***“Name of Health Board / Trust”***

**Raising Concerns**

**(Whistleblowing) Policy**

**Approved by: Welsh Partnership Forum**

**Issue Date: 24th July 2013**

**Review Date: 31st March 2014**

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**1. Policy Statement**

**1.1**  *Name of Health Board / Trust* is committed to a high standard of patient care and to honesty, openness and probity in all its activities. It is recognised that patient safety must come first at all times and whilst it can be difficult for staff to raise concerns about the practice of others, including managers, the implications of not raising those concerns are potentially very serious for the organisation, its employees and most importantly for those receiving its services. It is in the best interests of all concerned that the NHS has a culture of openness and encourages employees to report any issues of concern, which will ultimately lead to increased confidence in the Board’s commitment to improve quality.

Recent findings from the public inquiry into Mid-Staffordshire NHS Foundation Trust show the catastrophic effects when concerns are not raised and dealt with effectively. It is widely acknowledged that if we are to succeed in protecting patients from harm and ensure dignity of care, then there needs to be an open and transparent culture at all levels of the system. There are key components that shape our organisational culture and the outcome of the NHS Wales Staff Survey has provided us with an opportunity to consider where our actions currently support or detract from our organisational values. Accordingly, a programme of work will be initiated to consider the wider aspects of our culture of openness in NHS Wales. As such this policy will need to reflect the findings of that work and it will therefore be reviewed by no later than 31st March 2014.

Whilst the above considerations are being made regarding the wider culture to support the raising of concerns, this policy will be in place to set out the procedure for staff to raise any concerns they may have about patient safety, malpractice or wrongdoing at an early stage and in the right way. It is also important to think about patient safety in the wider context and the fact that it can be compromised by inadequate premises, equipment, or other resources, policies or systems. Most issues can be resolved by informal discussion between the concerned employee and their line manager and every effort should be made to do so. However, all views, unless made frivolously or maliciously will be welcomed and acted upon.

*Name of Health Board / Trust* will investigate all concerns about malpractice or wrongdoing, which are raised in good faith through the right channels. Only in the most exceptional circumstances should it be necessary for the matter to be raised externally as described within the policy.

Whilst the term “Whistleblowing” is the popular term applied to a situation where an individual raises a concern or concerns to people who have the power and presumed willingness to take corrective action, the report from the office of the Older People’s Commissioner for Wales: ***Protection of older people in Wales: Raising Concerns in the Workplace*** has highlighted that *“the word ‘whistle-blowing’ has become seriously tainted and induces feelings and uncertainties that cause worry and may seriously inhibit a person’s freedom to raise concerns*” and noted that *“a move to the use of a different term may well give scope for fresh thinking around the subject and help lay the spectre of ‘whistle-blowing’ to rest”*. Accordingly the term “Whisleblowing” has been removed as a descriptor for raising a concern with the only references being the policy title and appropriate references to external resources and source documents. The wider recommendations of the report will be considered in more detail and used to inform the review of this policy as noted above.

**2. Scope**

**2.1** This policy provides a framework for raising concerns and provides guidance for staff on how to manage and address particular situations. However, **concerns should not be left to reach a critical point, particularly when patient safety may be at risk**.

**2.2** The Policy applies to all those involved in the business of *name of Health Board / Trust* i.e. the workforce. The workforce includes all employees in permanent, temporary or fixed term positions. It also applies to agency workers, bank staff, contractors, external consultants, honorary contract holders, secondees, trainees, work placement students and volunteers whilst working within *name of Health Board / Trust*. The policy does not apply to patients and members of the public. These concerns should be raised through the “Putting Things Right” process.

In addition, the BMA guidance (bma.org.uk/practical-support-at-work/whistleblowing) advises that where possible its members should use their local organisation’s policy and procedure but recognises that:

“A practitioner shall be free, without prior consent of the employing authority, to publish books, articles etc., and to deliver any lecture or speak, whether on matters arising out of his or her NHS service or not” as per their contractual terms and conditions (bma.org.uk/practical-support-at-work/contracts).

**2.3** This policy is for staff to raise issues where the interests of others or the organisation are at risk. If a member of the workforce is aggrieved about their personal position they must use the Grievance Policy Procedure and / or the Dignity at Work Policy and Procedure.

