

| | | | |
|--------------------------------|--|-----------------------|--|
| Title: | Your right to raise a concern (Whistleblowing) Policy | | |
| Author(s) | Claire Cairns, Head of Office (Lead Author) Joan Peden, Co Director, Human Resources Nicola Williams, Accounting and Financial Services Robert Henry, Risk & Governance | | |
| Ownership: | Dr Cathy Jack, Medical Director | | |
| Approval by: | Policy Committee Executive Team | Approval date: | 11 th January 2018 24 th January 2018 |
| Operational Date: | 9 th April 2018 | Next Review: | April 2023 |
| Version No. | 3.0 | Supercedes | 2.1 |
| Key words: | Whistleblowing, whistle-blowing, whistle, blowing, raising a concern, concern, public interest, suspected wrongdoing, Public Concern at Work, PCaW, whistleblower | | |
| Links to other policies | http://intranet.belfasttrust.local/policies/Pages/Policies/Finance.aspx | | |

| Date | Version | Author | Comments |
|------------|---------|---|---|
| 09/08/2012 | 1 | Paul Ryan Joan Peden | |
| 09/01/2013 | 1.1 | June Champion | Initial Draft |
| 14/02/2013 | 1.2 | Nicola Williams | Bribery Act 2012 |
| 15/02/2013 | 1.3 | Joan Peden | Revised Draft |
| 15/02/2013 | 1.4 | June Champion | Revised Draft |
| 18/02/2013 | 1.5 | Policy Committee | Comments |
| 01/05/2013 | 1.5 | Workforce, Governance and Policy Review Sub committee | No Comments |
| 16/10/2014 | 2.1 | Jill Shaw-O'Doherty | Revised details relating to the Head of Office and Medical Director. |
| 28/11/2017 | 3.0 | Robert Henry | Detail from Regional Framework lifted into BHSCT Policy |
| 30/03/2018 | 3.1 | Robert Henry | Additional line added on request from HR regarding Working Well Together Policy and Harassment Policy |

Contents

- 1.0 Background & Purpose of Policy**
- 1.1 Defining Whistleblowing**
- 1.2 Overview**
- 1.3 BHSCT Procedure for Whistleblowing**
 - 1.3.1 Introduction
 - 1.3.2 Aims and Objectives
- 2.0 Scope**
- 3.0 Role & Responsibilities**
- 4.0 Key Policy Principles**
- 4.1 Suspected Fraud**
- 4.2 BHSCT Commitment to you**
 - 4.2.1 Your Safety
 - 4.2.2 Confidentiality
 - 4.2.3 Anonymity
- 4.3 Raising a concern**
 - 4.3.1 Who should I raise a concern with
 - 4.3.2 Independent advice
 - 4.3.3 How should I raise my concern?
- 4.4 Raising a concern externally**
 - 4.5 The media
 - 4.6 Conclusion
 - 4.7 Equality, Human Rights & DDA
 - 4.8 Alternative Format
 - 4.9 Sources of advice in relation to this document
- 5.0 Implementation of Policy**
- 5.1 Dissemination**
- 5.2 Resources**
- 6.0 Monitoring**
- 7.0 Evidence Base / References**
- 8.0 Consultation Process**
- 9.0 Appendices / Attachments**
- 10.0 Equality Statement**

1.0 Background & Purpose of Policy

Health and social care services exist to promote the health, wellbeing and dignity of patients and service users and the people who deliver these services want to do the best for those they serve.

Encouraging staff to raise concerns openly as part of normal day-to-day practice is an important part of improving the quality of services and patient safety. Many issues are raised by staff and addressed immediately by line managers – this is very much encouraged. When concerns are raised and dealt with appropriately at an early stage, corrective action can be put in place to ensure safe, high quality and compassionate care.

The importance of raising concerns at work in the public interest (or “whistleblowing”) is recognised by employers, workers, trade union and the general public. Working in partnership with Trade Unions, staff associations and employee representatives is an important part of ensuring fairness and promoting awareness of the policies, procedures and support mechanisms which a good employer will have in place.

1.1 Defining Whistleblowing

Whistleblowing is defined as “when a worker reports suspected wrongdoing at work”.

