



**Shropshire, Telford
and Wrekin**
Clinical Commissioning Group

Raising Concerns at Work Policy

April 2021

The Raising Concerns at Work Policy for NHS Shropshire, Telford and Wrekin Clinical Commissioning Group

DOCUMENT CONTROL

Title:	The Raising Concerns at Work Policy for NHS Shropshire, Telford and Wrekin Clinical Commissioning Group
Purpose:	Policy outlining the roles and responsibilities for the adherence to the obligations place on the Clinical Commissioning Group by the Bribery Act 2010
CCG document ref:	CORP001
Author:	Alison Smith, Director of Corporate Affairs
Version number:	Version 1
Supersedes document:	Not applicable
Cross reference with:	Counter-Fraud, Bribery and Corruption Response Policy, Anti-Bribery Policy, Disciplinary Policy,
Responsible committee / director:	Audit Committee
Lead officer:	Alison Smith, Director of Corporate Affairs
Target audience:	All CCG employees, managers, Executive Directors and Directors, CCG members, Members of the CCG Governing Body, its committees and sub committees and contractors.
Date ratified:	21 st April 2021
Ratified by:	Audit Committee
Date issued:	4 th May 2021
Review date:	April 2024
Contact details:	alison.smith112@nhs.net

Contents

	Page
1. Introduction	4
2. Scope	4
3. Policy Statement	4
4. Raising Concerns	5
5. Raising Concerns at Work Policy	6
6. How to Raise a Concern	7
7. Support / Advice in Raising a Concern	8
8. Raising Concerns Externally	9
9. Conclusion	9
10. Policy Appendices	10
Appendix 1 – Seven Nolan Principles of Public Life	
Appendix 2 – Management Guidance	
Appendix 3 – Referral Flow Chart	

1 Introduction

- 1.1 The publication of Robert Francis QC's final report into the tragedy that occurred at Mid Staffordshire NHS Trust serves as a critical reminder of the importance of a healthy, open working culture where employees have the confidence to raise concerns about the welfare of patients and people who use services.
- 1.2 Employers must have robust policies for raising concerns, sometimes also referred to as "whistleblowing" in place with clear procedures which enable staff to raise concerns where they identify poor practice causing unnecessary suffering and loss of dignity to service users.
- 1.3 NHS Shropshire, Telford and Wrekin Clinical Commissioning Group (The CCG) is committed to the procedures for raising concerns as laid down in this policy.
- 1.4 This document sets out The CCG's policy for dealing with concerns raised.
- 1.5 The policy contains the procedure to be followed when employees wish to raise concerns in relation to The CCG or the services it commissions.
- 1.6 The ultimate aim of this policy is to promote a culture within the Clinical Commissioning Group which promotes honesty and accountability and enables individuals to report any concerns which they believe to be in the public interest and that they will be protected from reprisals or victimisation.
- 1.7 It is the responsibility of the Executive Director of Quality of the CCG to promote raising concerns as a safety issue and to review this policy and related practice as and when required.
- 1.8 It is the responsibility of the Accountable Officer of the CCG to review every 6 months, concerns raised and the process for investigation and outcomes to ensure that this policy is being adhered to, unless the incidents involve the Accountable Officer directly.

2 Scope

- 2.1 This policy applies to all CCG members, CCG Governing Body, committees and sub-committees members and employees of the Clinical Commissioning Group. It should also be used by interim, agency staff, contractors, volunteers or others performing any role on behalf of the Clinical Commissioning Group, to raise concerns.
- 2.2 The Clinical Commissioning Group believes everyone should raise, and be encouraged to raise concerns as this is a positive contribution to ensuring the CCG commissions high quality services in an effective and efficient way for their population. The Clinical Commissioning Group is committed to support all members of staff who raise honestly held concerns.
- 2.3 The Clinical Commissioning Group expects that all those acting on its behalf will act honestly and with integrity at all times.
- 2.4 This policy is also intended to contribute to maintaining the highest standards of business conduct and ensure compliance with the 7 principles of public life drawn up by the Nolan Committee **(see Appendix 1)**.

