WHISTLEBLOWING POLICY (Raising concerns at work)
INCLUDING A POLICY STATEMENT ON FRAUD

Valid from: December 2011

This policy supersedes all previous policies for Whistleblowing.

<table>
<thead>
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<th>Version:</th>
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| Policy reference and description of where held. | HR01  
Placed on intranet |
| Name and contact details for author: | John Harris  
John.harris@hrch.nhs.uk |
| Responsible director: | Rachael Moench/Siobhan Gregory |
| Ratified by originating committee: | HRCH Board  
30th November 2011 |
| Ratified by Policy Ratification Group: | 17th January 2012 |
| Review date: | June 2014  
2 years maximum for clinical guidelines  
3 years maximum for other documents |
| Target audience | All staff |
## Version Control Sheet

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<td>Final</td>
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1. INTRODUCTION

All of us at one time or another have concerns about what is happening at work. Usually these are easily resolved. However, when the concern feels serious because it is about a possible danger, professional misconduct or financial malpractice that might affect patients, colleagues, or the Trust itself, it can be difficult to know what to do.

You may be worried about raising such an issue 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 feel that raising the matter would be disloyal to colleagues, to managers or to the organisation. You may 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.

The board of HRCH is committed to ensuring that staff feel confident to raise such concerns. We have introduced this policy to reassure you that it is safe and acceptable to speak up and to enable you to raise any concern you may have at an early stage and in the right way. Rather than wait for proof, we would prefer you to raise the matter when it is still a concern.

This policy applies to all those who work for us whether full-time or part-time, self-employed, employed through an agency or as a volunteer.

If something is troubling you which you think we should know about or look into, please use this procedure. If, however, you wish to make a complaint about your employment or how you have been treated, please use the Grievance policy or Dignity at Work Policy, which you can obtain from the intranet. (If you have a concern about financial misconduct or fraud, please see Appendix C). This Whistleblowing Policy is primarily for individuals who work for us and have concerns where the interests of others or of the organisation itself are at risk.

2. AIMS AND OBJECTIVES

Patient safety is our primary concern. It is vital that our staff feel empowered to speak up whenever patient safety may be compromised or errors occur. The Public Interest Disclosure Act gives employees protection under the law to raise any concern they may have with their employer, whether it is about patient safety, financial malpractice or any other risk. This has been further backed up by the NHS Constitution, which incorporates the right of all staff who report wrongdoing to be protected.

This policy aims to ensure that the Trust fulfils its obligations described above to patients, staff and the wider public.

3. THE LAW

The Public Interest Disclosure Act (PIDA) protects the public by providing a remedy for individuals who suffer a detriment by any act or any deliberate failure to act by their employer for raising a genuine concern, whether it be a risk to patients, financial malpractice, or other wrongdoing. The Act’s tiered disclosure regime promotes internal and regulatory disclosures, and encourages workplace accountability and self-regulation.
Essentially, under PIDA, workers who act honestly and reasonably are given automatic protection for raising a matter internally. In the NHS an internal disclosure can go up to the highest level and includes going to the responsible Minister at the Department of Health. Protection is also readily available to individuals who make disclosures to prescribed regulators (such as the Care Quality Commission and Monitor).

In certain circumstances, wider disclosures (for example to an MP or the media) may also be protected. A number of additional tests apply when going wider, including:

- whether it is an exceptionally serious concern
- whether the matter has already been raised
- whether there is good reason to believe that the individual will be subject to a detriment by his employer if the matter were raised internally or with the appropriate regulator
- whether disclosure was reasonable given all the circumstances.

The Act covers all workers including temporary agency staff, persons on training courses and self-employed staff who are working for and supervised by the NHS. It does not cover volunteers. PIDA also makes it clear that any clause in a contract that purports to gag an individual from raising a concern that would have been protected under the Act is void.

Where an individual is subjected to a detriment by their employer for raising a concern or is dismissed in breach of PIDA, they can bring a claim for compensation under PIDA in the Employment Tribunal. Awards are uncapped and based on the losses suffered.

4. DEVELOPMENT AND ACKNOWLEDGEMENT

As a result of the merger of the provider arms of NHS Richmond and NHS Hounslow to become HRCH, all Human Resources policies are being reviewed. Contemporaneously guidance to NHS organisations on whistleblowing was published in ‘Speak up for a Healthy NHS - How to implement and review whistleblowing arrangements in your organisation’, The Social Partnership Foundation and Partnership at Work, 2010. This document draws largely on the guidance in this publication.