**3.** **Aims of the Policy**

**3.1** The aim of this policy is to ensure that under the terms of the Public Interest Disclosure Act 1998 a member of the workforce is able to raise legitimate concerns when they believe that a person’s health may be endangered or have concerns about systematic failure, malpractice, misconduct or illegal practice in *name of Health Board / Trust* without fear of retribution.

If a member of staff has honest and reasonable suspicions about issues of malpractice/wrongdoing and raises these concerns through the channels outlined in the procedure, they will be protected from any disciplinary action and victimisation, (e.g. dismissal or any action short of dismissal such as being demoted or overlooked for promotion) simply because they have raised a concern under this policy.

**3.2** A further aim of the policy is to protect the interests of the public, patients, employees and *name of Health Board / Trust* and enable members of the workforce to raise their concerns in a responsible way without fear of victimisation, discrimination or discipline and not be subjected to retribution and/or detriment.

**3.3** This policy aims to improve accountability and good governance within the organisation by assuring the workforce that it is safe to raise their concerns.

**3.4** An effective raising concerns policy will:

* Increase the likelihood of finding out about malpractice/wrongdoing in time to prevent serious damage in order to protect the workforce and patients;
* Reduce the amount of time and resources diverted to managing a crisis which could have been averted had early warning been given;
* Give the workforce complete confidence that their concerns will be treated seriously and handled properly within *name of Health Board / Trust;*
* Give the workforce complete confidence that they will suffer no disadvantage by using this policy if they feel it is appropriate;
* Deter people from engaging in malpractice/wrongdoing by increasing the likelihood that they will be found out;
* So far as is possible, assure members of the public who use the services of the *name of Health Board / Trust* that the highest standards of service are expected and that facilities are in place to allow employees to raise concerns if these are not met.

**4.****Assurance to Staff**

**4.1** *Name of Health Board / Trust* is committed to this policy. If a member of the workforce makes a report in good faith (i.e. honestly believing it to be true) they will not be at any risk of suffering any kind of retribution because they have raised it. They will not be expected to prove it but they should explain as fully as they can the information or circumstances that gave rise to their concern. Even if they were mistaken in their belief, there is an innocent explanation for their concerns or the malpractice/wrongdoing is not confirmed by investigation, their raising it will be valued and appreciated.

**4.2** However, if a member of the workforce makes a false report, maliciously or for personal gain, then they may face disciplinary action as other members of staff have the right to be protected against malicious or knowingly false accusations.

**4.3** Harassment or victimisation of anyone raising a genuine concern will not be tolerated.

**4.4** With these assurances it is hoped that members of the workforce feel they can raise their concerns openly as this makes it easier to assess the issue and work out how to investigate the matter. Any information provided will be treated confidentially. If a member of the workforce asks at the outset for their identity to be kept in confidence then every endeavour to respect their wishes will be taken and not to disclose their identity without their consent unless required to do so by law.

Wherever possible the identity of a member of staff will not be divulged if a member of the workforce has asked us not to. Equally, it is hoped that members of the workforce will understand that the organisation is obliged to address any allegations of malpractice/ wrongdoing when it becomes aware of them. The organisation should be able to rely on the co-operation of members of the workforce co-operation in doing so, even if it is necessary to divulge their identity, for example, for the purposes of court proceedings or a disciplinary hearing.

If a situation arises where the organisation is not able to resolve the concern without revealing a member of workforce’s identity it will be discussed with them prior to any disclosure.

**If a member of the workforce chooses to raise a concern anonymously, it will be much more difficult for the organisation to investigate the matter, to protect their position or give feedback. Accordingly, although anonymous reports will be considered, this policy encourages members of the organisation to put their name to any concerns they wish to raise.**

**5.** **Matters which should be reported**

**5.1** *NHS Organisation* has a range of policies and procedures that managers or staff may use to deal with matters of legitimate concern, e.g. grievance, Dignity at Work, clinical incident reporting. However, there may be times when the matter cannot be dealt with using these procedures and a member of the workforce may feel it is appropriate to use this policy. Examples may be where a member of the workforce becomes aware of:-