3 Policy Statement

- 3.1 NHS Shropshire, Telford and Wrekin Clinical Commissioning Group is absolutely committed to maintaining an honest, open culture within the Clinical Commissioning Group, so as to best fulfil its objectives.
- 3.2 It is the responsibility of each individual listed in section 2.1 above to report any reasonable suspicions to one of the Designated Officer listed in Section 6.2 of this policy. No individual will suffer any detrimental treatment as a result of reporting reasonably held suspicions.
- 3.3 Wherever possible, concerns should be discussed and resolved informally. Where informal mechanisms do not resolve the concern, this policy provides a formal procedure within which to address the concern(s) raised.

4 Raising Concerns

- 4.1 Whistleblowing is the popular term for raising concerns, used when someone who works, is appointed by, or did work, for an organisation raises a concern about that organisation, with someone who has the power/authority to take corrective action. This concern could be a possible fraud (including bribery and corruption), crime, danger or other serious risk that could threaten customers, colleagues, shareholders, the public or the organisation's own reputation.
- 4.2 For employees and others appointed by the Clinical Commissioning Group it is vitally important for concerns to be raised and investigated as this could have serious consequences to patient safety, the welfare of staff, the reputation of the Clinical Commissioning Group, or the financial stability of the Clinical Commissioning Group or the wider NHS.
- 4.3 Apart from the obvious internal needs of the Clinical Commissioning Group to be aware of the concerns of an individual member of staff raising concerns, there are also other outside agencies (e.g. a regulator, the police or media) who would have a legitimate interest to investigate an underlying public interest concern.
- 4.4 An individual raising a workplace concern, is viewed as a witness who is putting the organisation on notice of a perceived risk, in order that appropriate action can be taken to address the concern raised.
- 4.5 Raising a concern is an aspect of good citizenship in that the individual is speaking up for the public, or an organisation at risk, who or which, is usually unaware of the problem and therefore unable to do anything to protect themselves. It would be wrong for someone with a genuine concern to wait for a problem to reach a critical point before raising their concern with an appropriate person.
- 4.6 As an early warning system, raising a concern can help alert employers to risks such as:
 - Malpractice or ill treatment of a patient or service user by any member of staff/contractor;
 - Repeated ill treatment of a patient or service user, despite a complaint being made;

- A criminal offence has been committed, is being committed or is likely to be committed;
- Suspected fraud, bribery and/or corruption or abuse of position;
- Disregard for legislation, particularly in relation to health and safety at work;
- The environment has been, or is likely to be damaged;
- Breach of Prime Financial Policies and/or Standing Orders;
- Showing undue favour over a contractual matter or to a job applicant;
- A breach of a professional code of conduct;
- Information on any of the above has been, is being or is likely to be concealed;
- Financial irregularity;
- Unethical practice;
- Negligence; and
- Maladministration.

This list is not exhaustive.

- 4.7 Wherever possible, concerns should be discussed and resolved informally. Where informal mechanisms do not resolve the concern, this policy provides a formal procedure within which to address the issue(s).
- 4.8 Once the facts of the incident/s become known to a senior member of the CCG they are required to progress the concern, if it is decided that the concern would be more suitably dealt with via another policy, e.g. The Group's Counter-Fraud, Bribery and Corruption Policy, then this will be discussed with the individual who raised the concern before progressing the issue through the appropriate policy. In the event that the conduct complained of is potentially of a criminal nature, then this will be discussed with the Counter-Fraud Team before further action is taken.
- 4.9 If the individual believes the matter has not been dealt with appropriately through another policy route, they should then use this policy to determine the next course of action.

