

WHISTLEBLOWING POLICY

MONTH YEAR

Authorship :	Reviewed by Corporate Affairs Manager
Reviewing Committee :	Audit Committee
Date :	
Approval Body :	Governing Body
Approved Date :	
Review Date :	This policy will be reviewed bi-annually or earlier in response to exceptional circumstances, organisational change or relevant changes in legislation / guidance.
Equality Impact Assessment :	Completed - attached
Sustainability Impact Assessment :	Completed – attached
Related Policies	COR01a Business Conduct Policy COR01b Conflict of Interest Policy COR02 Health & Safety Policy COR 03 Risk Management Policy COR11 Serious Incident & Concerns Policy COR13 Local Anti-Fraud, Bribery & Corruption Policy HR06 Bullying and Harassment Policy HR16 Disciplinary Policy HR27 Equality & Diversity Policy
Target Audience :	All employees, members, committee and sub-committee members of the group and members of the Governing Body and its committees.
Policy Reference No. :	COR12
Version Number :	2.3

The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

POLICY AMENDMENTS

Amendments to the policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by and Date	Date on Intranet
Previous versions missing				
2.2	Business Support Manager	Amended template and highlighted areas for completion		
2.3	Corporate Affairs Manager	Reviewed in line with guidance April 2016 – 'Freedom to speak up : raising concerns(whistleblowing) policy for the NHS'. *		

To request this document in a different language or in a different format, please contact the CCG :

**01904 555870
valeofyork.contactus@nhs.net**

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

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1. INTRODUCTION

- 1.1. All of us at one time or another has concerns about what is happening at work. Usually these concerns are easily resolved. When, however, they are about patient care or patient services, professional practice, unlawful conduct, dishonesty, financial malpractice, or a danger to health, safety or the environment, or a cover up of any of these, it can be difficult to know what to do.
- 1.2. You may be worried about raising such issues or may want to keep the concerns 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, managers or to the CCG. 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.
- 1.3. NHS Vale of York Clinical Commissioning Group (the CCG) has introduced this policy to enable you to raise your concerns or suspicions about any issues of malpractice at an early stage and in the right way. We know from experience that to be successful we must all try to deal with issues on their merits. The CCG welcomes your genuine concerns and is committed to dealing responsibly, openly and professionally with them. Without your help, we cannot deliver a safe service and protect the interests of patients, staff and the CCG. If you are worried, we would rather you raised it when it is just a concern than to wait for proof.
- 1.4. If something is troubling you which you think we should know about or look into, please use this procedure. If, however, you are aggrieved about your personal position then this is not the appropriate procedure and you should seek advice from your line manager or the eMBED Workforce Team.
- 1.5. This policy is primarily for concerns where the interests of others, most especially service users, or of the CCG itself, are at risk.

If in doubt – raise it!

2. POLICY STATEMENT

- 2.1. The CCG is committed to the principle of public accountability. The CCG will investigate genuine and reasonable concerns expressed by employees relating to malpractice within the CCG and will ensure that employees 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).
- 2.2. The CCG encourages all staff to raise any concerns that they may have about the conduct of others in the CCG or the way in which it is run.
- 2.3. This policy applies to all employees and any agency or contract staff whilst they are working at the CCG, and is in accordance with the CCG's Equality and Diversity policy.
- 2.4. This policy incorporates the requirements of the Public Interest Disclosure Act 1998 (PIDA) and the Bribery Act 2010. Where instances of fraud are identified these should be reported immediately to the Chief Finance Officer or the Local Counter Fraud Specialist who, where appropriate, will arrange for the matter to be referred

to the police for investigation and notified to NHS Protect. Please refer to the Local Anti-Fraud, Bribery and Corruption Policy, COR13. One of the basic principles of public sector organisations is the proper use of public funds and this would include the assets bought through public funds. It is, therefore, important that all CCG staff 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”.

