

Public Interest Disclosures (‘Whistle-blowing’) Policy



Category	Policy
Summary	This policy outlines BAPAM principles and procedures for making disclosures about suspected wrongdoing at work, including procedures for responding to disclosures, and actions and onward reporting if disclosure allegations are upheld.
Valid from	15 March 2016
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Distribution	BAPAM Trustees and clinicians e-mail & online forum Staff e-mail and meetings Public website
Related documents	<i>Clinical Governance Policy</i> <i>Clinicians' Agreement</i> <i>Employee Handbook</i> <i>Incidents Policy</i>
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1 Background

BAPAM is a medical charity working within a national regulatory framework which ensures its operations and services are lawful and safe.

BAPAM is therefore committed to the highest standards of clinical care and professional behaviour, and of transparency, probity and accountability in all its work. A key part of this culture is ensuring that personnel (Trustees, staff, clinicians and volunteers) recognise their responsibility to report suspected wrongdoing at work, and are able to do so within a safe and supportive environment.

2 Definitions

Reporting professional wrongdoing is known as '**making a disclosure in the public interest**' or '**whistle-blowing**'.

3.1 Aims and Scope

Public interest disclosures are part of BAPAM's responsibilities as an open, 'listening and learning' organisation. The disclosure, investigation and reporting process provides BAPAM with opportunity for ongoing review and improvement of its policies and procedures, and development of its personnel and services.

This policy outlines the processes for making disclosures, responding to disclosures, and actions and onward reporting if disclosure allegations are upheld.

3.2 Examples

The following are examples of professional misconduct, malpractice or accident which should be disclosed:

- a) Safe-guarding breaches (see *Safeguarding Policy*)
- b) Financial malpractice or fraud
- c) Dangers to health & safety
- d) Breaches of confidentiality
- e) Attempts to conceal any of these

(Further examples are included in the list of *Significant Events* in the *Incidents Policy*).

3.3 Related policies

BAPAM's *Complaints policy* has been developed for BAPAM patients and service users who wish to register concerns about their care.

There is a separate *Grievance Procedure (Staff Handbook)* relating to employment issues which affect an individual employee.

Disclosures that are upheld are handled as *Significant Events* as outlined in BAPAM's *Incidents Policy*.

4. Procedure

4.1 Responsibilities

The Director has overall responsibility for the maintenance and operation of this policy and for any policy development and procedural change arising from disclosures.

If a disclosure relates to the conduct of the Director, responsibilities will transfer to the Honorary Medical Director or Chair of Trustees.

4.2 Making a Disclosure

All disclosure allegations are a potential *Significant Event* as outlined in the *Incidents Policy* and should therefore be reported to the Director as outlined in the *Incidents Policy*.

Personnel may also report directly to the Honorary Medical Director or Chair. (The Medical Director/Chair has the right to refer back to the Director if it appears the issue can be investigated appropriately by management).

4.3 Investigation and Reporting

The Director should take a written record of the disclosure and decide on any action that needs to be taken. If the alleged malpractice represents an immediate risk to health and safety or to organisational function, the Director will be responsible for appropriate, urgent action (e.g. calling emergency services; suspending personnel). The Director will consult the Honorary Medical Director or Chair where necessary, and will keep a record of all decisions and communications.

Disclosures that are upheld constitute a *Significant Event* as outlined in the *Incidents Policy* and will follow the same procedure for recording and onward reporting, and for organisational learning and policy development.

The Director is responsible for any onward reporting to external bodies as outlined in the *Incidents policy*.

4.4 Evidence

The Director is responsible for investigating all disclosures and will gather documentary and other evidence (e.g. confidential staff interviews and witness statements).

Although disclosing personnel are not expected to prove beyond doubt the truth of an allegation, they will need to demonstrate that there are reasonable grounds for concern and to keep good records of all experiences relating to their disclosure.

If an individual makes an allegation in good faith, which is not confirmed by subsequent investigation, no action will be taken against that individual. In making a disclosure the individual should exercise due care to ensure the accuracy of the information. If, however, an individual makes a frivolous or malicious allegation, disciplinary action may be taken.

If the disclosure allegations are shown to be justified, the Director will invoke disciplinary or other appropriate procedures.

The disclosing person should be kept informed of the progress of the investigations and, if appropriate, of the final outcome. If they are not satisfied that their concern is being properly dealt with by the Director, they have the right to make disclosures to the Honorary Medical Director or Chair or to a *prescribed person* (e.g. Health and Safety Executive, the Care Quality Commission, the General Medical Council) .

4.5 Communications

The Director will provide written acknowledgment to the disclosing person within 10 days of the disclosure (or sooner if it is considered an immediate risk). The acknowledgment will outline proposed actions and inform them whether further investigations will take place and if not, why not.

All responses to the discloser will be made in writing and sent in confidence to their home address.

The Director will also inform the member of staff against whom the allegation is made in similar manner. The member of staff will be informed of their right to be accompanied by a trade union or other representative at any future interview or hearing held under the provision of these procedures.

5. Support and Safeguards

BAPAM recognises that the decision to disclose can be difficult, and is committed to supporting personnel who make disclosures in good faith and in the interests of the organisation and its service users. BAPAM will not tolerate any harassment or victimisation (including informal pressures) of personnel who make a disclosure, or who are being investigated as the result of a disclosure. Such behaviour may be subject to disciplinary action.

Personnel who are suspended whilst a disclosure is investigated retain employment rights as outlined in the Staff Handbook until the investigation is completed.

Disclosure investigations will not influence or be influenced by disciplinary or redundancy procedures that already affect BAPAM personnel.

6. Confidentiality

BAPAM will treat all disclosures and investigations in a confidential and sensitive manner. The disclosure should only be made to an appropriate person as outlined in this policy.

The investigation process may reveal the source of the information, and the individual making the disclosure may need to provide a statement as evidence in an internal or police investigation. The Director will inform the discloser if there are circumstances where it is necessary or likely that their identity will be revealed. In such cases, appropriate support will be offered.

Similarly, the identity of personnel subject to disclosure allegations will be protected throughout any investigations unless the circumstances indicate that this poses an immediate risk to health and safety or to the function of the organisation. Such decisions will be the responsibility of the Director, in consultation with the Honorary Medical Director or Chair as appropriate.

7. Breach of Policy

All personnel will receive a copy of this policy and training, and will be required to comply as a condition of working at BAPAM. Breaches of the policy such as withholding disclosure information or failing to act on recommendations arising from disclosures may constitute professional misconduct and could lead to disciplinary action (see also *Incidents Policy*).

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