5 Raising Concerns Policy

- 5.1 The Clinical Commissioning Group promotes equality and diversity. It is our aim to ensure that all patients, service users and staff feel valued and are treated in a fair and equitable manner.
- 5.2 All employees have a right and a duty to raise concerns when they have a genuine suspicion that something is wrong, whether or not proof is available. It is in the interest of both employees and the Clinical Commissioning Group that concerns are resolved effectively, as this will help maintain and improve the quality of the services provided.
- 5.3 The Public Interest Disclosure Act 1998 explicitly protects employees from victimisation or any reprisal, which could include dismissal for raising concerns reasonably and responsibly about matters in the public interest. The Clinical Commissioning Group will not tolerate the harassment or victimisation of anyone raising a genuine concern under this policy and any such acts will be dealt with as a disciplinary matter. (This does not apply in cases when someone maliciously raises an issue knowing it to be untrue.)

- 5.4 Employees should feel comfortable in raising concerns openly, where those involved know what the issue is and who has raised it. This openness makes it easier for the organisation to investigate the issue as efficiently as possible and assess what actions need to be taken.
- 5.5 It is appreciated that in many cases, however, the individual raising the concern will want to do so **in confidence**. If this is requested, the Clinical Commissioning Group **will not** disclose that individual's identity **without their consent**. If the situation arises where the Clinical Commissioning Group is not able to resolve the concern without revealing the identity of the person raising the concern (for instance if their evidence is needed in court), then the Clinical Commissioning Group will discuss with the person raising the concern at that point how the concerned can proceed. **Where anonymity** is requested by the person providing the information, the Clinical Commissioning Group will take all reasonable steps to respect **the confidence** of the person providing the information.
- 5.6 The Clinical Commissioning Group, will consider, at its discretion, any concerns which are submitted anonymously, (not to be confused with a request for anonymity). However, if an individual does not provide their contact details, it can hinder any investigation into the concern, and it will be impossible to provide feedback. Ideally, all concerns should be raised in person directly to the relevant Clinical Commissioning Group Designated Officer to ensure that the procedures and safeguards in this policy can be applied. (see point 6)

The Clinical Commissioning Group recognises that raising concerns can be very stressful for members of staff, and therefore those to whom the member of staff raise the concern should immediately, and then periodically, offer a referral to occupational health for support.

- 5.7 It is important to note that any provision in any agreement between a worker and their employer which seeks to prevent the worker from making a whistleblowing disclosure is in **breach of the Public Interest Disclosure Act 1998** and therefore any such "gagging order is **unenforceable**.
- 5.8 Investigation of the concern should be the priority, and any disciplinary action associated with it should not be considered until the facts have been established.

6 How to Raise a Concern

- 6.1 Wherever possible, concerns should be discussed and resolved informally. This involves raising the concern with your line manager. However, if this concern involves a possible criminal, fraudulent or corrupt behaviour, then this concern should be reported immediately to the Counter-Fraud Team.
- 6.2.1 If you are not satisfied that your concern has been dealt with adequately at this informal stage, or you feel unable to raise it with your line manager, the concern should be raised formally with one of the following Designated Officers:

- **Clinical matters**

Executive Director of Nursing and Quality	Zena Young
Telephone	01952 580411
Email	zena.young@nhs.net

- **Financial Matters**

Executive Director of Finance	Claire Skidmore
Telephone	01952 580300
Email	claire.skidmore@nhs.net

- **HR or Staffing Matters**

Business Partner NHS Midlands and Lancashire Commissioning Support Unit	Lisa Kelly
Telephone	07802 857618
Email:	lisa.kelly11@nhs.net

- **Medicines Management Matters**

Head of Medicines Management	Liz Walker
Telephone	01952 580300
Email	elizabeth.walker@nhs.net

- **Fraud Bribery or Corruption Matters**

Counter-Fraud Team Head – Counter Fraud	Paul Westwood
Telephone	07545 502400
Email	paul.westwood@cwaudit.org.uk

- **Breaches of Conflicts of Interest Policy**

Director of Corporate Affairs	Alison Smith
Telephone	01952 580453
Email	alison.smith112@nhs.net

- **A concern related to the Accountable Officer**

	Geoff Braden Lay Member for Governance and Audit Chair
Email	g.braden@nhs.net

6.3 These Designated Officers will have the responsibility to ensure that there is **appropriate** communication and support both, for the individual making the referral and possibly for those individuals against whom the allegations have been made (if applicable).