The wrongdoing is often related to financial mismanagement, such as misrepresenting earnings and false accounting, but can also have more immediate consequences.

Staff can report things that are not right, are illegal or if anyone is neglecting their duties. This might include, for example, concerns around:

- patient safety;
- health and safety at work;
- environmental damage; or
- a criminal offence (e.g. fraud).

Whistleblowing can also be broadly defined as simply ‘raising a concern’. People outside the organisation, including stakeholders, suppliers and service users, can also raise concerns through the HSC Complaints Procedure. However, whistleblowing is different from making a complaint or raising a grievance.

Whistleblowers can often act out of a feeling of fairness or ethics rather than a personal complaint. As Public Concern at Work (PcAW) states, it is important to note that:

“...the person blowing the whistle is usually not directly, personally affected by the danger or illegality. Consequently, the whistleblower rarely has a personal interest in the outcome of any investigation into their concern – they are simply trying to alert others. For this reason, the whistleblower should not

be expected to prove the malpractice. He or she is a messenger raising a concern so that others can address it”.

1.2 Overview

This applies to **all staff** (employees, workers) involved in the work of BHSCT. It does not apply to patients and clients or members of the public who wish to complain or raise concerns about treatment and care provided by BHSCT or about issues relating to the provision of health and social care. These will be dealt with under the separate BHSCT Complaints Procedure.

This is for staff to raise issues where the interests of others or the organisation are at risk. If a member of staff is aggrieved about their personal position they must follow the local grievance procedure for making a complaint about Bullying and/or Harassment.

All cases of suspected, attempted or actual fraud raised under this policy should be handled promptly in line with the organisation’s Fraud Response Plan

It is important that BHSCT, like all HSC organisations are committed to the principles set out in their whistleblowing arrangements and can ensure that it is safe and acceptable for staff to speak up about wrongdoing or malpractice within their organisation.

Within BHSCT

- Head of Office has been identified to take responsibility for ensuring implementation of the whistleblowing arrangements.
- For each Directorate advisors/advocates have been identified to signpost and provide support to those wishing to raise a concern. **(Ref Appendix D)**
- A non-executive board member has been identified to have responsibility for oversight of the culture of raising concerns within their organisation.

As an employer, BHSCT must take all concerns raised seriously. However, it may not be necessary to carry out a formal investigation in each case. BHSCT Head of Office / Directorate Advocate will consider a range of possibilities depending on the nature of each case:

- explaining the context of an issue to the person raising a concern may be enough to alleviate their concerns
- minor concerns might be dealt with straightaway by line management
- a review by internal audit as part of planned audit work might be sufficient to address the issue e.g. through a change to the control environment
- there may be a role for external audit in addressing the concerns raised and either providing assurance or recommending changes to working practices
- there may be a clear need for a formal investigation.

Having considered the options it is important that the rationale for the way forward is clearly documented. If necessary, the BHSCT can also seek advice and guidance from the relevant prescribed person.

1.3 BHSCT Procedure for Whistleblowing

1.3.1 Introduction

All of us at one time or another may have concerns about what is happening at work. The BHSCT wants you to feel able to raise your concerns about any issue troubling you with your managers at any time. It expects its managers to listen to those concerns, take them seriously and take action to resolve the concern, either through providing information which gives assurance or taking action to resolve the concern. However, when the concern feels serious because it is about a possible danger, professional misconduct or financial malpractice that might affect patients, colleagues, or BHSCT itself, it can be difficult to know what to do.

The BHSCT recognises that many issues are raised by staff and addressed immediately by line managers – this is very much encouraged.

This policy and procedure is aimed at those issues and concerns which are **not resolved, require help to get resolved or are about serious underlying concerns.**

Whistleblowing refers to staff reporting suspected wrongdoing at work, for example, concerns about patient safety, health and safety at work, environmental damage or a criminal offence, such as, fraud.

You may be worried about raising such issues and may think it best to keep it to yourself, perhaps feeling it is none of your business or that it is only a suspicion. You may also feel that raising the matter would be disloyal to colleagues, to managers or to the organisation. It may also be the case that you 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.

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

Rather than wait for proof, raise the matter when it is still a concern. If something is troubling you of which you think we should know about or look into, please let us know. The BHSCT has implemented these whistleblowing arrangements for you to raise any concern where the interests of others or the organisation itself are at risk.