* Systematic failings that result in patient safety being endangered, e.g. poorly organised emergency response systems, or inadequate/broken equipment
* Poor quality care
* Acts of violence, discrimination or bullying towards patients
* Malpractice in the treatment of, or ill treatment or neglect of, a patient or client
* Disregard of agreed care plans or treatment regimes
* Inappropriate care of, or behaviour towards, a child /vulnerable adult
* Welfare of subjects in clinical trials
* Staff being mistreated by patients
* Inappropriate relationships between patients and staff
* Illness that may affect a member of the workforce’s ability to practise in a safe manner
* Substance and alcohol misuse affecting ability to work
* Negligence
* Where a criminal offence has been committed / is being committed / or is likely to be committed (or you suspect this to be the case)
* Where fraud or theft is suspected
* Disregard of legislation, particularly in relation to Health and Safety at Work
* A breach of financial procedures
* Undue favour over a contractual matter or to a job applicant has been shown
* Information on any of the above has been / is being / or is likely to be concealed

If a member of the workforce becomes concerned about any of the matters listed above they have a duty to report it. In some incidents relating to clinical matters, e.g. systematic failings that endanger patient safety, it may be more appropriate to use clinical incident reporting procedures instead of/in addition to this policy and procedure.

If the matter concerns a child or vulnerable adult (i.e. a patient or client) then it must also be reported in accordance with the Organisation’s Safeguarding Adults or Safeguarding Children Policies.

This list is not meant to be exhaustive and sometimes it may not be clear whether a particular action falls within one of these categories, so members of the workforce will need to use their own judgment or seek independent advice (see section 14). *Name of Health Board / Trust* encourages members of the workforce to report their concern rather than keep it to themselves.

A more detailed list of situations and suggested actions where a member of the workforce might “raise a concern” along with situations where other policies should be used is attached as appendix 1.

**6.** **NHS OrganisationResponsibilities**

*Name of Health Board / Trust* is committed to:

* Creating a climate where staff feel able to express their concerns easily.
* Not tolerating the harassment or victimisation of anyone raising a genuine concern.
* Giving a clear commitment to staff that any concerns raised will be taken seriously and investigated.
* A member of staff who raises a genuine concern will not be at risk of losing their job or suffering any form of retribution.
* Protecting the identity of a member of staff who raises a concern by keeping it in confidence.
* Responding formally within the timescales of this policy.
* Reporting any incidents of fraud to the NHS Counter Fraud Services.

**7. Members of the Workforce Responsibilities**

Members of *name of Health Board / Trust* workforce:

* have a duty to raise concerns where they believe there is unlawful conduct, malpractice or danger to the public or environment.
* should raise concerns wherever reasonably practicable to do so, through the use of this policy and procedure. This should be done before raising the concerns with anyone outside the organisation. However, it is recognised that staff have a right to raise concerns directly with external bodies where appropriate, e.g. professional bodies.
* have a duty to maintain appropriate confidentiality at all times.
* should ensure their own conduct and professional practice is beyond criticism.
* should not condone poor practice/conduct when recognised in colleagues.
* should report suspected incidents of fraud or corruption to the Local Counter Fraud Specialist , or if preferred, to the confidential NHS Fraud and Corruption Reporting line or website.

**8. Managers Responsibilities**

*Name of Health Board / Trust’s* managers will:

* treat any concerns raised as potentially serious and therefore decide what actions need to take place as quickly as possible.
* foster a climate and culture within their sphere of responsibility where staff feel able to express their concerns easily.
* respond formally within the timescales and to ensure the member of staff is kept informed of progress.
* ensure that no member of staff is victimised for raising concerns.
* where there is no case to answer, but the employee held a genuine concern and was not acting maliciously, ensure that the employee suffers no reprisals.
* report any concerns that relate to finance to the Finance Director.
* report suspected incidents of fraud or corruption to the Local Counter Fraud Specialist , or if preferred, to the confidential NHS Fraud and Corruption Reporting line or website.
* report any concerns that relate to medical or nursing practice to the Medical Director or Nurse Director respectively, and to ensure that any concerns raised about the practice of any other professional within the service is reported to the relevant professional head.

**9. Rights of Accompaniment**

**9.1** All employees have the right to be accompanied by a Trade Union representative or a workplace colleague, at all formal stages of the procedure (section 10, step 2 onwards).

Where reference is made in this policy to the employee’s “representative”, this will refer to the Trade Union Representative or workplace colleague.