- 6.4 If significant concerns remain after raising the issue with a Designated Officer or in the event that these officers are themselves the subject of the concerns being raised (i.e. not as a matter of routine) the Accountable Officer, Chair, Speak Up Guardian or any Telford and Wrekin CCG Board Lay Members may be contacted.
- 6.5 The person that you report your concerns to is likely to ask you for the following information:
- What has happened?
 - When did it occur?
 - Where did it occur?
 - Who was involved?
 - Has it happened before?
 - Are there any other witnesses?
 - Is there any supporting information?
 - How did you become aware of the situation?
 - Do you have any personal interest in the matter?
 - Has the matter been raised with anyone else? If so, who?
 - Are you prepared to make a written statement?
- 6.6 Please try and have as much information available when reporting your concern, in order to give the fullest picture possible of the situation and your concerns.

7 Support / Advice in Raising a Concern

- 7.1 The Freedom to Speak Up (FTSU) Guardian is an important role identified in the Freedom to Speak Up review to act as an independent and impartial source of advice to staff at any stage of raising a concern, with access to anyone in the organisation, or if necessary, outside the organisation. Essentially the role is to ensure that a culture of speaking up is instilled throughout the organisation and effective processes are in place to support staff.

As a nationally defined role, the FTSU Guardian focuses on the key area of supporting individuals to raise concerns that are in the interest of patients or the public.

The FTSU Guardian for NHS Shropshire, Telford and Wrekin Clinical Commissioning Group is:

Mr Ash Ahmed - Governing Body Lay Member for Patient and Public Involvement – Equality, Diversity and Inclusion (EDI)

Email: ash.ahmed@nhs.net

- 7.2 If you are unsure whether or not your concern should be raised, or would like some independent advice or support at any stage, you can contact the NHS and Social Care Whistleblowing Helpline:

08000 724 725 or email enquiries@mbhelpline.org.uk

This is an independent authority who can give free and confidential advice at any stage on how to raise a concern about serious malpractice at work.

- 7.3 You have the right to seek guidance and support from your professional organisation or trade union, or from statutory bodies such as the GMC.
- 7.4 You also have the right to be referred to Occupational Health Services for support around stress relating to raising the concern.

8 Raising Concerns Externally

- 8.1 Whilst it is hoped that this policy gives staff the reassurance they need to raise concerns internally, it is recognised that there may be exceptional circumstances where an employee can or should properly report matters to outside bodies such as regulators (e.g. the Care Quality Commission, the Health and Safety Executive, the Department of Health, the Environment Agency the NHS Counter Fraud Authority fraud reporting hotline (**0800 028 40 60**), the police or their MP).
- 8.2 Employees may also refer matters to the Health Service Ombudsman who may investigate complaints by staff on behalf of a patient; provided that he/she is satisfied there is no-one more appropriate such as an immediate relative to act on the patient's behalf.
- 8.3 The Clinical Commissioning Group does not seek to prevent individuals raising concerns externally. However, we would strongly recommend that you seek specialist advice about whether and how to do this. Public Concern at Work, an independent charitable organisation, will be able to advise you on the legalities of such an option and on the circumstances in which you can safely contact an outside body.

9 Conclusion

- 9.1 All CCG members, CCG Governing Body and Committee and sub committee members and employees of the Clinical Commissioning Group, have a duty to follow the Public Service Values and ensure in particular that they maintain the standards of honesty and accountability.
- 9.2 The Clinical Commissioning Group wishes to encourage anyone having reasonable suspicions or concerns in relation to the Clinical Commissioning Group or the services it commissions to report them.