1.3.2 Aims and Objectives

BHSCT is committed to running the organisation in the best way possible. The aim of the policy is to promote a culture of openness, transparency and dialogue which at the same time:

- reassures you that it is safe and acceptable to speak up;
- upholds patient confidentiality;
- contributes towards improving services provided by the BHSCT;
- assists in the prevention of fraud and mismanagement;
- demonstrates to all staff and the public that the BHSCT is ensuring its affairs are carried out ethically, honestly and to high standards;
- provides an effective and confidential process by which you can raise genuine concerns so that patients, clients and the public can be safeguarded.

The BHSCT roles and responsibilities in the implementation of this policy are set out at **Appendix A** of this Policy.

2.0 Scope

The BHSCT recognises that existing policies and procedures which deal with conduct and behaviour at work (Disciplinary, Grievance, Working Well Together, Harassment and Bullying, the Complaints Procedure and the Accident/Incident Reporting Procedure) may not always be appropriate to extremely sensitive issues which may need to be handled in a different way.

This policy provides a procedure for all staff of the BHSCT, including permanent, temporary and bank staff, staff in training working within the BHSCT, independent contractors engaged to provide services, volunteers and agency staff who have concerns where the interests of others or of the organisation itself are at risk. **If in doubt - raise it!**

Examples may include:

- malpractice or ill treatment of a patient or client by a member of staff;
- where a potential criminal offence has been committed, is being committed or is likely to be committed;
- suspected fraud;
- breach of Standing Financial Instructions;
- disregard for legislation, particularly in relation to Health and Safety at Work;
- the environment has been, or is likely to be, damaged;
- a miscarriage of justice has occurred, is occurring, or is likely to occur;
- showing undue favour over a contractual matter or to a job applicant;
- research misconduct; or
- information on any of the above has been, is being, or is likely to be concealed.

This list is not intended to be exhaustive or restrictive

If you feel that something is of concern, and that it is something which you think BHSCT should know about or look into, you should use this procedure. If, however, you wish to make a complaint about your employment or how you have been treated, you should follow the BHSCT's local grievance procedure, Working Well Together Policy or Harassment Policy which can be obtained from your manager. This policy complements professional and ethical rules, guidelines and codes of conduct and freedom of speech. It is not intended to

replace professional codes and mechanisms which allow questions about professional competence to be raised. (However such issues can be raised under this process if no other more appropriate avenue is apparent).

3.0 Roles & Responsibilities

Refer **Appendix A**

4.0 Key Policy Principles

4.1 Suspected Fraud

If your concern is about possible fraud or bribery BHSCT has a number of avenues available to report your concern. These are included in more detail in BHSCT Fraud Policy, Fraud Response Plan and Bribery Policy and are summarised below.

Suspensions of fraud or bribery should initially be raised with the appropriate line manager but where you do not feel this is not appropriate the following officers may be contacted:

- Senior Manager
- Head of Department
- Director of Finance
- Fraud Liaison Office (FLO)

Employees can also contact the regional HSC fraud reporting hotline on **0800 096 33 96** or report their suspicions online to www.repporthhealthfraud.hscni.net These avenues are managed by Counter fraud and Probity Services (CFPS) on behalf of the HSC and reports can be made on a confidential basis.

The BHSCT's Fraud Response Plan will be instigated immediately on receipt of any reports of a suspicion of fraud or bribery.

The prevention, detection and reporting of fraud and bribery and other forms of corruption are the responsibility of all those working for the BHSCT or under its control.

The BHSCT expects all staff and third parties to perform their duties impartially, honestly, and with the highest integrity.

4.2 BHSCT Commitment to you

4.2.1 Your Safety

The BHSCT, the Chief Executive, managers and the trade unions/professional organisations are committed to this policy. If you raise a genuine concern under this policy, you will not be at risk of losing your job or suffering any detriment (such as a reprisal or victimisation). The BHSCT will

not tolerate the harassment or victimisation of anyone who raises a genuine concern.

The BHSCT expects you to raise concerns about malpractices. If any action is taken that deters anyone from raising a genuine concern or victimises them, this will be viewed as a disciplinary matter.