- 2.5 Where safeguarding concerns are raised these should be reported immediately to the responsible safeguarding officer in line with the Safeguarding Policies – COR07 and COR08.
- 2.6 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.
- 2.7 The CCG is a public sector body and its employees are required to be honest and impartial in the conduct of their business. All employees of the CCG should be aware of the Business Conduct Policy, COR01a, published on the CCG’s intranet. The Governing Body is absolutely committed to maintaining an honest, open and well-intentioned atmosphere within the CCG.
- 2.8 All employees have a duty to report instances where they witness others failing to demonstrate the expected levels of integrity in their working life. This will include bribery, fraud, corruption or bringing the CCG, the NHS or wider public service in to disrepute.

3. IMPACT ANALYSES

Equality

- 3.1. As a result of performing the screening analysis, the policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage. The results of the screening are attached.

Sustainability

- 3.2. A Sustainability Impact Assessment has been undertaken. No positive or negative impacts were identified against the twelve sustainability themes. The results of the assessment are attached.

4. SCOPE

- 4.1. This policy applies to all CCG employees, Council of Representatives, Members of the Governing Body, members of its committees and sub-committees, Lay Members, any staff seconded to the CCG and contract and agency staff. Any reference to staff or individuals applies to all the aforementioned.
- 4.2. This Policy covers all staff employed by the CCG while they are at work either within CCG premises or at any other location in pursuance of their normal work activities.
- 4.3. Staff working in CCG premises who are not CCG employees must follow the policy of their employer, however the results of risk assessments carried out in CCG premises that they work in must be shared with them and their risk assessments shared with CCG staff.

5. POLICY PURPOSE / AIMS AND FAILURE TO COMPLY

- 5.1. This policy aims to:
 - Encourage employees to feel confident in raising serious concerns regarding the practice of the CCG,
 - Provide avenues for employees to raise those concerns and receive feedback on any action taken,
 - Ensure that employees receive a response to their concerns,
 - Reassure employees that they will be protected from possible reprisals, subsequent discrimination, victimisation or disadvantage if they have a reasonable belief that they are making the disclosure in the public interest.
- 5.2. This organisation also has separate policies to cover fraud and safeguarding concerns which provide further guidance and details separate procedures for reporting suspected cases of fraud. If your concern relates to a suspected incidence of fraud or safeguarding then please refer to the local anti-fraud, bribery and corruption policy or safeguarding policies respectively. Please note that the principles of this policy will still apply.

6. PRINCIPAL LEGISLATION AND COMPLIANCE WITH STANDARDS

Bribery Act 2010

- 6.1. Under the Bribery Act 2010, it is a criminal offence to:
 - Bribe another person by offering, promising or giving a financial or other advantage to induce them to perform improperly a relevant function or activity, or as a reward for already having done so; and
 - Be bribed by another person by requesting, agreeing to receive or accepting a financial or other advantage with the intention that a relevant function or activity would then be performed improperly, or as a reward for having already done so.

- 6.2. Any matter raised under this procedure will be investigated thoroughly, promptly and confidentially and the outcome of the investigation reported back to the employee who raised the issue.
- 6.3. All employees will be made aware of the policy on joining the organisation and will be encouraged to read and understand its process. All existing staff will be made aware of the policy and regular training sessions will be organised for management of staff.
- 6.4. No employee will be victimised for raising a matter under this procedure for raising a legitimate concern. Any form of bullying, harassment, victimisation or retaliation of a Whistleblower will not be tolerated and will be managed in accordance with the CCG's disciplinary policy.
- 6.5. In the event that misconduct is discovered as a result of any investigation under this procedure the organisation's disciplinary procedure will be invoked in addition to any external measures
- 6.6. Where it can be demonstrated that an employee knowingly supplied false information when raising a concern the organisations disciplinary procedure will be invoked.
- 6.7. The CCG will treat all such disclosures 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. The investigation process may, however, reveal the source of the information and the individual making the disclosure may need to provide a statement as part of the evidence required.
- 6.8. 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

7. ROLES / RESPONSIBILITIES / DUTIES

Director of Human Resources

- 7.1. The eMBED Director of Human Resources will be responsible for ensuring that employment law and the CCG's policies and procedures are adhered to throughout the investigation.