10 Policy Appendices

Appendix 1 – Management Guidance

The seven Nolan Principles of Public Life (taken from *First Report of the Committee on Standards in Public Life (1995)*)

Selflessness - Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family or their friends.

Integrity - Holders of public office should not place themselves under any financial obligation to outside individuals or organisations that might influence them in the performance of their official duties.

Objectivity - In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability - Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness - Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty - Holders of public office have a duty to declare any private interests relating to their public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership - Holders of public office should promote and support these principles by leadership and example.

Appendix 2 – Management Guidance

1.0 Victimization of an individual raising a concern (All managers to note)

Where an employee is victimised after having made a genuinely held disclosure under the Public Interest Disclosure Act, upon which the Clinical Commissioning Group's Raising Concerns at Work Policy is based, then the victimised employee can bring a claim at an Employment Tribunal against the Clinical Commissioning Group. Quite apart from the moral and legal obligations, this sanction will provide a strong incentive for all employers, to protect their staff from victimisation when disclosing their concerns in whistleblowing cases.

2.0 Informal Procedure

- 2.1 If an employee has a genuinely held concern that they feel should be addressed, they should feel able to raise it first with their manager. The manager should reassure the employee at this point that they will not be at risk of losing their job or suffer from reprisals as a result of raising a genuine concern. If due to the circumstances of the concern the employee considers this ill-advised, the employee should seek advice from one of the Clinical Commissioning Group's designated officers as referred in Section 6 of this policy
- 2.2 Where the issues cannot be resolved informally and the individual employee feels that their concerns have not been addressed then they should raise their concerns formally in accordance with this policy.
- 2.3 When approached about a concern, a manager to whom the report is made, should make every effort to resolve the matter informally, seeking, as necessary, advice from the designated officers listed in the Raising Concerns at Work Policy.
- 2.4 In cases of suspected fraud or corruption, the individual raising the concern should be advised to contact the Counter-Fraud Team for the Clinical commissioning Group

3.0 Formal Procedure

- 3.1 When a concern is raised through the Raising Concerns at Work Policy, the Designated Officer should be immediately notified of the concern raised. Where another employee is notified of the concern, they should liaise with the appropriate Designated Officer to consider the nature and implications of the concern. The employee should be reassured at this point that they will not be at risk of losing their job or suffer from reprisals as a result of raising a genuine concern.
- 3.2 Anonymous allegations should always be considered, but supporting evidence is essential to back the allegation.
- 3.3 The individual raising the concern should be asked for the following information:
 - What has happened?
 - When did it occur?

- Where did it occur?
 - Who was involved?
 - Has it happened before?
 - Are there any other witnesses?
 - Is there any supporting information?
 - How did they become aware of the situation?
 - Do they have any personal interest in the matter?
 - Has the matter been raised with anyone else? If so, who?
 - Confirmation that they are prepared to make a written statement?
- 3.4 Once this information relating to the concern has been obtained, the Designated Officer will decide whether the concern is a matter to be dealt with through the Whistleblowing Policy or it would be more appropriately dealt with via another policy, e.g. the Clinical Commissioning Group Counter-Fraud, Bribery and Corruption Response Policy. This may be discussed with the individual who raised the concern. However, sufficient information must have been considered before a decision is taken.
- 3.5 At this point the Designated Officer should offer a referral to Occupational Health Services if they are suffering from related stress. This offer should be left open to the employee if the situation changes.
- 3.6 If the concern is to be investigated through the Raising Concerns at Work Policy, and there are no other factors to consider, then a formal interview should be arranged with the individual raising the concern. This should be held within 5 days of receipt of the concern wherever possible. The employee should be informed of this and advised that they may be accompanied by a friend, colleague or union representative (not acting in a legal capacity) if they wish, to support them. They should also be advised that another member of the Clinical Commissioning Group will need to be present during the interview in order to take comprehensive notes and that they will be given a copy of these notes. The individual raising the concern should be assured at this point that the interview will be held in the **strictest confidence**.
- 3.7 The individual should feel comfortable in raising their concern openly. If the member of staff reporting their concern asks for their identity to be concealed they must be advised that Clinical Commissioning Group will not disclose their identity without their consent. They should be informed that if the situation arises where the Clinical Commissioning Group is not able to resolve the concern without revealing their identity (for instance if their evidence is needed in court) that this will be discussed with them at that point to determine their desire for anonymity.
- 3.8 The interview notes of the meeting with the member of staff raising the concern should include the following information:
- Who was present at the interview, names and job titles;
 - Full details of all issues discussed at the interview. (Where allegations concern patients they should be anonymised in the notes, using patient id or initials and DOB if available);
 - Summary and next steps;
 - Recommendations.