It does not matter if you are mistaken or if there is an innocent explanation for your concerns, you will be protected under the law. However, it is not uncommon for some staff to maliciously raise a matter they know to be untrue. In cases where staff maliciously raise a matter they know to be untrue, protection under the law cannot be guaranteed and the BHSCT reserves the right to take disciplinary action if appropriate.

4.2.2 Confidentiality

With these assurances, the BHSCT hopes that you will raise concerns openly. However, we recognise that there may be circumstances when you would prefer to speak to someone in confidence first. If this is the case, you should say so at the outset to initially a member of staff within your Directorate that has been identified to provide support in relation to Whistleblowing.

(Ref **Appendix D** for details of BHSCT Directorate Advocates)

The BHSCT is committed to maintaining confidentiality for everyone involved in a concern. This includes the person raising the concern and the person(s) whom the concern is about. Confidentiality will be maintained throughout the process and after the issue has been resolved.

If you ask for your identity not to be disclosed, we will not do so without your consent unless required by law. You should however understand that there may be times when we will be unable to resolve a concern without revealing your identity, for example, where personal evidence is essential. In such cases, we will discuss with you whether and how the matter can best proceed.

4.2.3 Anonymity

Remember that if you do not disclose your identity, it will be much more difficult for us to look into the matter. It will also not be possible to protect your position or give you feedback. So, while we will consider anonymous reports in the exact same manner as those which are not anonymised, these arrangements are not best suited to deal with concerns raised anonymously.

If you are unsure about raising a concern you can get independent advice from Public Concern at Work (see contact details under Independent Advice 4.3.2).

4.3 Raising a concern

If you are unsure about raising a concern, you can get independent advice at any stage from your trade union/professional organisation, or from one of the organisations listed in 4.4. You should also remember that you do not need to

have firm evidence before raising a concern. However, you should explain as fully as possible the information or circumstances that gave rise to the concern.

4.3.1 Who should I raise a concern with?

In many circumstances the easiest way to get your concern resolved will be to raise it with your line manager (or lead clinician or tutor). But where you do not think it is appropriate to do this, you can use any of the options set out below. If raising it with your line manager (or lead clinician or tutor) does not resolve matters, or you do not feel able to raise it with them, you can contact:

the designated advisor/ advocate (**Ref Appendix D**)

If you still remain concerned after this, you can contact:

Claire Cairns Head of Office (**Ref Appendix D**)

All these people have been trained in receiving concerns and will give you information about where you can go for more support.

If for any reason you do not feel comfortable raising your concern internally, you can raise concerns with external bodies (see 4.4 below).

If exceptionally, the concern is about the Chief Executive, then it should be made (in the first instance) to the Chair, who will decide on how the investigation will proceed.

4.3.2 Independent advice

If you are unsure whether to use this policy, or if you require confidential advice at any stage, you may contact your trade union/professional organisation. Advice is also available through the independent charity Public Concern at Work (PCaW) on 020 7404 6609.

4.3.3 How should I raise my concern?

You can raise your concerns with any of the people listed above, in person, by phone or in writing (including email).

Whichever route you choose, please be ready to explain as fully as you can the information and circumstances that gave rise to your concerns.

4.4 Raising a concern externally

The BHSCT hopes this policy reassures you of its commitment to have concerns raised under it taken seriously and fully investigated, and to protect an individual who brings such concerns to light.

Whilst there may be occasions where individuals will wish to report their concerns to external agencies or the PSNI, the BHSCT would hope that the robust implementation of this policy will reassure staff that they can raise such concerns internally in the first instance.

However, the BHSCT recognises that there may be circumstances where you can raise a concern with an outside body including those listed below:

- Department of Health;
- A prescribed person, such as:
 - o General Chiropractic Council, General Dental Council, General Medical Council, General Osteopathic Council, Health & Care Professional Council, Northern Ireland Social Care Council, Nursing and Midwifery Council, Pharmaceutical Society Northern Ireland, General Optical Council
 - o The Regulation and Quality Improvement Authority;
 - o The Health and Safety Executive;
 - o Serious Fraud Office,
 - o Her Majesty's Revenue and Customs,
 - o Comptroller and Auditor General;
 - o Information Commissioner
 - o Northern Ireland Commissioner for Children and Young People
 - o Northern Ireland Human Rights Commission

Disclosure to these organisations/persons will be protected provided you honestly and reasonably believe the information and associated allegations are substantially true.