5. OUR COMMITMENT TO YOU

Your safety
The Board and the Chief Executive and the staff unions 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). Provided you are acting in good faith, it does not matter if you are mistaken or if there is an innocent explanation for your concerns. So please do not think we will ask you to prove it. Of course we do not extend this assurance to someone who maliciously raises a matter they know is untrue.

To ensure that whistleblowing concerns are considered at a senior level in the Trust, one of the non-executive directors who sits on the Trust Board has been appointed to keep an overview of our procedures; this non-executive director is currently Judith Rutherford. If you do have a whistleblowing concern please follow the steps outlined
in the following procedure, but if you feel the procedure is not being followed correctly or your concerns are not being taken seriously you may contact Judith by e-mail on rutherfordjh@yahoo.co.uk or telephone 07767 292479.

**Your confidence**

With these assurances, we hope you will raise your concern 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, please say so at the outset. If you ask us not to disclose your identity, we will not do so without your consent unless required by law. You should understand that there may be times when we are unable to resolve a concern without revealing your identity, for example where your personal evidence is essential. In such cases, we will discuss with you whether and how the matter can best proceed. Please remember that if you do not tell us who you are it will be much more difficult for us to look into the matter. We will not be able to protect your position or to give you feedback. Accordingly you should not assume we can provide the assurances we offer in the same way if you report a concern anonymously.

6. **HOW TO RAISE A CONCERN (please see the flowchart in Appendix D for an overview)**

If you are unsure about raising a concern at any stage you can get independent advice from your trade union representative or Public Concern at Work (see contact details under External bodies below). Please remember that you do not need to have firm evidence before raising a concern. However, we do ask that you explain as fully as you can the information or circumstances that gave rise to your concern.

**Step one**

If you have a concern about a risk, malpractice or wrongdoing at work, we hope you will feel able to raise it first with your line manager or lead clinician. This may be done verbally or in writing. Your line manager/lead clinician will arrange to meet with you to discuss the issues of concern to you in confidence. Possible outcomes could include, immediate corrective action by the line manager, referral to senior management, ongoing monitoring of the situation, asking you to complete an incident report, further investigation. This list of outcomes is not exhaustive and the manager will decide each case on its own merits. The manager should get back to you to let you know what action they intend to take but this may be limited in some circumstances for reasons of confidentiality (see ‘How we will handle the matter’, below).

**Step two**

If you feel unable to raise the matter with your line manager or lead clinician for whatever reason, or are not satisfied with their response, please raise the matter with the following senior clinical governance staff:

Donna Lamb
Assistant Director of Quality and Clinical Excellence
Tel: 0208 630 3291

or
These individuals have been given special responsibility and training in dealing with whistleblowing concerns. If you want to raise the matter in confidence, please say so at the outset so that appropriate arrangements can be made.

Step three
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 the following director who has been designated as the Responsible Officer:

Siobhan Gregory
Director of Quality and Clinical Excellence
Tel: 0208 973 3464

How we will handle the matter
Once you have told us of your concern, we will assess it and consider what action may be appropriate. This may involve an informal review, an internal inquiry or a more formal investigation. We will tell you who will be handling the matter, how you can contact them, and what further assistance we may need from you. If you ask, we will write to you summarising your concern and setting out how we propose to handle it and provide a timeframe for feedback. If we have misunderstood the concern or there is any information missing, please let us know. When you raise the concern it will be helpful to know how you think the matter might best be resolved. If you have any personal interest in the matter, we do ask that you tell us at the outset. If we think your concern falls more properly within our grievance, bullying and harassment or other relevant procedure, we will let you know. Whenever possible, we will give you feedback on the outcome of any investigation. Please note, however, that we may not be able to tell you about the precise actions we take where this would infringe a duty of confidence we owe to another person. 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 and properly. By using this policy you will help us to achieve this.

External bodies
HRCH recognises its accountability within the NHS and the wider community. In light of this you can also contact:

1. The NHS and Social Care Whistleblowing Helpline (provided by the Mencap charity) on 08000 724 725, email: enquiries@wbhelpline.org.uk.

2. NHS Protect on 0800 028 40 60 (if your concern is about fraud or bribery or the Local Counter Fraud Specialist Andy King on 07880-716749 or email andrew.king@rsmtenon.com.

