# TRUST CORPORATE POLICY: WHISTLEBLOWING POLICY (RAISING CONCERNS IN THE WORKPLACE)

<table>
<thead>
<tr>
<th>APPROVING COMMITTEE(S)</th>
<th>Trust Board</th>
<th>Date approved:</th>
<th>5 June 2013, amended 31 July 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>EFFECTIVE FROM</td>
<td>Date of approval</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DISTRIBUTION</td>
<td>All Managers in CAGs via Trust Bulletin 2 Sept 2013, Corporate Services and Non-Clinical Services via Trust Bulletin and all staff via Trust intranet</td>
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<tr>
<td>RELATED DOCUMENTS</td>
<td>Agenda for Change Terms and Conditions of Service Handbook, NHS Constitution, Bullying and Harassment Policy, Grievance Policy</td>
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<tr>
<td>OWNER</td>
<td>Director of HR and CEO</td>
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<tr>
<td>AUTHOR/FURTHER INFORMATION</td>
<td>Author: HR Policy Development Workforce Specialist</td>
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<tr>
<td>EXTERNAL REFERENCES</td>
<td>NHSLA Risk Management Standard</td>
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<tr>
<td>SUPERCEDED DOCUMENTS</td>
<td>Raising Concerns (Whistleblowing) Trust Core Policy (Barts and The London NHS Trust), Policy and Procedure on Raising Issues of Serious Concerns at Work (Whistleblowing) (Newham University Hospital NHS Trust), Whistle Blowing Policy and Procedure (Whipps Cross University Hospital NHS Trust), Whistleblowing Policy (BLT CHS)</td>
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<tr>
<td>REVIEW DUE</td>
<td>Three years from the date of approval shown or earlier subject to legislative or national policy changes or organisational need</td>
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<tr>
<td>KEYWORDS</td>
<td>Policy, protected disclosure, whistleblow, concern</td>
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<td></td>
</tr>
<tr>
<td>INTRANET LOCATION(S)</td>
<td><a href="http://bartshealthintranet/Policies/Policies.aspx">http://bartshealthintranet/Policies/Policies.aspx</a></td>
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</tbody>
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**SCOPE**

This policy applies to all Trust staff, including those who have been seconded to work for its private sector partners under Retention of Employment (RoE) arrangements. This policy does not apply to workers provided by independent contractors providing a contract for service to the Trust or any other workers. This policy applies to all individuals working in the Trust, in whatever capacity, including those employed by the Trust’s private sector partners providing Facilities Management services. CHL and its Service Providers are therefore expected to comply with this policy, as are staff members of other organisations whose employees work within the Trust.
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Please note that where words/phrases are inside square brackets [ ], this indicates that you can click on the word/phrase when and it will send you to the relevant area of the policy or (if you are using a Trust PC) the relevant supporting document/template.

This Policy is available in Braille, large print, Easy-Read and alternative languages by request. It is a manager’s responsibility to ensure employees are aware of these options.
WHISTLEBLOWING POLICY (RAISING CONCERNS IN THE WORKPLACE)

1 INTRODUCTION AND AIMS OF POLICY

1.1 Barts Health ("The Trust") believes that the interests of patients and service users are of paramount importance and therefore it is committed to supporting its employees to exercise their contractual right and (professional) duty to raise genuine concerns they have with the Trust about malpractice, patient safety, financial impropriety or any other serious risks they consider to be in the public interest.

1.2 Whistleblowing is an important aspect of protecting standards and quality of care. The Trust takes all genuine concerns very seriously and is committed to taking prompt action to investigate and address such concerns as well as support all employees who raise them.

1.3 The Trust encourages open and honest conversations between managers and their employees so that both can work together to ensure that genuine concerns in the public interest are addressed quickly and appropriately in order to ensure the Trust delivers an efficient and consistently high standard of care to its patients and service users.

1.4 The Trust encourages a culture that challenges inappropriate behaviour, suspected wrongdoing and danger at work at all levels without fear of victimisation or reprisal.

1.5 The aim of this policy is to ensure that the management of employee whistleblowing:

- Encourages employees to raise genuine concerns in good faith and supports a culture of openness
- Is fair, consistent and proactive and without discrimination in relation to any of the [protected characteristics]
- Ensures that expectations about employee and Trust duties are clear to all
- Ensures that employees understand how to raise [genuine concerns]/whistleblow
- Gives appropriate feedback following the protected disclosure
- Is carried out in line with the [Equality Act 2010] and [Public Interest Disclosure Act 1998]
- Ensure efficient and high quality care for our patients
- Is monitored to ensure effectiveness of implementation

1.6 This policy contains the process and principles for raising concerns or whistleblowing only (please also see [Exclusions from the policy]). For further details please read the supporting [Management Guide].