We would wish you to raise a matter with the external agencies listed above than not at all. Public Concern at Work (or your union) will be able to advise you on such an option and on the circumstances in which you may be able to contact an outside body safely.

4.5 The Media

You may consider going to the media in respect of their concerns if you feel the BHSCT has not properly addressed them. You should carefully consider any information you choose to put into the public domain to ensure that patient/client confidentiality is maintained at all times. The BHSCT reserves the right to take disciplinary action if patient/client confidentiality is breached.

Communications with the media are coordinated by Corporate Communications on behalf of the BHSCT. Staff approached by the media should direct the media to this department in the first instance.

4.6 Conclusion

While we cannot guarantee that we will respond to all matters in the way that you might wish, we will strive to handle the matter fairly, impartially and properly. By using these whistleblowing arrangements you will help us to achieve this.

Please note, this document has been developed to meet best practice and comply with the Public Interest Disclosure (NI) Order 1998 (the Order) which provides employment protection for whistleblowing.

The Order gives significant statutory protection to staff who disclose information reasonably in the public interest. To be protected under the law an employee must act with an honest and reasonable belief that a malpractice has occurred, is occurring or is likely to occur. Disclosures may be made to certain prescribed persons or bodies external to the BHSCT listed in the Order. The Order does not normally protect employees making rash disclosures for example to the media, when the subject could have been raised internally.

4.7 Equality, Human Rights & DDA

The BHSCT This policy has been drawn up and reviewed in the light of Section 75 of the Northern Ireland Act (1998) which requires the BHSCT to have due regard to the need to promote equality of opportunity. It has been screened to identify any adverse impact on the 9 equality categories. The policy has been **screened out** without mitigation.

4.8 Alternative Formats

The document that this Policy is based on can be made available on request on disc, larger font, Braille, audiocassette and in other minority languages to meet the needs of those who are not fluent in English.

4.9 Sources of advice in relation to this document

The Policy Author, Head of Office or Directorate Advocates (as per Appendix D) should be contacted with regard to any queries on the content of this policy.

5.0 Implementation of Policy

5.1 Dissemination

This is applicable to all staff. In addition to the Head of Office and Directorate Advocates, Senior Managers play a vital role in ensuring all staff are aware of the arrangements within the Trust.

5.2 Resources

Public Concern at Work (PCaW) have delivered training to key staff within the Trust

6.0 Monitoring

Details regarding Whistleblowing will be maintained by the Head of Office

7.0 Evidence Base / References

- Your Right to raise a Concern (Whistleblowing) HSC Framework & Model Policy (02 Nov 2017)
- Raising Concerns at Work: Whistleblowing Guidance for Workers and Employers in Health & Social Care (NHS, 2014)
- Government Whistleblowing Policies National Audit Office (2014)
- Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (2013)
- Where's whistleblowing now? 10 years of legal protection for whistleblowers, PCaW, March 2010
- Whistleblowing in the Public Sector: A good practice guide for workers and employers, published jointly in November 2014 by Audit Scotland, the National Audit Office, the Northern Ireland Audit Office and the Wales Audit Office, with the support of Public Concern at Work
- Review of the Operation of Health and Social Care Whistleblowing Arrangements (RQIA, 2016)
- Definitions set out in Articles 3 (3) and 67K of the Employment Rights (Northern Ireland) Order 1996
- The Public Interest Disclosure (Northern Ireland) Order 1998
- Public Interest Disclosure (Prescribed Persons) (Amendment) Order (Northern Ireland) 2014
- The Employment Rights (Northern Ireland) Order 1996 as amended by the Employment Act (Northern Ireland) 2016
- Department of Health. Correspondence from Health Minister Ref SUB/325/2012 (02 Mar 2012)

8.0 Consultation Process

This policy has been taken from the Regional framework that has been agreed after regional consultation including Northern Ireland HSC organisations and Trade union representation.