3. The Department of Health @ - Customer Service Centre, Department of Health, Richmond House, 79 Whitehall, London, SW1A 2NS; E-mail: dhmail@dh.gsi.gov.uk; Telephone: 020 7210 4850.
4. Public Concern at Work on 020 7404 6609 or by email at helpline@pcaw.co.uk. Their lawyers can talk you through your options and help you raise a concern about malpractice or wrongdoing at work.

Other bodies include:- The Care Quality Commission, the Independent Regulator of NHS Foundation Trusts (Monitor), your professional regulator, the National Patient Safety Agency. Your union will also be able to advise you.

7. DUTIES

Staff

Staff who believe they have issues that are causing them concern should follow the process detailed above

Managers/Clinical leads (see also Appendix B, Practical Tips for Managers)

Managers should take any concerns raised by staff seriously and give them careful consideration. If a manager believes the issue raised is of concern with regard to patient or staff safety they must not hesitate to take immediate action and raise it with senior staff. Managers should keep the employee informed of action taken with due regard to confidentiality.

Executive Team

The executive team should ensure that this policy is promoted to all staff and that the principles and procedures described are adhered to throughout the organisation.

8. CONSULTATION PROCESS

This policy has been submitted to the Joint Negotiating and Consultative Committee for discussion with staffside representatives.

Human Resources Committee

9. APPROVAL AND RATIFICATION PROCESS

The policy has been approved by the Human Resources Committee and will be submitted to the Board for final approval

10. DISSEMINATION AND IMPLEMENTATION

This document will be placed on the intranet and it will be therefore be available to all staff.

All staff will be notified of this policy’s implementation via the staff bulletin.

11. ARCHIVING

Previous versions of this policy will be archived by QCE.
12. **TRAINING REQUIREMENTS**

Training will be provided for all staff during the implementation of this policy. Ongoing training will be provided via the staff induction. Training will comply with the HRCH Mandatory and Statutory Training Policy.

13. **MONITORING COMPLIANCE WITH THIS DOCUMENT**

Monitoring will be the responsibility of the Director of Quality and Clinical Excellence and the Director of Human Resources. Monitoring may be coordinated with Incident Reporting and Clinical Audit data.

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Lead</th>
<th>How Trust will monitor compliance</th>
<th>Reporting arrangements</th>
<th>Change in practice and lessons to be shared</th>
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<tr>
<td>Complete policy</td>
<td>HR Manager</td>
<td>Annual audit of HR services</td>
<td>HR Committee</td>
<td>Required changes to practice will be identified and actioned within a specific time frame. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.</td>
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14. **REVIEW**

This policy will be reviewed in 3 years time by the Human Resources Directorate.

15. **REFERENCES**


16. **ASSOCIATED DOCUMENTATION**

None.
# APPENDIX A

## EQUALITIES IMPACT ASSESSMENT PRO FORMA

**Policy being created.**  
Whistleblowing Policy

**Please state if this is a new policy or a review of an existing policy.**  
New Policy

**What are the aims of the policy?**  
To raise the awareness of Whistleblowing in the organisation and to implement a procedure for dealing with staff concerns.

**Is the policy/service designed to meet specific needs such as the needs of minority ethnic groups, older people, disabled people etc?**  
There is no specific provision for any protected groups. However, if an issue arises that affects one of these groups in particular, it may be appropriate to address this issue by the procedure advised in this policy.

**What information has been gathered?**  
Not applicable

**Does your analysis of the information show different outcomes for different groups (higher or lower uptake than expected/failure to access/receive a service, a poorer or inferior service)?**  
Not applicable

If yes, which aspects of the policy or function contribute to inequality? Please indicate which groups are affected.

**Are these differences justified (e.g. are there legislative or other constraints)?**  
If they are, explain in what way.  
Not applicable
Please indicate whether the policy/service promotes equality of opportunity and good community relations and explain in what way.

This Policy allows for staff from all backgrounds to raise concerns at work and in doing so may contribute to community wellbeing.

What action needs to be taken as a result of this Equality Impact Needs Assessment to address any detrimental impacts or meet previously unidentified need?