2 DEFINITIONS

2.1 The following definitions are used in this policy:

| Whistleblower | Someone who comes to a decision to express a concern after a great deal of thought. They are not a “sneak” or a “trouble maker”. The law requires them to have a [genuine concern] that affects patients or the public (this includes public funding e.g. the Trust). They do not have to produce unquestionable evidence to support their concern; this is for the Trust to investigate. Whistleblowers with a [genuine concern] will experience no effect on their career; they |
will not be at risk of losing their job or suffering any form of reprisal/detriment or victimisation for raising their genuine concern.

<table>
<thead>
<tr>
<th><strong>Genuine concern</strong></th>
<th>Is a concern that is raised where the employee has a reasonable belief that their disclosure is in the public interest. Employees raising genuine concerns are protected against victimisation or suffering detriment (disadvantage) for raising their concern (or making a ‘protected disclosure’) by the [Public Interest Disclosure Act].</th>
</tr>
</thead>
</table>

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<thead>
<tr>
<th><strong>Detrimental treatment</strong></th>
<th>This includes dismissal, disciplinary action, threats or other unfavourable treatment connected with whistleblowing/raising a [genuine concern]/making a [protected disclosure]. If employees feel they have suffered any of this treatment, they should inform the Director of HR immediately. If the matter is not resolved, they should raise it formally with the Chief Executive Officer.</th>
</tr>
</thead>
</table>

| **Protected disclosure** | The way that a genuine concern is raised and the subject of the concern. This needs to be to an [appropriate person] (see below). In order to be protected under the [Public Interest Disclosure Act] employees must fully exhaust internal procedures to raise their concern before going to an external agency. Protected disclosures will typically be about one or more of the following that has occurred or is likely to occur (this list is not exhaustive):  
- Malpractice (e.g. risk to patients) or breach of professional conduct  
- Concerns about the professional or clinical practice or competence of colleagues or other members of staff  
- Healthcare matters, including suspected mistreatment, discrimination against or abuse of patients and/or issues relating to the quality of care provided  
- A criminal offence/act or failure to comply with a legal obligation  
- Unethical conduct, including suspected ‘cover ups’ of any failings  
- Bribery, including suspicion that bribery has taken place to secure an advantage  
- Danger to the health and safety of an individual(s)  
- Damage to the environment  
Instances of financial wrongdoing should be raised with the Local Counter Fraud Specialist on 020 7480 4778 or NHS Protect Fraud & Corruption Reporting Line number 0800 028 40 60. They will investigate all suspicions of fraud or corruption. Employees can request that their protected disclosure is managed anonymously or raise it using the [confidential hotline] or [confidential email]. However, this may make it more difficult to investigate the disclosure, feedback the outcome and protect those who raised it and so employees are encouraged where possible to give their name and contact details. If legal proceedings take place as a result of whistleblowing/protected disclosure employees may need to attend any subsequent hearings as a witness. Protected disclosures should contain as much information as possible to enable investigation. |
|------------------------|----------------------------------------------------------------------------------------------------------------|

| **Appropriate person to raise concern to** | Protected disclosures should normally be made to the following people (listed in order of where employees should go first):  
Line Manager/Line Manager’s Manager/suitable Manager within the Service Line (see [section 4], Option 1)  
The Trust has an external confidential telephone line where employees can make a protected disclosure: **Confidential External Whistleblowing Hotline: 0800 197 2814** |
|-----------------------------|----------------------------------------------------------------------------------------------------------------|


**Confidential External Whistleblowing Email Address:** blowingthewhistle@cic-eap.co.uk

Or an internal email address:

**Whistleblowing Email Address:** whistleblowing@bartshealth.nhs.uk (see [section 4], Option 2)

- Director of HR (or other appropriate Executive Director) (see [section 4], Option 3)
- Chief Executive (see [section 4], Option 4)
- Non-Executive Director (see [section 4], Option 5)
- Chair of Audit Committee (see [section 4], Option 5)
- Trust Chairman (see [section 4], Option 6)

Trade Union/Staffside representatives who are recognised by the Trust (see [Recognition Agreement]) can provide advice about blowing the whistle and who to blow the whistle to.