A copy of the notes will be sent to the individual raising the concern as soon as possible after the interview, asking them to check the notes for accuracy. The Designated Officer and the individual raising the concern should both sign the finalised notes and should each retain a copy.

- 3.9 Interviews must only be electronically recorded (e.g. by tape or digitally) with the explicit consent of the individual reporting the concern and the manager acting on behalf of the Clinical Commissioning Group. A comment about the electronic recording should be made at the beginning of the recorded interview. Under no circumstances should the interview be electronically recorded covertly by either party as this may be deemed a breach of the Data Protection Act and Human Rights Act. If this method of recording the interview is agreed by both parties, a copy of the recording should be provided to both parties as soon as practicable after the interview.
- 3.10 The production or any agreed interview notes **should not delay** the need to commence preliminary investigations.
- 3.11 The Designated Officer will be responsible for investigating the allegation and may seek advice or specialist knowledge (in confidence) as necessary. Individuals providing this specialist knowledge can be asked to attend any meeting if the Designated Officer considers it necessary. Investigations should commence within 5 days of the formal interview wherever possible.
- 3.12 Where concerns have been raised directly with the Accountable Officer, Chair or Board Lay Member or the Conflicts of Interest Guardian or another Lay Member, he/she shall liaise with the Designated Officer who will investigate the concern raised on their behalf.
- 3.13 An investigation file should be set up to include all documentation relating to the case. This file should contain the following:
- A master copy of the notes from the interview.
 - Copies of all correspondence relating to the concerns, from the initial letter raising the concern to correspondence exchanged with the employee.
 - Details of any verbal communications to be kept in a daily log, particularly in relation to notifying the employee of all steps to be taken, any delays and the reasons why.
 - An index of any evidence presented by the employee, referenced appropriately with individual references for each separate piece of evidence.
 - All evidence presented (original if possible, where not possible copies).