Not applicable

When will you evaluate the impact of action taken? Please give review dates

Not applicable

Assessment completed by:

NAME:  John Harris

SERVICE:  Human Resources

DATE:  14/6/2011
Handling Whistleblowing: Practical Tips For Managers

As a manager you can lead by example. Be clear to your staff what sort of behaviour is unacceptable and practise what you preach. Encourage staff to ask you what is appropriate if they are unsure before – not after – the event. If you find wrongdoing or a potential risk to patient or staff safety, take it seriously and deal with it immediately.

Responding to a concern

- Thank the staff member for telling you, even if they may appear to be mistaken.
- Respect and heed legitimate staff concerns about their own position or career.
- Manage expectations and respect promises of confidentiality.
- Discuss reasonable timeframes for feedback with the member of staff.
- Remember there are different perspectives to every story.
- Determine whether there are grounds for concern and investigate if necessary as soon as possible. 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, put your response in writing.
- Always remember that you may have to explain how you have handled the concern.
- Feedback any outcome and/or remedial action you propose to take to the whistleblower but be careful if this could infringe any rights or duties you may owe to other parties.
- Consider reporting to your board and/or an appropriate regulator the outcome of any genuine concern where malpractice or a serious safety risk was identified and addressed.
- Record-keeping – keep a record of any serious concern raised with those designated under the policy, anonymising these where necessary.

Some Questions and Answers

Q What’s the difference between a grievance and a whistleblowing concern?

A Generally speaking, a whistleblowing concern is about a risk, malpractice or wrongdoing that affects others. It could be something which adversely affects patients, the public, other staff or the organisation itself. A grievance, on the other hand, is a personal complaint about an individual’s own employment situation: for example, a staff member may feel aggrieved if they think a management decision has affected them unfairly or that they are not being treated properly. A whistleblowing concern is where an individual raises information as a witness whereas a grievance is where the individual is a complainant.
Q Is the concern: Open, confidential, anonymous?

A Usually, the best way to raise a concern is to do so openly. Openness makes it easier for the organisation to assess the issue, work out how to investigate the matter, understand any motive and get more information. A worker raises a concern confidentially if he or she gives his or her name on the condition that it is not revealed without their consent. A worker raises a concern anonymously if he or she does not give his or her name at all. If this happens, it is best for the organisation to assess the anonymous information as best it can, to establish whether there is substance to the concern and whether it can be addressed. Clearly if no-one knows who provided the information, it is not possible to reassure or protect them.

Q What if the whistleblower has an ulterior motive?

A There may be occasions when you are worried that someone has raised a concern with an ulterior motive or, more rarely, maliciously. This policy makes it clear that the organisation cannot give the same assurances and safeguards included in the policy to someone who is found to have maliciously raised a concern that they also know to be untrue. Such situations should be handled carefully. The starting point is to look at the concern and examine whether there is any substance to it. Every concern raised should be treated as made in good faith, unless it is subsequently found not to be. However, if it is found that the individual has maliciously raised a concern that they know is untrue, disciplinary proceedings may be commenced against that individual.
Policy Statement On The Prevention Of Fraud

Why Fraud Matters

Fraud is estimated to cost the NHS as much as £132m each year. This diverts funds away from where they are needed - to support patient care. NHS Protect's (formerly the Counter Fraud and Management Service) aim is to reduce fraud in the NHS to an absolute minimum.

The Board's Policy

The Board of Trust fully supports the national Counter Fraud initiative.

The Board is committed to:

- the prevention and detection of fraud and bribery
- its rigorous investigation
- and, where fraud is found, to the taking of appropriate action which may include prosecution.

This will enhance the Trust’s ability to use public funds to the optimum benefit of patients.

The Board therefore wishes to encourage any employee having reasonable suspicions of fraud or bribery to report them. The Board fully supports the principles set out in the Public Interest Disclosure Act 1998, which are:

- to protect individuals who make certain disclosures of information in the public interest
- to allow such individuals to bring action in respect of victimisation

The Board recognises the importance of Trust staff feeling safe in raising their concerns and is determined that no employee will suffer in any way for raising genuine concerns, even if their concerns prove mistaken.

Staff can be assured that any matters raised will be treated sensitively and confidentially.

The Local Counter Fraud Specialist

Our local Counter Fraud Specialist is Andy King, contact No: 07880 716749, e-mail: andrew.king@rsmtenon.com

NHS Fraud & Corruption Line

Additionally a NHS National Fraud and Corruption Line managed by experienced trained staff have been established to make reporting of possible fraud easy.