Accountable Officer

- 7.2. The Accountable Officer will have an overview of the issues involved and will keep the Governing Body informed of the progress of any investigation as necessary.

Audit Committee

- 7.3. The Audit Committee will review any reports submitted to it in respect of this policy, and consider any necessary recommendation.

Managers

- 7.4. Concerns will normally be reported to an employee's line manager. The manager will be responsible for passing the details to the workforce team, or in cases of

fraud to the Local Counter Fraud Specialist or Chief Finance Officer unless it is clear that the concerns are groundless.

Staff

- 7.5. All staff are responsible for being aware of this policy and for raising any concerns they have using appropriate procedure.

8. POLICY IMPLEMENTATION

- 8.1. Following approval by the Governing Body policy will be sent to :
- The Head of Communications who will disseminate to all staff via the team newsletter process
 - The Chairs of the Governing Body, the Council of Representatives and all other committees and sub committees for dissemination to members and attendees.
- 8.2. • The Practice Managers of all member practices for information

9. TRAINING AND AWARENESS

- 9.1. This policy will be published on the CCG's website and will also be available to staff on the organisation's intranet.
- 9.2. The policy will be brought to the attention of all new employees as part of the induction process. Further advice and guidance is available from the Policy and Assurance Manager.

10. MONITORING AND AUDIT

- 10.1. The policy and procedure will be reviewed periodically by the CCG in conjunction with operational managers, eMBED Health Consortium and Trade Union representatives. Where review is necessary due to legislative change, this will happen immediately.
- 10.2. The implementation of this policy will be audited at appropriate intervals and reported to the CCG Governing body.

11. POLICY REVIEW

- 11.1. This policy will be reviewed bi-annually. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation / guidance.

12. REFERENCES

- Freedom to speak up : raising concerns (whistleblowing) policy for the NHS – April 2016. Public Interest Disclosure Act 1998 (PIDA)
- Bribery Act 2010
- NHS Code of Conduct for Boards - April 1994

13. ASSOCIATED POLICIES

- COR01a Business Conduct Policy
- COR01b Conflict of Interest Policy
- COR02 Health & Safety Policy
- COR 03 Risk Management Policy
- COR11 Serious Incident & Concerns Policy
- COR13 Local Anti-Fraud, Bribery & Corruption Policy
- HR06 Bullying and Harassment Policy
- HR16 Disciplinary Policy
- HR27 Equality & Diversity Policy

14. CONTACT DETAILS

The Governance Team

VOYCCG.Governance@nhs.net

NHS Vale of York Clinical Commissioning Group, West Offices, Station Rise, York.
Y01 6GA

Part 2 – Procedure

What concerns can be raised ?

Any concerns about risk, malpractice or wrongdoing can be raised if it is believed it is causing harm to any service the CCG commissions. These could include :

- unsafe working conditions
- inadequate induction or staff training
- suspicions of fraud (which can also be reported to our Local Counter-Fraud Team – please speak to a member of the Governance Team)
- a bullying culture (across a team or organisation, rather than individual instances of bullying).

Although the CCG do not deliver care to patients, any concerns at any of our partner organisations that are believed to be causing harm to patients can also be reported. These could include :

- unsafe patient care
- lack of, or poor, response to a reported patient safety incident

It is not necessary to wait for proof; it is better to raise an issue while it is still a concern. If in doubt, raise it !

Feeling safe to raise concerns

Anybody who wishes to raise a genuine concern under this policy can do so without the risk of losing their job or suffering any form of reprisal. The organisation will not tolerate the harassment or victimisation of anyone who raises a concern. Any such behavior is a breach of the CCGs values and behaviours.

As long as the person raising the concern is acting honestly, it does not matter if they are mistaken or if there is an innocent explanation.

Confidentiality

Anybody raising a concern under the terms of this policy will be able to raise their concerns openly and in confidence. The identity of the person who has raised the concern will be kept confidentially among as small a number of people as possible, unless the CCG is required by law / the police to identify said person.