**10. Raising a Concern Internally**

**10.1 Step 1**

**10.1.1** If a member of the workforce has a concern about any issue involving malpractice/wrongdoing they should raise it first either verbally or in writing with their line manager or the manager responsible for that area of work. They may also wish to involve their Trade Union/Staff Representative. Medical staff should report the issue to their Lead clinician.

AND/OR

***10.1.2 NHS Organisations must provide for a secondary site for issues to be raised where going through the line manager is not appropriate. NHS Organisations should set up their own arrangements, e.g.***

* ***Workforce & OD staff***
* ***Governance staff***
* ***Professional heads***
* ***“Raising concerns” champion***
* ***Telephone hotline***

***(Individual NHS organisations need to specify and publicise their own arrangements).***

**10.1.3** Any concerns regarding potential fraud or corruption should be raised initially with the Local Counter Fraud Specialist (LCFS) on.................... Alternatively, reports can be made via the Fraud and Corruption Reporting Line or Website. Full contact details are available via the Counter Fraud pages of the Health Board / Trust intranet site.

These concerns will then be managed in line with the Health Board / Trust’s Counter Fraud Policy and Response Plan.

***(Individual NHS organisations need to specify and publicise their own arrangements).***

**10.2 Step 2**

**10.2.1** If, having followed the approach outlined above, the individual’s concerns remain, or they feel that the matter is so serious that they cannot discuss it with any of the above then they can move on to use the more formal steps as follows.

**10.2.2** The member of the workforce should make their concerns known either verbally or in writing to an appropriate senior manager. They should make it clear that they are formally raising a matter of concern. If they wish to keep their identity confidential they must make it clear at the outset so that this request can be recorded.

The senior manager will meet with the member of the workforce within seven working days. The outcome of the meeting will be recorded in writing and a copy given to the individual within five working days of the meeting.

**10.3 Process**

**10.3.1** Once a member of the workforce has told someone of their concern, whether verbally or in writing, *name of Health Board / Trust* will consider the information to assess what action should be taken. This may involve an informal review or a more formal investigation.

The member of the workforce will be told who is handling the matter, how they can contact them and what further assistance may be needed. If there is to be a formal investigation the manager to whom they have reported their concern will appoint an Investigating Officer. If an internal investigation takes place this will be undertaken thoroughly and as quickly as possible (usually within 28 days) in light of the matters to be investigated. At their request, the individual will be written to summarising their concern, and setting out how it will be handled along with a timeframe.

If a member of the workforce is not satisfied with a decision to only undertake an informal review, they should raise their concerns in writing with the Chief Executive, and/or an appropriate Executive Director. If the concern relates to the Chief Executive or Executive Director, concerns should be raised with the Chairman.

The Chief Executive or Chairman(or a nominated representative not previously involved) will meet the individual within 28 working days. Again the outcome of this meeting will be recorded in writing and a copy given to the individual within seven working days of the meeting.

**10.3.2** When someone raises a concern it will be helpful to know how they think the matter might be best resolved. If there is any personal interest in the matter this should be stated at the outset. If the matter falls more appropriately within the Grievance or Dignity at Work Policies the member of the workforce will be advised that they should pursue this matter through the appropriate policy and that the raising concerns policy will not be invoked.

**10.3.3** *Name of Health Board / Trust* does not expect a member of the workforce to have absolute proof of any misconduct or malpractice that they report, but they will need to be able to show reasons for their concerns, so any evidence that they have such as letters, memos, diary entries etc. will be useful.

**10.3.4** If the alleged disclosure is deemed to be serious enough, then suspension or other alternatives may be deemed necessary. The process for this will follow that laid out in the All Wales Disciplinary Policy section 10.

Subject to any legal constraints, *name of Health Board / Trust* will inform the member of the workforce who raised the concern, of an outline of any actions taken. However, it may not always be able to divulge the precise action e.g. where this would infringe a duty of confidentiality of *name of Health Board / Trust* towards someone else.