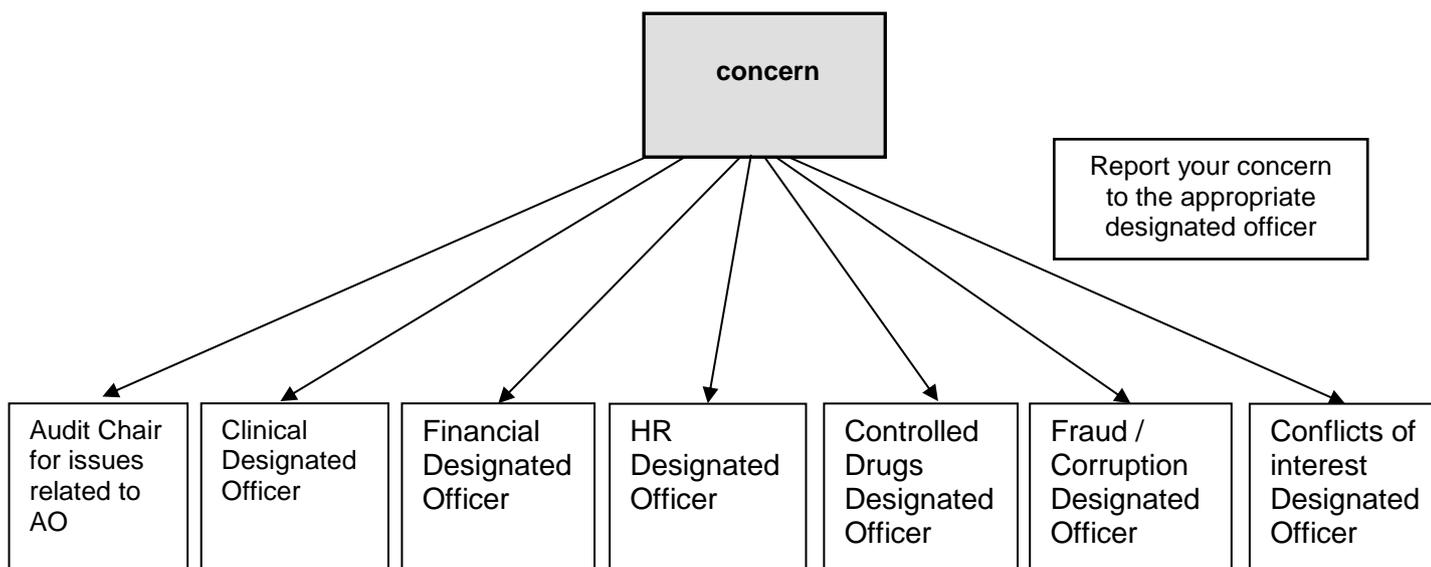
The file should be clearly marked “Confidential” and must be kept in a secure, locked cabinet or in a password protected electronic file.

- 3.14 The Designated Officer should seek to complete the investigation within a four week timescale. If it is likely that the investigation will exceed this timescale, this should be communicated to the individual raising the concern. However, it is recognised that in complex matters, or where potential witnesses are not freely available, that the four week timescale may be impracticable, if this is the case the investigation must be completed as soon as possible.