Who can report a concern ?

Anybody who works (or has worked) within the NHS can raise a concern as can anybody who works for an independent organisation that provides NHS services, including agency workers, temporary staff, volunteers, governors and students.

Who should concerns be raised with ?

The easiest way for someone to raise a concern is with their line manager. If, however, they do not feel this is appropriate, they can raise the issue with a member of the Senior

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Management. If that's not appropriate then it should be with the Chair of the Governing Body or the Accountable Officer.

If the person does not feel comfortable / that it is appropriate to raise the issue with anybody within the CCG, then they should contact a member of the eMBED Workforce Team or the NHS Whistleblowing Helpline on 08000 724 725 <http://wbhelpline.org.uk/>.

Concerns can be raised in person, by phone or in writing, including by email.

Investigation

If the issue cannot be resolved quickly and easily by the concerned person's line manager, then a more formal investigation will have to be conducted by an independent person. In the case of the CCG, this will possibly be someone from another CCG or elsewhere within the NHS. The investigation will be evidence-based and objective and a report of the findings will be issued. Any lessons to be learned will be taken on board by the CCG.

If for any reason it is deemed more appropriate for the concern to be investigated by a different route, i.e., the Bullying and Harassment Policy, HR06, this will be discussed with the person raising the concern.

Raising concerns with outside bodies

If a concern is about another part of the NHS outside of the CCG, there are other routes that can be taken :

NHS Improvement for concerns about :

- how NHS Trusts and Foundation Trusts are being run
- other providers with an NHS provider license
- NHS procurement, choice and competition
- the national tariff

<https://improvement.nhs.uk/>

Care Quality Commission for quality and safety concerns :

<http://www.cqc.org.uk/content/who-we-are>

NHS England for concerns about :

- primary medical services (general practice)
- primary dental services
- primary ophthalmic services
- local pharmaceutical services

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

Health Education England for education and training in the NHS :

<https://hee.nhs.uk/about-us/how-we-work>

NHS Protect for concerns about fraud and corruption :

<http://www.nhsbsa.nhs.uk/3350.aspx>

15. APPENDIX 2: EQUALITY IMPACT ANALYSIS FORM

1.	Title of policy/ programme/ service being analysed
	Whistleblowing Policy
2.	Please state the aims and objectives of this work.
3.	Who is likely to be affected? (e.g. staff, patients, service users)
4.	What sources of equality information have you used to inform your piece of work?
5.	What steps have been taken ensure that the organisation has paid <u>due regard</u> to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics
	The analysis of equalities is embedded within the CCG's Committee Terms of Reference and project management framework.
6.	Who have you involved in the development of this piece of work?
	<p>Internal involvement: Senior Management team</p> <p>Stakeholder involvement: Consultation with Senior Managers</p> <p>Patient / carer / public involvement: This is an Internal policy aimed at staff employed by the CCG and contractors working for the CCG. The focus is on compliance with statutory duties and NHS mandated principals and practice. There are no particular equality implications.</p>

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7.	<p>What evidence do you have of any potential adverse or positive impact on groups with protected characteristics? Do you have any gaps in information? Include any supporting evidence e.g. research, data or feedback from engagement activities</p> <p>(Refer to Error! Reference source not found. if your piece of work relates to commissioning activity to gather the evidence during all stages of the commissioning cycle)</p>
<p>Disability People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)</p>	<p>Consider building access, communication requirements, making reasonable adjustments for individuals etc.</p>
N/A	
<p>Sex Men and Women</p>	<p>Consider gender preference in key worker, single sex accommodation etc.</p>
N/A	
<p>Race or nationality People of different ethnic backgrounds, including Roma Gypsies and Travellers</p>	<p>Consider cultural traditions, food requirements, communication styles, language needs etc.</p>
N/A	
<p>Age This applies to all age groups. This can include safeguarding, consent and child welfare</p>	<p>Consider access to services or employment based on need/merit not age, effective communication strategies etc.</p>
N/A	