Employees may not feel able to raise their concerns with their line manager (e.g. where the protected disclosure involves their line manager). In which case, the employee can make their protected disclosure to more senior managers within the service line. If the protected disclosure involved a Director, the concern should be raised with the Chief Executive Officer.

### External Contacts

The Trust hopes that this policy provides reassurance needed to raise concerns internally. However the Trust would also prefer that employees raise concerns with the appropriate regulator/body than not at all. Provided the employee is acting in good faith and has evidence to support the concern, they can also contact:

- Member of Parliament
- Health Ombudsman/Care Quality Commission (CQC)
- Audit Commission
- Environment Agency
- Health and Safety Executive
- National Audit Office
- Police
- Appropriate professional bodies
- Public Concern at Work (see [Appendix 3])

As a last resort, employees may consider disclosing their concern to the media, but if such action is premature, with the risk of undermining public confidence, breaching patient confidentiality or the Trust’s media protocol policy, this could result in disciplinary action and is not considered a protected disclosure. Professional bodies may take separate action.

### Malicious complaints

Complaints that are made and found to be without foundation (following an investigation), with the main intention to cause harm or upset other people. The Trust considers this misconduct and it may be gross misconduct.

### Vexatious complaints

Complaints that are made and found to be without foundation (following an investigation), with the main intention of causing annoyance or in order to delay another process and for which there are no grounds. The Trust considers this misconduct and it may be gross misconduct.

### Investigation

An impartial fact finding process. The investigation report will collate evidence collected including documentary evidence, witness statements and interviews and recommend whether or not, based on the evidence collected, the case is substantiated and recommend further action.

This would be carried out by an Investigating Officer who is external to the environment.
Investigating Officer | An impartial person who has had no previous knowledge of or involvement with the complaint or concern and is separate to the department in which it occurred unless it is mutually agreed otherwise. It is essential that they have undertaken investigation training. The employee may object to the choice of Investigating Officer where there may be a conflict of interest and request an alternative. The final decision of the who the Investigating Officer will be will rest with the Commissioning Manager.

Commissioning Manager | Normally the Manager receiving the [protected disclosure]/whistleblow except where they have witnessed or been involved in the events. Where this is the case, it will be a more senior manager, typically the manager’s manager.

Representative | A representative of a recognised Trade Union, an accredited Staffside representative or an Employee of the Trust. Representatives are not permitted at informal meetings. Employees are not permitted to bring legal representation to internal formal or informal meetings.

Exclusions from the policy | Complaints or concerns that are not in the public interest and are about policies and processes should be raised under the [Grievance Policy]. Complaints that are about another employee’s behaviour or relationships towards another employee should be raised under the [Bullying and Harassment policy] (see table in appendix 2).

2.2 For a full list of terms, please see the [Glossary] in [Appendix 1].

3 DUTIES AND RESPONSIBILITIES

Employee
- Raise genuine concerns where they see they are happening or may happen to an [appropriate person]
- Raise genuine concerns internally first to allow the Trust to address the issue
- Complete an incident report form where appropriate
- Understand that professional bodies require members to raise concerns that are in the public interest
- Understand that while they can expect feedback following their protected disclosure, it may not be appropriate for them to receive the full details of action taken (e.g. where another employee has been disciplined as a result of negligent practice)
- Treat any information about the investigation as confidential
- Exercise right to [representation] at formal or investigation meetings if they wish
- Where a representative is unavailable on a proposed investigation date, the employee will provide the person requesting the meeting with an alternative within 7 calendar days of the original date or an extension to this by mutual agreement to take place within a reasonable timeframe
- Employees must not threaten or retaliate against Whistleblowers in any way. Anyone involved in such conduct will be investigated under the Disciplinary Policy (see also para. [4.2])

Manager
- Ensure employees are aware of and understand the policy, their responsibilities and how to make a protected disclosure if they have a concern (this may include helping them to get a copy in an alternative language, in Braille/large print/Easy-Read or reading it to them)
- Make employees aware of the confidential [whistleblowing hotline] and [whistleblowing email address]
- Carry out regular 1:1s and informal ‘catch-ups’ to support an environment where
employees feel they can raise a concern with their manager as soon as it arises so that it can be proactively addressed