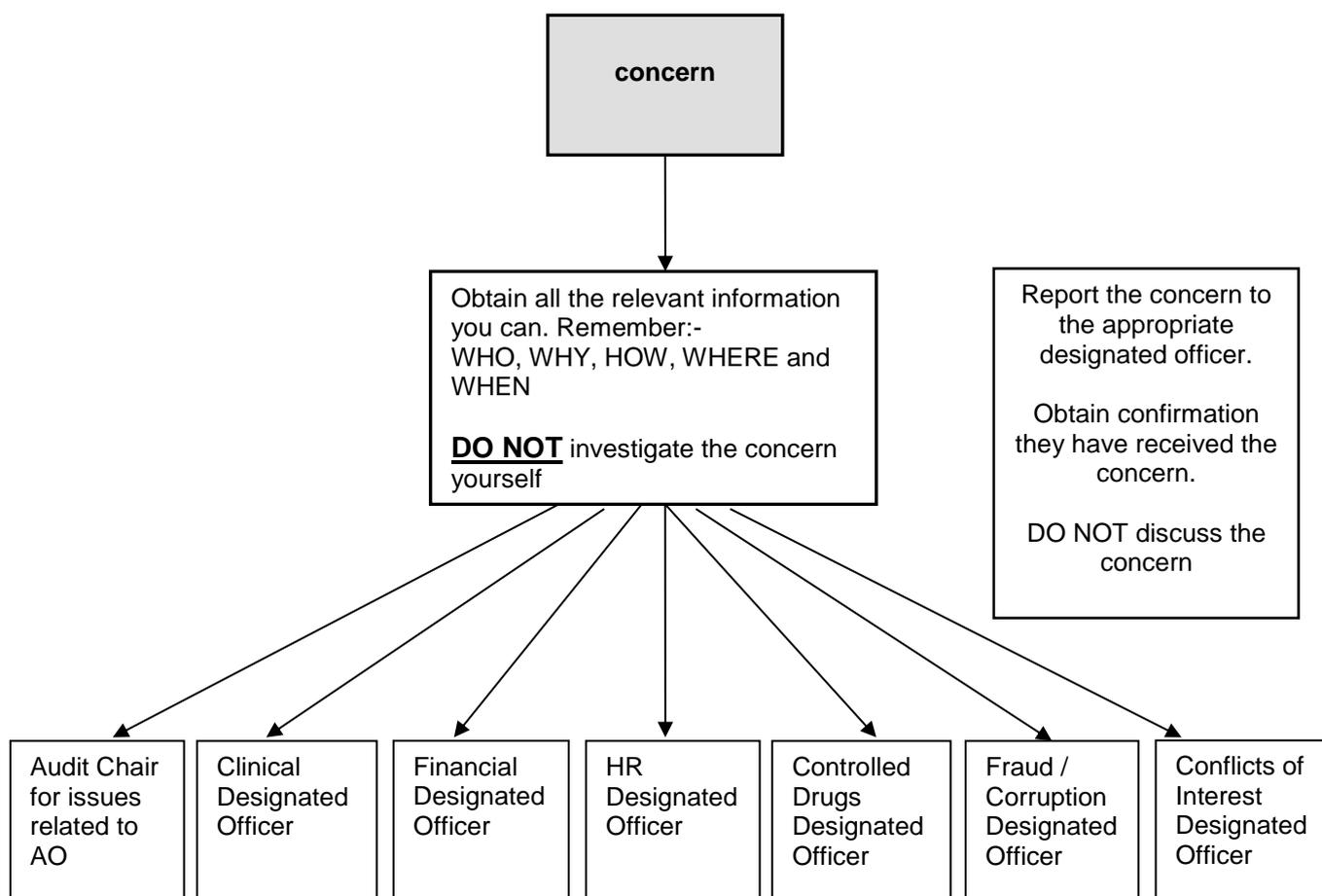
- 3.15 The Designated Officer is responsible for ensuring that there is adequate communication and support for the individual raising the concern and **only if appropriate**, for those individuals against whom the allegations have been made. It is important that the individual raising the concern is where possible, kept informed of the progress of the investigation and when it is likely to be concluded, in order to reassure them that the Clinical Commissioning Group is taking their concern seriously.
- 3.16 The investigation may require involvement of other employees who may be informed of the concern and interviewed, unless it would prevent a correct investigation from taking place. Any employee interviewed will have the right to be accompanied by a union representative, full time union official, work colleague or other person not acting in a legal capacity.
- 3.17 Once the investigation has been completed, a report will be produced and the Designated Officer will make the appropriate recommendations. This may recommend no further action, disciplinary action, a referral to one or more of the professional bodies, or civil or criminal proceedings. The individual raising the concern must be informed of the outcome, unless there are special reasons for not doing so. If there is evidence to suggest that criminal activity has occurred, is occurring or is likely to occur, the Counter-Fraud Team, or the NHS Local Security Management Specialist and/or the Police will be informed.
- 3.18 Where there is no case to answer, but it is clear that the individual raised a genuine concern and was not acting maliciously, the Designated Officer should ensure that the individual reporting the concern suffers no reprisals.
- 3.19 Any employee who is not satisfied that their concern is being dealt with correctly by the Designated Officer has the right to escalate their concern in confidence to the Accountable Officer, Chair or a Governing Body Lay Member of the Clinical Commissioning Group. A further interview will be held, following the above format, and the Accountable Officer will decide if further investigation is required. The individual raising the concern will be informed of the Accountable Officer's decision within 5 days.

Appendix 3 – Raising a Concern at Work Reporting Flowcharts

Raising a Concern



Receiving a Concern (Non Designated Officer)



Receiving a Concern (Designated Officer)