9.0 Appendices / Attachments

| Appendix | Details |
|----------|---|
| A | Roles and Responsibilities |
| B | Procedure for raising a concern |
| C | Advice for Managers responding to a concern |
| D | Key contacts within BHSCT |
| E | Flowchart for raising concerns & whistleblowing process |

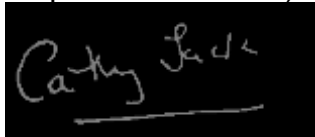
10.0 Equality Statement

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out. The outcome of the Equality screening for this policy is:

Major impact
Minor impact
No impact.

SIGNATORIES

(Policy – Guidance should be signed off by the author of the policy and the identified responsible director).



4 April 2017

Date: _____

Dr Cathy Jack,
Deputy Chief Executive/Medical Director



4 April 2017

Date: _____

Martin Dillon
Chief Executive

Appendix A Roles and Responsibilities

The BHSCT

- To listen to our staff, learn lessons and strive to improve patient care;
- To ensure that this policy enables genuine issues that are raised to be dealt with effectively
- To promote a culture of openness and honesty and ensure that issues are dealt with responsibly and taken seriously
- To ensure that employees who raise any issues are not penalised for doing so unless other circumstances come to light which require this, e.g. where a member of staff knowingly raises an issue regarding another member of staff which they know to be untrue.
- To share learning, as appropriate, via organisations shared learning Procedures

The non executive director (NED)

- To have responsibility for oversight of the culture of raising concerns within their organisation

Senior Manager

- To take responsibility for ensuring the implementation of the whistleblowing arrangements

Managers

- To take any concerns reported to them seriously and consider them fully and fairly
- To recognise that raising a concern can be a difficult experience for some staff and to treat the matter in a sensitive manner if required
- To seek advice from other professionals within the BHSCT where appropriate
- To invoke the formal procedure and ensure the Head of Office is informed, if the issue is appropriate
- To ensure feedback/ learning at individual, team and organisational level on concerns and how they were resolved

Whistleblowing adviser/ advocate

- To ensure that any safety issue about which a concern has been raised is dealt with properly and promptly and escalated appropriately through all management levels
- To intervene if there are any indications that the person who raised a concern is suffering any recriminations
- To work with managers and HR to address the culture in an organisation and tackle the obstacles to raising concerns

This list is not intended to be exhaustive or restrictive

All Members of Staff

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

Role of Trade Unions and other Organisations

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

Appendix B Procedure for raising a Concern

Step one (Informal)

If you have a genuine concern about what you believe might be malpractice and have an honest and reasonable suspicion that the malpractice has occurred, is occurring, or is likely to occur, then the matter should be raised in the first instance with your Line Manager (lead clinician or tutor). This may be done verbally or in writing.

You are entitled to representation from a trade union/ fellow worker or companion to assist you in raising your concern.

Step two (informal)

If you feel unable to raise the matter with your Line Manager (lead clinician or tutor), for whatever reason, please raise the matter with the designated adviser/ advocate for your Directorate (Ref **Appendix D** for further details)

This person has been given special responsibility and training in dealing with whistleblowing concerns. They will:

- treat your concern confidentially unless otherwise agreed;
- ensure you receive timely support to progress your concerns;
- escalate to the Head of Office any indications that you are being subjected to detriment for raising your concern;
- remind the organisation of the need to give you timely feedback on how your concern is being dealt with;
- ensure you have access to personal support since raising your concern may be stressful.

If you want the matter dealt with in confidence, please say so at the outset so that appropriate arrangements can be made.

Step three (formal)

If these channels have been followed and you still have concerns, or if you feel that the matter is so serious that you cannot discuss it with any of the above, please contact:

Claire Cairns Head of Office directly (Ref **Appendix D** for details)

Step four (formal)

You can raise your concerns formally with the external bodies listed in 4.4

What will we do?

We are committed to listening to our staff, learning lessons and improving patient care. On receipt, the concern will be recorded and, where possible, you will receive an acknowledgement within three working days.

A central register will record the date the concern was received, whether you have requested confidentiality, a summary of the concerns and dates when we have given you updates or feedback. While your identity may be included within the allegation or report, the register will not include any information which may identify you, nor should it include any information which may identify an individual or individuals against whom an allegation is made.