- Be sensitive to individual employee needs and discreet and consistent in their approach towards all employees who raise concerns
- Ensure Whistleblower’s identity is protected wherever possible
- Remain impartial to all involved in the whistleblowing/protected disclosure
- Complete an incident report form where appropriate
- Commission investigations where needed
- Carry out necessary risk assessments and consider application of [other Trust policies] which may resolve the concern
- Escalate cases to appropriate bodies where necessary
- Take a proactive and supportive approach to managing whistleblowing/protected disclosures and support the Whistleblower throughout the process
- Where a protected disclosure appears resolved, provide appropriate feedback to the employee who made the disclosure (where known)
- Inform employees of their right to representation (Trade Union/Staffside representatives or an employee of the Trust) at formal and investigation meetings in writing

| Commissioning Manager | Commission an investigation within a maximum of 2 weeks of receiving the [protected disclosure]
|                        | Notify the appropriate Non-Executive Director
|                        | Identify an appropriate Investigating Officer to carry out the investigation, notify them of the allegation(s) and Terms of Reference in writing and supply them with any documentary evidence that is available
|                        | Notify HR of the investigation
|                        | Remain impartial throughout the investigation
|                        | Monitor investigation to ensure it is concluded in a timely manner and a maximum of 3 months unless mutually agreed. Timing should be appropriate to the concern raised
|                        | Notify the employee of who the investigating officer is and who they can seek [support] from (may include those listed in [Appendix 3])

| Investigating Officer | Remain impartial throughout the investigation process
|                       | Complete the investigation in a timely manner, as agreed with the commissioning manager
|                       | Collect information and establish facts relating to the incident e.g. documentary evidence, CCTV, interviews, records of the interviews and witness statements
|                       | Do not provide opinion in the report except in conclusions and recommendations, which must be evidence based
|                       | Provide feedback on a weekly basis to the designated Non-Executive Director
|                       | Present the Commissioning Manager with an investigation report which summarises the facts of the investigation and directs them to which appendices will provide further detail
|                       | Disclose any prior relationships with those involved before starting the investigation

| Non-Executive Director | Monitor the progress of whistleblowing investigations on a weekly basis and ensure that it is progressing appropriately

| Human Resources | Advise, and support where necessary, managers about how to use this policy
|                | Advise employees on the application of this policy and how to make a protected
<table>
<thead>
<tr>
<th>disclosure</th>
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<tr>
<td>- Escalate cases to appropriate bodies where necessary</td>
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<table>
<thead>
<tr>
<th>Staffside/ Trade Union representative</th>
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<tbody>
<tr>
<td>- Staffside/Trade Union representatives may facilitate their member to make a protected disclosure</td>
</tr>
</tbody>
</table>
4 WHISTLEBLOWING (MAKING A DISCLOSURE IN THE PUBLIC INTEREST)

4.1 The process of blowing the whistle internally and how the Trust will manage that is set out in the flowchart below:

Making a Protected Disclosure - Whistleblowing

Reporting Concern

- Employee has a concern in the public interest
  - May seek support from their Trade Union at any time
  - Option 1: Informs Line Manager/Line Manager’s Manager/suitable Manager within the Service Line
  - Option 2: Raises concern using confidential Whistleblowing Hotline, Whistleblowing email address or post

- Employee does not feel able to raise concern with line manager
  - Option 3: Raise concern with Director of HR/Appropriate Executive Director
  - Option 4: Raise concern with Chief Executive
  - Option 5: Raise concern with Non-Executive Director/Chair of Audit Committee

- Should concern be referred to Counter Fraud?
  - Yes: Make referral to local counter fraud specialist & await advice for further action
  - No: Complete an incident form where appropriate

- Investigation is undertaken to identify facts of the situation
- Appropriate action is taken to resolve the concern
- Appropriate feedback given to the employee raising the concern (where they have identified themselves)

- Employee is satisfied with outcome?
  - Yes: Case is closed
  - No: Escalate concern to options 3, 4, 5 or as above (see also para. 4.4)

- Concern is resolved (either informally or through another policy)?
  - Yes: Case is closed
  - No: Update NED weekly
4.2 The Trust will not tolerate discrimination, harassment or victimisation of a genuine Whistleblower and will treat such behaviour as misconduct and may consider it gross misconduct. This will be managed under the [disciplinary policy].

4.3 If you are unhappy with the Trust’s response, you can escalate your concern to other [appropriate people] listed. While the Trust cannot guarantee that we will respond to all matters in the way employee might wish, the Trust will try to handle the matter fairly and properly.