**11.** **Serious or Continued Concerns**

If a member of the workforce has followed the above procedure to deal with the matter and still has concerns or if they feel that the matter is so serious that they cannot discuss it in any of the ways outlined previously, then in exceptional circumstances they may wish to contact:-

* The National Fraud and Corruption reporting Line on 0800 028 40 60, or alternatively via the on line reporting facility at [www.reportnhsfraud.nhs.uk](http://www.reportnhsfraud.nhs.uk). (if your concern is about financial malpractice)
* Welsh Government

**12.** **Regulatory/Wider Disclosure**

*Name of Health Board / Trust* hopes that this policy will give members of the workforce the reassurance they need to raise the matter of concern internally or exceptionally with the organisations referred to previously. However, it is realised that there may be circumstances where individuals are required under their professional regulations to report matters to outside bodies such as the appropriate regulatory bodies:-

* General Medical Council ([www.gmc-uk.org](http://www.gmc-uk.org))

The GMC publication “Duties of a Doctor” sates that all doctors must act without delay if they have good reason to believe that they or a colleague may be putting patients at risk.

**(Further GMC guidance (Raising and acting on concerns about patient safety) states that a doctor should contact a regulatory body such as the GMC or another body with authority to investigate the issue in the following circumstances:**

* **If you cannot raise the issue with the responsible person or body locally because you believe them to be part of the problem**
* **If you have raised your concern through local channels but are not satisfied that the responsible person or body has taken adequate action**
* **If there is an immediate serious risk to patients, and a regulator or other external body has responsibility to act or intervene).**
* Nursing and Midwifery Council ([www.nmc-uk.org](http://www.nmc-uk.org))
* Health and Care Professions Council ([www.hpc-uk.org](http://www.hpc-uk.org/))

*Name of Health Board / Trust* would rather you raised the matter with the appropriate regulatory body than not at all. Other regulatory bodies may include;

* Health and Safety Executives
* Health Inspectorate Wales
* Wales Audit Office
* Police
* National Patient Safety Agency

(This list is not exhaustive).

At all times individuals should be aware of the need to maintain a balance between voicing their concerns and the unjustified undermining of confidence in the NHS. If they need advice they can contact the charity Public Concern at Work on 020 7404 6609 or by email at [helpline@pcaw.co.uk](mailto:helpline@pcaw.co.uk). Public Concern at Work can advise individuals how to go about raising a matter of concern in the appropriate way ([www.pcaw.co.uk/law/lawregulators.html](http://www.pcaw.co.uk/law/lawregulators.html)). Alternatively, the Department of Health also provide a service for NHS and Social Care employees in England and Wales on 08000 724 725 or by email at [enquiries@wbhelpline.org.uk](mailto:enquiries@wbhelpline.org.uk).

**13.** **Protection of those making disclosures**

**13.1** It is the aim of this policy to protect and support staff to raise legitimate concerns internally within the organisation where they honestly and reasonably believe that malpractice/wrongdoing has occurred or will be likely to occur and there are protections in law as set out in the Public Interest Disclosure Act 1998. However, if the individual raising the concern is implicated in the wrongdoing then this does not automatically bring exemption from further investigation under the appropriate organisational policies.

**13.2** If a member of the workforce is raising a matter of serious or continued concern as in section 10 above the same protection applies as for internal disclosure. This is intended to promote accountability in public life and there is no requirement that such concerns should first be raised with the *name of Health Board / Trust* although it is preferred that the *name of Health Board / Trust* should be given an opportunity to resolve the matter first.

**13.3** lf a member of the workforce is raising a matter with a regulatory body defined within the Public Interest Disclosure Act 1998 they will be protected where they honestly and reasonably believe that the malpractice/wrongdoing has occurred or is likely to occur and in addition they honestly and reasonably believe that the information and any allegation contained in it are substantially true

**13.4** If a member of the workforce is making a wider disclosure (for example to the police, or an AM or an MP) they will be protected only if:

* they meet the above tests for internal and regulatory disclosures
* they have not made the disclosure for personal gain
* they have first raised the matter internally or with a prescribed regulatory body unless the matter was exceptionally serious and
* they reasonably believed they would be victimised if they did so

or

* there is no prescribed regulatory body and you reasonably believed there would be a cover up

**Public Concern at Work or a Trade Union will be able to advise on the circumstances in which an individual should use this policy and where they may be able to contact an outside body without losing the protection afforded under the Public Interest Disclosure Act 1998( see section 12).**

**14.** **Help and Advice**

If a member of the workforce requires any further advice about the policy or its application, they should contact their line manager, a member of the Workforce & OD team or a trade union or staff side representative.

Your manager can let you know where you are able to see a copy of the policy. It is also available on the Intranet and all new starters will be made aware of it during their Induction.

