To ensure that the policy amends are fit for purpose, that the policy is legally compliant, complies with NHSLA standards, NHS Employment Check Standards, Professional Code of practice and takes account of best practice.

### **Name(s) and role(s) of staff completing this assessment:**

Darshna Pankhania, HR Business Partner

**Date of assessment:** 08 September 2016

**Please answer the following questions in relation to the proposed change:**

**Will it affect employees, customers, and/or the public? Please state which.**

All individuals

**Is it a major change affecting how a service or policy is delivered or accessed?**

No

**Will it have an effect on how other organisations operate in terms of equality?**

No

**If you conclude that there will not be a detrimental impact on any equality group, caused by the proposed change, please state how you have reached that conclusion:**

No anticipated detrimental impact on any equality group. The policy adheres to the NHS LA Standards, NHS Employment Check Standards, Professional Code of practice and takes account of best practice. Makes all reasonable provision to ensure equity of access.

**Please return a copy of the completed form to the Equality & Diversity Manager**