



NHS Blood and Transplant

NHSBT Board Meeting July 2016

Raising Concerns at Work (Whistleblowing)

1. Executive Summary

NHSBT introduced its current Whistleblowing Policy in October 2011. The policy ensured full compliance with Department of Health guidelines on the review and implementation of Whistle blowing Policies. The policy has been reviewed and updated in line with NHS Employers advice

This paper updates the Board on the operation of the policy over the 12 months period from May 2015, and was considered at the GAC meeting in June 2016.

2 Operational Responsibility and Compliance

The Director of Workforce is responsible for ensuring that matters raised under the policy are appropriately dealt with, reviewing all concerns that have been formally raised to ensure local procedures are effective and identify areas for improvement.

The policy also allows concerns to be raised to a named Non-executive Director and a specific email address exists to allow this to be done on a confidential basis.

Annual reports are made to the GAC on the operation of the policy and actions taken as a result of any public interest disclosures made.

3. Use of the policy

The Francis Report placed a very significant emphasis on the importance of encouraging staff to raise concerns. In order to support this, the recently launched Workforce web based system, People First, contains easily accessible information on the Whistleblowing policy. This is supported by detailed questions and answers explaining Whistleblowing, the process to follow and the assurances the Board and Chief Executive have given to employees who raise a concern.

Since the last report to the GAC in May 2015, there have been twelve occasions when concerns have been formally raised under the NHSBT policy. Eight of the twelve complaints have been raised either to the Chief Executive or to the Director of Workforce. One complaint has been submitted to the NED whistleblowing email account during this period. The remainder have been submitted to a senior manager.

The increase in number is considered to be a direct impact of the publicity and communication associated around Whistleblowing both internally and externally to NHSBT.

Ten of the twelve complaints submitted were anonymous. The anonymous complaints are of concern because it is often then difficult to investigate the allegations and respond to the individuals. Furthermore we need to do more to encourage these staff to raise concerns directly with managers or through our other processes to enable action to be taken where necessary.

Staff representatives have also raised their concern in respect of how we manage confidential complaints as they believe this allows some individuals to make malicious complaints without recourse. We have agreed with Trades Union colleagues that, to assure both them and staff in general, we will agree a set of principles in respect of how we deal with such complaints.

4. Overview of the concerns raised

Analysis of the twelve concerns raised was undertaken to look for themes and any areas for improvement. The analysis shows that six of the concerns raised relate to allegations of fraudulent claims for annual leave, overtime, travel and hotel expenses, or incorrectly completed timesheets. The remaining six complaints relate to allegations of bullying behaviour by managers and supervisors.

In each case an investigation was undertaken with involvement of the counter fraud team where appropriate. No incidences of fraud were found as a result of the investigations. However, where appropriate, recommendations were made regarding management authorisation protocols.

Due to the anonymous nature of the bullying complaints the scope of these investigations was sometimes limited by the information within the written complaint. However in each case an intervention has taken place with any named individual. Action plans have been put in place to support the managers and their teams with regards to raising awareness of the organisation's behavioural expectations and providing additional awareness training.

Five of the complaints were from Colindale Centre and so again action has been taken to publicise the correct processes for raising concerns at this centre through team meetings, posters and general communication. The communication streams have tried to reassure staff that where they have

concerns action will be taken and that it is always best that they tell us who they are so we can respond appropriately.

Six of the complaints related to bullying and harassment and although clear evidence of such behaviour was not found, we continue with our efforts to reduce incidents of bullying and harassment more generally. Since our Your Voice Survey results in 2014 the following actions have been taken:-

- The Dignity at Work policy now clearly reflects an updated definition of Harassment, Bullying and Abuse and that if discovered in the workplace could result in disciplinary action.
- In 2015 NHSBT hosted a series one hour master classes to provide clarity to all our employees regarding what constitutes Harassment, Bullying and Abuse in the workplace as well as how to deal effectively with this behaviour. This will be available to all teams shortly as a DVD for team training also.
- In response to Your Voice, employee survey, NHSBT have offered bespoke interventions for managers/teams (e.g. coaching around specific HBA issues)
- HR Is changing the Current Grievance policy to change the emphasis to resolution and to support the use of facilitation to resolve HBA related issues. An analysis is to be conducted in 1 months' time.
- HR has refreshed its mediation training for new and current mediators to deal with issues
- Training was conducted in May with the HR Consult staff in order to better publicise alternative forms of mediation as opposed to an initial disciplinary or grievance case. This will also be discussed at Staff Side Partnership Committee Meetings.
- Clear focus on HBA in all management and leadership development interventions. Engaged with managers on the issues via Leadership Summits (Conferences) for Middle Managers and the new Management Passport. The passport ensures that managers show evidence of good management skills as part of the appraisal system including evidence of managing diversity and HBA.

5. Policy Review.

Following the Freedom to Speak Up Review the first national, integrated whistleblowing policy was published in April 2016 by NHS Improvement and NHS England, with the aims of standardising the way that staff are supported to raise concerns within NHS organisations. Its release follows a public consultation on the draft policy, held throughout November 2015.

The NHSBT Whistleblowing Policy is now being reviewed in line with this advice.

6 Conclusion

Although the number of public interest concerns raised via this policy is likely to remain low, it is still important that NHSBT ensure that it has an appropriate profile within the organisation. .

The revised policy will be formally launched later in the year and the Your Voice staff survey due to take place in the autumn will include questions relating to employee's awareness of the policy's existence, how to report a concern and to assess their confidence that NHSBT will address their concern.

Further work needs to be undertaken to encourage employees not to raise their concerns anonymously and to reinforce the appropriate use of the Whistleblowing arrangements for matters of public interest.

There will continue to be annual reports to GAC on the Policy and any issues raised which are of particular concern will be brought to the GAC's and Board's attention, outside of the annual report if appropriate.

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