4.4 Where an employee remains unsatisfied with the outcome of their protected disclosure/whistleblow and has exhausted the Trust’s internal process, it may be appropriate to report the concern to the [appropriate body].

5 IMPACT AND EQUALITY ANALYSIS

5.1 An Equality Analysis has been carried out for this policy and has concluded that there are no detrimental effects and some positive effects of this policy. The analysis has been included here:

5.2 27 03 12 Whistleblowing Policy EqAnalysis.doc

6 MONITORING THE EFFECTIVENESS OF THIS POLICY

<table>
<thead>
<tr>
<th>Issue being monitored</th>
<th>Monitoring method</th>
<th>Responsibility</th>
<th>Frequency</th>
<th>Reviewed and followed up by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incident reporting</td>
<td>Completion of incident forms</td>
<td>Risk Team/Clinical Improvement Groups</td>
<td>Bi-annual (every 6 months)</td>
<td>Interim Partnership Board and Trust Management Executive</td>
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<tr>
<td>Use of Whistleblowing hotline and email address</td>
<td>Number of calls/emails received</td>
<td>Human Resources</td>
<td>Bi-annual (every 6 months)</td>
<td>Interim Partnership Board and Trust Management Executive</td>
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<td></td>
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<tr>
<td>Frequency of whistleblowing</td>
<td>Number of incidents of whistleblowing (either via the hotline, email address or letter), type of concern raised and area it refers to</td>
<td>Human Resources</td>
<td>Annually</td>
<td>Interim Partnership Board, Trust Management Executive</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Quarterly</td>
<td>Chair of Audit and Risk Committee</td>
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<tr>
<td>No victimisation of Whistleblower</td>
<td>Report bullying and harassment complaints that are raised as a result of whistleblowing</td>
<td>Human Resources</td>
<td>Annually</td>
<td>Interim Partnership Board and Trust Management Executive</td>
</tr>
</tbody>
</table>
### APPENDIX 1: GLOSSARY OF TERMS

<table>
<thead>
<tr>
<th><strong>Public Interest Disclosure Act 1998</strong></th>
<th>Provides statutory protection against victimisation for individuals who raise make a disclosure in the public interest (“blow the whistle”). It also sets out how to make a disclosure and how that should be managed. Employees and workers who make a ‘protected disclosure’ are protected from being treated badly or being dismissed. For a disclosure to be protected it must usually be made to an <a href="#">appropriate person</a> or body. For example, disclosing a health and safety issue to the Health and Safety Executive is likely to be protected, but not if the concern was disclosed to the media.</th>
</tr>
</thead>
</table>
| **Equality Act 2010** | Replaces previous discrimination law (e.g. Disability Discrimination Act 1995) and includes the following:  
- Extends the groups protected (protected characteristics)  
- Removal of health questionnaires  
- Bans discrimination by association  
- Bans direct and indirect discrimination  
- Bans harassment, victimisation and failure to make reasonable adjustments  
- Replaces all previous discrimination law  
- Introduces harassment by third parties  
- Also relates to provision of services to patients, not just employment |
| **Protected Characteristics (part of the Equality Act 2010)** | Age  
- Disability  
- Gender Reassignment  
- Marriage and Civil Partnership  
- Race  
- Religion or Belief  
- Sex  
- Sexual Orientation  
- (Pregnancy and Maternity – only some elements apply) |
| **Flowchart Colour Key** | In order to assist reading the flowcharts, please note that specific information has been colour coded.  
Orange hexagons = Start of process/specific milestones  
Green rectangles = the process to be followed  
Yellow diamonds = a decision to indicate which part of the process to follow  
Blue rectangles = provide further information (e.g. topics to be discussed, required information in written correspondence etc)  
Purple oval = end of process  
Orange rectangles = possible outcomes |
## APPENDIX 2: OTHER LINKED TRUST POLICIES AND GUIDELINES