Investigation

Where you have been unable to resolve the matter quickly (usually within a few days) with your Line Manager, we will carry out a proportionate investigation – using someone suitably independent (usually from a different part of the organisation) and properly trained – and we will reach a conclusion within a reasonable timescale (which we will notify you of).

Wherever possible we will carry out a single investigation (so, for example, where a concern is raised about a patient safety incident, we will usually undertake a single investigation that looks at your concern and the wider circumstances of the incident). The investigation will be objective and evidence-based, and will produce a report that focuses on identifying and rectifying any issues, and learning lessons to prevent problems recurring.

We may decide that your concern would be better looked at under another process: for example, our process for dealing with bullying and harassment. If so, we will discuss that with you.

We will advise you, where possible, and those identified as the subject of a concern, of the process, what will be investigated and what will not, those who will be involved, the roles they will play and the anticipated timescales

Any employment issues (that affect only you and not others) identified during the investigation will be considered separately.

Where an Agency worker raises a concern then it is the responsibility of the BHSCCT to take forward the investigation in conjunction with the Agency if appropriate.

For the purposes of recording, if the concern is already, or has previously been, the subject of an investigation under another procedure e.g. grievance procedure it will not be appropriate to categorise it under the BHSCCT Whistleblowing Policy.

Communicating with you

We welcome your concerns and will treat you with respect at all times. We will

discuss your concerns with you to ensure we understand exactly what you are worried about. We will endeavour to provide a response within 12 weeks of the concern being received. We will provide an update on progress by week 6 and again by week 10 of the investigation. We will share the outcome of the investigation report with you (while respecting the confidentiality of others).

How we will learn from your concerns

The focus of the investigation will be on improving our services. Where it identifies improvements that can be made, we will track them to ensure necessary changes are made and are working effectively. The final outcome and 'lessons learned' will be documented and approved as final by the responsible Director. In addition the relevant professional Executive Director will independently assess the findings and recommendations for assurance that the matter has been robustly considered and appropriately addressed.

Board oversight

The BHSCT board and the Department of Health will be given high level information about all concerns raised by our staff through this policy and what we are doing to address any problems. We will include similar high level information in our annual report. The board supports staff raising concerns and want you to feel free to speak up. The Chair has nominated a non-executive director with responsibility for the oversight of the organisation's culture of raising concerns.

Review & Reporting

We will review the effectiveness of this policy and local processes at least annually, with the outcome published and changes made as appropriate.

We will provide regular reports to senior management and to our Audit Committee on our whistleblowing caseload and an annual return to the Department of Health setting out the actions and outcomes.

Appendix C - Advice for managers responding to a concern

1. Thank the staff member for raising the concern, even if they may appear to be mistaken;
2. Respect and heed legitimate staff concerns about their own position or career;
3. Manage expectations and respect promises of confidentiality;
4. Discuss reasonable timeframes for feedback with the member of staff;
5. Remember there are different perspectives to every story;
6. Determine whether there are grounds for concern and investigate if necessary as soon as possible. Where appropriate alert those identified as the subject of the concern. If the concern is potentially very serious or wide-reaching, consider who should handle the investigation and know when to ask for help. If asked, managers should put their response in writing;
7. Managers should ensure that the investigator is not connected to the concern raised and determine if there is any actual, potential or perceived conflict of interest which exists prior to disclosing full details of the concern. Should a conflict of interest arise during the investigation the investigator must alert the manager. (Note: Any such conflict must be considered, and acted on, by the manager);
8. Managers should bear in mind that they may have to explain how they have handled the concern;
9. Feed back to the whistleblower and those identified as the subject of a concern (where appropriate) any outcome and/or proposed remedial action, but be careful if this could infringe any rights or duties which may be owed to other parties;
10. Consider reporting to the board and/or an appropriate regulator the outcome of any genuine concern where malpractice or a serious safety risk was identified and addressed; and
11. Record-keeping - it is prudent to keep a record of any serious concern raised with those designated under the policy, and these records should be anonymous where necessary.