The telephone number is 0800 028 40 60
Lines are open between 8.00am and 18.00pm Monday to Friday
What to do if you believe you may have discovered fraud or corruption

Any employee in the course of their normal duties can encounter circumstances which may make them believe that a fraud or other dishonest act may have taken place. If this should happen:

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<th>PLEASE DO:</th>
<th>PLEASE DO NOT:</th>
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<tr>
<td>Make an immediate note of your concerns. Note all relevant details such as: - what was said in telephone or other conversations - the date, time and the names of any parties involved</td>
<td>Approach or accuse any individuals directly</td>
</tr>
<tr>
<td>Convey your suspicions as quickly as possible to Tina Jones, the Local Counter Fraud Specialist (or to the NHS Fraud and Corruption Line)</td>
<td>Try to investigate the matter yourself</td>
</tr>
<tr>
<td></td>
<td>Discuss your suspicions with other staff</td>
</tr>
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</table>

KEY CONTACT DETAILS

NHS Fraud and Corruption Line
Telephone No: 0800 028 40 60

Further Policies and Procedures

The Trust has a range of policies and procedures which should be considered when dealing with the prevention of fraud and corruption all of which are available on the Trusts Intranet or via the Human Resources Department;

- Counter Fraud Policy
- Anti-Fraud Policy
- Model Standing Orders, Scheme of Delegation and Standing Financial Instructions
FREQUENTLY ASKED QUESTIONS

Can my call be confidential?

All referrals to the Counter Fraud Specialist or NHS Fraud Reporting Line will be treated confidentially. If you prefer you do not have to give your name.

What are fraud and corruption?

Fraud is defined as ‘the intentional distortion of financial statements or other records by persons internal or external to the organisation, carried out to conceal the misappropriation of assets or otherwise for personal gain’. Bribery is defined as ‘the offering, giving, soliciting or acceptance of an inducement or reward that may influence the action of any person’.

What sort of frauds can take place?

The following are examples of high value actual frauds in the NHS:

- a GP issued bogus prescriptions to the value of more than £700,000 for residential home patients
- a dentist claimed £212,000 over two years by submitting claims for patients who did not exist
- three opticians claimed falsely to have supplied tinted lenses to patients in order to generate an additional £25,000
- a senior specialist falsified employment agency timesheets, generating £46,000 in fraudulent income over five years
- a manager colluded with suppliers to produce invoices for £25,000 worth of goods which were not delivered
- a patient falsely claimed over £2,500 a year in travel expenses to an out-patient clinic
- a community living scheme manager stole over £12,000 from two disabled patients whose finances he was responsible for managing

How are possible frauds investigated?

All identified cases of possible fraud and corruption are promptly investigated in a professional manner, with the aim of making a prosecution if appropriate. Investigations may include some or all of the following:

- Review of documentation
- Statement taking
- Seizing original exhibits
- Interviews


Action is led by the Local Counter Fraud Specialist who is accountable to the Director of Finance for undertaking investigations. The LCFS will, as appropriate, obtain assistance from external agencies including NHS Protect and the police.

Where system weaknesses are identified, prompt remedial action will be taken to avoid recurrence.
How can I find out more about the NHS Counter-Fraud Initiative?

This is usually the Local Counter Fraud Specialist or alternatively, the Director of Finance. You can also refer to the Trusts Counter Fraud Policy which is available on the Intranet or by contacting the Finance Department.

Information is available on the NHS Protect on http://www.NHS Protect.nhs.uk
Flowchart for raising a concern at work

If you believe that your concern is not being dealt with in accordance with this policy (at any stage) you may contact the named Trust Board member (details in section 5)

THE CONCERN COMES TO YOUR ATTENTION

Step 1 – Speak to your line manager

DO YOU BELIEVE THE CONCERN HAS BEEN / IS BEING DEALT WITH?

Yes

No

No further action required on your part but you may wish to monitor

Step 2 – Contact the named senior clinical governance staff (page 6)

DO YOU BELIEVE THE CONCERN HAS BEEN / IS BEING DEALT WITH?

Yes

No

No further action required on your part but you may wish to monitor

Step 3 – Contact the named Responsible Officer (page 7)

ARE YOU SATISFIED THAT THE TRUST HAS ADDRESSED YOUR CONCERN?

Yes

No

No further action required on your part but you may wish to monitor

You may wish to seek advice from external bodies (page 7)