**15. Training and/or awareness raising**

All staff will be made aware of this policy upon commencement with the *name of Health Board / Trust*. Copies can also be viewed on the *name of Health Board / Trust*’s intranet or obtained via the Workforce and OD department. Training will be provided as appropriate.

**16. Equality**

The *name of Health Board / Trust* recognises the diversity of its workforce.  Our aim is therefore to provide a safe environment where all employees are treated fairly and equally and with dignity and respect. The *name of Health Board / Trust* recognises that the promotion of equality and human rights is central to its work both as a provider of healthcare and as an employer. This policy has been impact assessed to ensure that it promotes equality and human rights. The assessment was undertaken using the toolkit of the NHS Centre for Equality and Human Rights and completed on 16th September 2011. The equality impact assessment outcome report is available to download at ………

**17. Data Protection Act 1998**

All documents generated under this policy that relate to identifiable individuals are to be treated as confidential documents, in accordance with the *name of Health Board / Trust*’s Data Protection Policy.

**18. Freedom of Information Act 2000**

All *name of Health Board / Trust*’s records and documents, apart from certain limited exemptions, can be subject to disclosure under the Freedom of Information Act 2000. Records and documents exempt from disclosure would, under most circumstances, include those relating to identifiable individuals arising in a personnel or staff development context. Details of the application of the Freedom of Information Act within the *name of Health Board / Trust* may be found in the *name of Health Board / Trust’s* publications scheme.

**19.** **Records Management**

All documents generated under this policy are official records of the *name of Health Board / Trust* and will be managed and stored and utilised in accordance with the *name of Health Board / Trust*’s Records Management Policy.

**20.** **Monitoring**

Details of all Raising Concerns Policy outcomes will be recorded in a database and reported on periodically to the Senior Management Team and Board.

**21.** **Discipline**

Breaches of this policy will be investigated and may result in the matter being treated as a disciplinary offence under the *name of Health Board / Trust*’*s* disciplinary procedure.

**22. Policy Review**

This policy will be subject to review by the Director of Workforce and OD as necessary and on an All Wales basis no later than 31st March 2014.

**Appendix 1 – Situation in which staff might ‘raise a concern’**

**Example One**

You are a nurse and have previously raised concerns over the cleanliness of the ward you work in, domestic staff do not appear to have enough time to complete the work and in the past you have had to assist or complete cleaning that appears to be half finished.   You raised concerns with your line manager who said they would look into it.  Despite reminding them several times of your worries no action appears to have been taken and your concerns remain

***Suggested action*** *– Consider reporting the matter under the Incident reporting Policy and/or report the matter to the Directorate Head of Nursing / Director of Nursing.*

**Example Two**

You are working in an area which regularly engages outside contractors. You have noticed how the contractor which has been named the *name of Health Board / Trust’s* preferred supplier doesn’t deliver on time or to budget. Your manager, who is very friendly with one of the staff in the contracting firm, doesn’t appear to share your concerns, but is quick to make excuses for them. Senior management appear to have accepted these explanations and don’t seem to be concerned. You suspect your manager may be receiving inducements. What should you do?

***Suggested action*** *– Report the suspicion to the NHS Organisation’s Local Counter Fraud Specialist.*

**Example Three**

A colleague of yours is on long term sick leave, however, you know that in her spare time she runs a catering business supporting events and functions. Last week you turned up to collect your grandchild from a party and noticed that she was clearing up after the event.

***Suggested action*** *– Report the matter to your line manager.*

**Example Four**

You work in the staff restaurant, and over the past few weeks you notice a member of staff who doesn’t seem to be paying for their food. At first you put this down to your error or their genuine mistake. However, recently you notice the same person doing this on a daily basis. You are not sure what to do and you are worried because you did not report it the first time. What should you do?

***Suggested action*** *– Report the matter to your line manager or the NHS Organisations Local Counter Fraud Specialist****.***

**Example Five**

You have recently started a job in the Estates Dept. A colleague who regularly drives a fork lift truck has been off sick on odd occasions and your manager has asked you to carry out his duties. Although you have agreed in the past, you are reluctant to continue driving a fork lift truck as you have not received full training. When you raise this with your manager he refuses to discuss it or arrange for you to have training.