<table>
<thead>
<tr>
<th>Title differences where policies have not been amalgamated</th>
<th>Barts and The London (and CHS)</th>
<th>Newham University</th>
<th>Whipps Cross University</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bullying and Harassment Policy</strong></td>
<td>Harassment and Bullying Amongst Staff (CHS equivalent)</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Employee Complaints and Grievance Policy</strong></td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Recognition Agreement</strong></td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Counter Fraud Policy</strong></td>
<td>Fraud and Corruption Policy and Procedure</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Patient Policies</strong></td>
<td>Consent to Treatment</td>
<td></td>
<td></td>
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<tr>
<td><strong>Communication Policies</strong></td>
<td>Clinical Confidentiality</td>
<td></td>
<td></td>
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<tr>
<td><strong>Hospitality Expenditure Policy</strong></td>
<td>Maintaining Medical Excellence</td>
<td></td>
<td></td>
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<tr>
<td><strong>Communication Policies</strong></td>
<td>Media Protocol</td>
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<tr>
<td><strong>Hospitality Expenditure Policy</strong></td>
<td>Incident Reporting and Management Policy</td>
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<tr>
<td><strong>Hospitality Expenditure Policy</strong></td>
<td>Commercial Representatives and Sponsorship Policy (Including External Company Sponsorship for Research, Training, Gifts and Hospitality)</td>
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**APPENDIX 3: EXTRA SOURCES OF INFORMATION AND SUPPORT**

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
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</table>
| **Employee Assistance Programme provided by CiC**                     | A free service to all employees provided 24 hours 7 days a week which includes advice on debt, legal issues, caring and childcare and offers face to face counselling services.  
  **Tel. 0800 085 1376**  
  Or access them via [www.well-online.co.uk](http://www.well-online.co.uk)                                                                                               |
| **Confidential Whistleblowing Hotline provided by CiC**                | This hotline is provided by a company external to the Trust and is free to employees from 8.30am-6pm, Monday-Friday  
  **Tel. 0800 197 2814**                                                                                                                                                    |
| **Confidential External Whistleblowing Hotline provided by CiC**       | This hotline is provided by a company external to the Trust and is free to employees. They can be emailed at any time of the day and any day of the week.  
  **Email:** blowingthewhistle@cic-eap.co.uk                                                                                                                                     |
| **Internal Whistleblowing Email Address**                             | Employees can request that their protected disclosure is managed anonymously; this should be stated in the email. However, this may make it more difficult to investigate the disclosure, feedback the outcome and protect those who raised it and so employees are encouraged where possible to give their name and contact details.  
  A confidential internal email account which is managed by the HR team: whistleblowing@bartshealth.nhs.uk                                                                    |
| **Public Concern at Work**                                            | An independent Whistleblowing charity. Their staff can give free confidential advice at any stage about how to raise a concern about serious malpractice at work.  
  **Tel:** 020 7404 6609  
  Or access them via [http://www.pcaw.org.uk/](http://www.pcaw.org.uk/)                                                                                                      |
| **NHS Protect Fraud & Corruption Reporting Line**                     | NHS Protect leads on work to identify and tackle crime across the health service. The aim is to protect NHS staff and resources from activities that would otherwise undermine their effectiveness and their ability to meet the needs of patients and professionals. Ultimately, this helps to ensure the proper use of valuable NHS resources and a safer, more secure environment in which to deliver and receive care.  
  **Tel:** 0800 028 40 60  
  Or access them via [http://www.nhsbsa.nhs.uk/Protect.aspx](http://www.nhsbsa.nhs.uk/Protect.aspx)                                                                         |
APPENDIX 4: MAKING A DISCLOSURE IN THE PUBLIC INTEREST FORM

Referral Form to be completed by individual identifying a concern under the Public Interest Disclosure Act 1998. Please submit to one of the [appropriate people to raise a concern to].

<table>
<thead>
<tr>
<th><strong>Personal Details</strong></th>
<th>These are not compulsory but it will help us to investigate your concern if we can ask you for more information if needed and give you feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Service:</td>
<td></td>
</tr>
<tr>
<td>Line Manager:</td>
<td></td>
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<tr>
<td>Preferred Method of</td>
<td>(Please provide)</td>
</tr>
<tr>
<td>Contact:</td>
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</table>

**What is your concern about?**

- [ ] Patient Care
- [ ] Conduct (incl. malpractice, unethical conduct)
- [ ] Criminal offence/legal obligation
- [ ] Professional/clinical practice or competence
- [ ] Other (please state): ______________________________________

**Who is involved?** Please list witnesses and anyone carrying out the act causing you concern

<table>
<thead>
<tr>
<th>When did the event occur/Do you think the event will occur?</th>
<th>Date</th>
<th>Time</th>
<th>AM/PM</th>
</tr>
</thead>
</table>

Please describe what has happened/what you think will happen? You do not have to give any evidence to support this, but you do have any please submit with this form. Please provide as much detail as you can (add additional sheets of paper as needed).

Date submitted: [ ]

Please submit to one of the [appropriate people to raise a concern to].