Appendix D – Key contacts within BHSCT

The following table outlines staff within BHSCT that have been identified to provide further advice / guidance in relation to whistleblowing

| | Name | Email Address | Phone Number |
|---|----------------------|--|--------------|
| Head of Office | Claire Cairns | Claire.cairns@belfasttrust.hscni.net | 02895049314 |
| Directorate | Advocate | Email Address | Phone Number |
| Adult Social & Primary Care | Paula Forrest | Paula.forrest@belfasttrust.hscni.net | 02890634881 |
| | Jacqui Austin | Jacqui.austin@belfasttrust.hscni.net | 02895047456 |
| | Ursula McCollam | Ursula.mccollam@belfasttrust.hscni.net | 02895046016 |
| | Catherine Collins | Catherine.collins@belfasttrust.hscni.net | 02895044393 |
| Children's Community Service | Nuala C Toner | nualac.toner@belfasttrust.hscni.net | 02895046499 |
| | Kerry Lee Weatherall | Kerrylee.weatherall@belfasttrust.hscni.net | 02895048031 |
| | Cathy Curry | cathy.curry@belfasttrust.hscni.net | 02895049748 |
| Finance, Estates Services & Capital Redevelopment | Nicola Williams | Nicola.Williams@belfasttrust.hscni.net | 02895045349 |
| | Damian Horisk | damian.horisk@belfasttrust.hscni.net | 02895049056 |
| | Fiona Cotter | fiona.cotter@belfasttrust.hscni.net | 02895045158 |
| Human Resources & Organisation Development | Joan Lowry | Joan.lowry@belfasttrust.hscni.net | 02895048584 |
| | Michelle Morris | Michelle.morris@belfasttrust.hscni.net | 02895044740 |
| | Marie Curran | marie.curran@belfasttrust.hscni.net | 02895048975 |
| | Sally Thompson | sally.thompson@belfasttrust.hscni.net | 02895049096 |
| | Claire Nellis | Claire.nellis@belfasttrust.hscni.net | 02895048597 |
| Nursing & User Experience | Seamus Trainor | seamus.trainor@belfasttrust.hscni.net | 02895047810 |
| | Karen Devenney | Karen.devenney@belfasttrust.hscni.net | 02895049907 |
| | Elish Macdougall | elish.macdougall@belfasttrust.hscni.net | 02895045362 |
| | Aisling Pelan | Aisling.Pelan@belfasttrust.hscni.net | 02895048950 |
| | Tony McDonagh | Tony.mcdonagh@belfasttrust.hscni.net | 02895047481 |
| Specialist Hospitals and Women's Health | Patricia McKinney | patricia.mckinney@belfasttrust.hscni.net | 02895044287 |
| | Anne McAuley | Anne.mcauley@belfasttrust.hscni.net | 02895047774 |
| | Angela Pollock | angela.pollock@belfasttrust.hscni.net | 02895049780 |
| | Brenda Kelly | Brenda.kelly@belfasttrust.hscni.net | 02895043352 |
| Surgery & Specialist Services | Sharon O'Donnell | sharon.odonnell@belfasttrust.hscni.net | 02890638129 |
| | Debbie Wightman | debbie.wightman@belfasttrust.hscni.net | 02895046962 |
| | Ray Hannon | Ray.hannon@belfasttrust.hscni.net | 02895043321 |
| | Clodagh Loughrey | clodagh.loughrey@belfasttrust.hscni.net | 02895048823 |
| Unscheduled & Acute Care | Heather Jackson | Heather.jackson@belfasttrust.hscni.net | 02890632482 |
| | Tara Clinton | Tara.clinton@belfasttrust.hscni.net | 02890632465 |
| | Margaret Reid | Margaret.reid@belfasttrust.hscni.net | 02890632399 |
| | Joanna McCormick | joanna.mccormick@belfasttrust.hscni.net | 02890635755 |
| Medical Directorate | Peter Watson | Peter.watson@belfasttrust.hscni.net | 02895040122 |
| | Robert Henry | Robert.henry@belfasttrust.hscni.net | 02895048894 |
| Performance, Planning & Informatics | Gillian Acheson | gillian.acheson@belfasttrust.hscni.net | 02895046576 |
| | Stephen Best | Stephen.best@belfasttrust.hscni.net | 02895045650 |

Appendix E Flowchart - Raising Concerns & Whistleblowing Process