***Suggested action*** – *Report the matter to the Head of Estates Services.*

**Example Six**

You work as a nurse on a busy ward and have regularly witnessed a particular doctor complaining aggressively to the ward manager about patient notes written up by nurse colleagues. On one occasion you saw the doctor remove pages and tear them up. You have spoken to the ward manager to express your concerns. His response was that this doctor had a difficult manner but would soon be moving on to work in another area.

***Suggested action*** *– Report the matter to your Directorate Manager, Head of Service or Clinical Director.*

**Examples of situations where other employment policies should be used:**

**Example One**

One of your colleagues has been making derogatory comments about you within your hearing, over a number of weeks. You have spoken to your manager who has suggested you try to ignore her remarks. You feel you cannot do this and want the matter dealt with.

***Suggested action –*** *Report the matter to the W&OD Dept under the Dignity at Work Policy.*

**Example Two**

You recently had an appraisal interview with your line manager in which he told you that he was not satisfied with your performance on pieces of work that you completed several months ago. This is the first time he has told you this. You feel you have been unfairly criticised and want to take it further.

***Suggested action*** *– Discuss with your manager to try and resolve informally. If you are not satisfied, raise formally under the Grievance Policy*.

**Appendix 2 *- NHS organisation***

**Form WB1 – Recording a concern raised under the Raising Concerns policy**

Concern raised by (Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ward/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confidentiality requested: YES NO

See policy section 5

Nature of concern raised: Delivery of care/services to patients

(please tick)

Value for money

Health and Safety

Unlawful conduct

Fraud, theft or corruption

The cover-up of any of the above.

Details of concern raised:

(Continue overleaf if necessary)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Evidence to support the concern:

(continue overleaf if necessary)

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Any suggestions from employee as to resolution? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How will the matter be handled? Informal review

(Please tick)

Internal investigation

Concern reported to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

N.B. Once completed, this form should be retained on a case file

**Appendix 3 - *NHS Organisation***

**Form WB2 Concerns Raised Under the Raising Concerns Policy: Summary of findings and outcome of investigation**

Concern raised by: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Informal review undertaken by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigation undertaken by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summary of findings of review/investigation:

(continue overleaf if necessary)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Outcome: Action taken:

(continue overleaf if necessary)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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No action taken for the following reasons:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Further action (if appropriate):

(e.g. report the matter to Welsh Government/Regulator)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signed: Name/designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

N.B. Once completed, this form should be retained on a case file.

**Appendix 4**

**Glossary of Publications Considered**

1. **Raising and acting on concerns about patient safety** – GMC
2. **Duties of a Doctor** – GMC
3. **Speak up for a healthy NHS – How to implement and review whistleblowing arrangements in your organisation** – Social Partnership Forum and Public Concern at Work
4. **Whistleblowing - Advice for BMA members working in NHS secondary care about raising concerns in the workplace** – BMA
5. **Abertawe Bro Morgannwg University Health Board Whistleblowing Policy (2011)**
6. **Protection of older people in Wales: Raising concerns in the workplace** – Older People’s Commissioner for Wales (2012)

**Suggested wording for quick reference guide/organisational poster**

**Raising a Concern**

**“If you see something – say something”**

If you are worried that something wrong or dangerous is happening at work, please don’t keep it to yourself. Unless you tell us about any concerns you may have about safety risks including clinical safety, fraud or other wrongdoing, the chances are we won’t find out until it’s too late.

As some of you may be nervous about raising such matters, here are some tips:

• raise it when it’s a concern – we won’t ask you to prove it

• keep it in perspective – there may be an innocent explanation

• it will help us if you can say how you think things can be put right

• stay calm – you’re doing the right thing

• if for whatever reason you are worried about raising it with your manager, please follow the steps shown below

**How to raise a concern**

1.We hope that you will feel able to tell your line manager.

2. The NHS Organisation’s Raising Concerns Policy provides detailed guidance on how to raise a matter causing you concern

2. If for whatever reason you are uneasy about this or your manager’s response doesn’t seem right, you should contact: [add contacts from policy, including your local trade union representatives]

3. If you want to talk to them in confidence, just say so. If you prefer to put it in writing, that’s fine but please tell them who you are.

4. If you want confidential advice first, you can talk to your local trade union representative. You may also call the independent raising concerns (Whistleblowing) charity Public Concern at Work on 020 7404 6609.