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Trans People who have undergone gender reassignment (sex change) and those who identify as trans	Consider privacy of data, harassment, access to unisex toilets & bathing areas etc.
N/A	
Sexual orientation This will include lesbian, gay and bi-sexual people as well as heterosexual people.	Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc.
N/A	
Religion or belief Includes religions, beliefs or no religion or belief	Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc.
N/A	
Marriage and Civil Partnership Refers to legally recognised partnerships (employment policies only)	Consider whether civil partners are included in benefit and leave policies etc.
N/A	
Pregnancy and maternity Refers to the pregnancy period and the first year after birth	Consider impact on working arrangements, part-time working, infant caring responsibilities etc.
N/A	
Carers This relates to general caring responsibilities for someone of any age.	Consider impact on part-time working, shift-patterns, options for flexi working etc.
N/A	

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<p>Other disadvantaged groups This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, and people with HIV.</p>	<p>Consider ease of access, location of service, historic take-up of service etc.</p>
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N/A

8. Action planning for improvement

Please outline what mitigating actions have been considered to eliminate any adverse impact?

Please state if there are any opportunities to advance equality of opportunity and/ foster good relationships between different groups of people?

An Equality Action Plan template is appended to assist in meeting the requirements of the general duty

Sign off

Name and signature of person / team who carried out this analysis

Date analysis completed

Name and signature of responsible Director

Date analysis was approved by responsible Director

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17. APPENDIX 3: SUSTAINABILITY IMPACT ASSESSMENT

Staff preparing a policy, Governing Body (or Sub-Committee) report, service development plan or project are required to complete a Sustainability Impact Assessment (SIA). The purpose of this SIA is to record any positive or negative impacts that this is likely to have on sustainability.

Title of the document	COR12 – Whistleblowing Policy
What is the main purpose of the document	To determine if the implementation of the Whistleblowing Policy will have an impact on sustainability for the CCG.
Date completed	29 November 2016
Completed by	Rachael Simmons, Corporate Affairs Manager

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Travel	Will it provide / improve / promote alternatives to car based transport?	N/A		
	Will it support more efficient use of cars (car sharing, low emission vehicles, environmentally friendly fuels and technologies)?			
	Will it reduce 'care miles' (telecare, care closer) to home?			
	Will it promote active travel (cycling, walking)?			
	Will it improve access to opportunities and facilities for all groups?			
	Will it specify social, economic and environmental outcomes to be accounted			

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	for in procurement and delivery?			
Procurement	Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives?	N/A		
	Will it promote ethical purchasing of goods or services?			
	Will it promote greater efficiency of resource use?			
	Will it obtain maximum value from pharmaceuticals and technologies (medicines management, prescribing, and supply chain)?			
	Will it support local or regional supply chains?			
	Will it promote access to local services (care closer to home)?			
	Will it make current activities more efficient or alter service delivery models ?			
Facilities Management	Will it reduce the amount of waste produced or increase the amount of waste recycled?	N/A		
	Will it reduce water consumption?			
Workforce	Will it provide employment opportunities for local people?	N/A		
	Will it promote or support equal employment opportunities?			
	Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)?			
	Will it offer employment opportunities to			

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	disadvantaged groups?			
Community Engagement	Will it promote health and sustainable development?	N/A		
	Have you sought the views of our communities in relation to the impact on sustainable development for this activity?			
Buildings	Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)?	N/A		
	Will it increase safety and security in new buildings and developments?			
	Will it reduce greenhouse gas emissions from transport (choice of mode of transport, reducing need to travel)?			
	Will it provide sympathetic and appropriate landscaping around new development?			
	Will it improve access to the built environment?			
Adaptation to Climate Change	Will it support the plan for the likely effects of climate change (e.g. identifying vulnerable groups; contingency planning for flood, heat wave and other weather extremes)?	N/A		
Models of Care	Will it minimise 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes?	N/A		
	Will it promote prevention and self-management?			
	Will it provide evidence-based,			

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	personalised care that achieves the best possible outcomes with the resources available?			
	Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?			