

POLICY TITLE:	Whistleblowing (Protected Disclosure)
Policy Number:	OP21
Version Number:	13
Date of Issue:	06/11/2024
Date of Review:	05/11/2027
Policy Owner:	Kath Mason, Associate Director of Patient Safety & Experience / Freedom to Speak Up Guardian
Ratified by:	Jayne Stutt, Chief People Officer
Responsible Signatory:	Colin Quick, Chief Quality Officer / Executive Lead for Freedom to Speak Up
Outcome:	<p>This policy:</p> <ul style="list-style-type: none"> • Aims to ensure that colleagues feel confident in raising serious concerns and to question and act upon concerns about practice. • Outlines the protections offered in law to those who make a qualifying disclosure
Cross Reference:	<p>Priory Employee Handbook HR04.3 Grievance HR04.6 Your Say Forums: Local, Divisional and Group HR04.10 Anti-Bullying and Harassment LE03 Data Protection OP03 Complaints and Concerns OP04 Incident Management, Reporting and Investigation OP06.2 Child Protection, and Adult Support & Protection (Scotland) OP08.6 Safeguarding Children and Adults OP67 Freedom to Speak Up OP-SOP02 Whistleblowing Management Process</p>

EQUALITY AND DIVERSITY STATEMENT

Priory is committed to the fair treatment of all in line with the [Equality Act 2010](#). An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any protected characteristics (age, disability, gender identity and expression, marriage or civil partnership, pregnancy or maternity, race, religion or beliefs, sex, sexual orientation), and all will be treated with dignity and respect.

In order to ensure that this policy is relevant and up to date, comments and suggestions for additions or amendments are sought from users of this document. To contribute towards the process of review, email LegalandComplianceHelpdesk@priorygroup.com

WHISTLEBLOWING (PROTECTED DISCLOSURE)

CONTENTS

Section	Page
1 SCOPE	2
2 INTRODUCTION	2
3 AIMS	3
4 SAFEGUARDS	4
5 CONFIDENTIALITY	4
6 ANONYMOUS ALLEGATIONS	4
7 UNTRUE ALLEGATIONS	5
8 HOW TO RAISE A CONCERN	5
9 HOW PRIORY WILL RESPOND	6
10 HOW THE MATTER CAN BE TAKEN FURTHER	7
11 CONTACT DETAILS OF REGULATORY BODIES	7
12 REFERENCES	7
13 ASSOCIATED FORMS	8
14 EQUALITY IMPACT ASSESSMENT	8
15 APPENDICES	8
Appendix 1 – Whistleblowing Management Process	9

1 SCOPE

- 1.1 This policy applies to all sites and services across England, Scotland, Wales and Northern Ireland. Where there are differences between nations, this will be clearly highlighted.
- 1.2 This policy applies to locum, permanent and fixed term contract colleagues who hold a contract of employment, workers agreement or engagement with Priory and secondees (including students), volunteers and bank staff. It also applies to external contractors, agency workers and other workers who are assigned to work at Priory sites. For simplicity, these will be referred to as colleagues within this policy without inferring any employment status.

2 INTRODUCTION

- 2.1 Priory is committed to an open, safe and supportive culture. Priory aims to put people first and does this by valuing colleagues, service users and their families. Priory strives to act with integrity in an honest and decent way and engender a culture of safety, which enables colleagues to raise concerns and to ensure an effective response to those concerns.
- 2.2 This policy has been introduced to comply with the Employment Rights Act 1996 together with the principles and actions that can be transferred to Priory outlined in Freedom to Speak Up (February 2015) the report arising from the review, undertaken by Robert Francis QC, into the creation of an honest and open reporting culture in the NHS. The Priory Whistleblowing (Protected Disclosure) policy works in parallel to the Freedom to Speak Up (FTSU) arrangements that are in place at Priory and which are covered in detail in OP67 Freedom to Speak Up policy.
- 2.3 Colleagues are frequently the first to identify concerns in the work environment. However, they may not express their concerns because they feel that speaking up would be disloyal to their colleagues or to Priory. They may also fear harassment or victimisation. In these circumstances the colleague may prefer not to report the concern.
- 2.4 Priory is committed to the highest possible standards of service user care, probity and accountability; this policy supports all five 'Priory Values' (Putting People First, Being Supportive, Acting with Integrity, Being Positive and Striving for Excellence). In line with that commitment, we encourage and expect our colleagues, and others that we deal with, who

have concerns about any aspect of Priory's work, to come forward and voice those concerns. It is recognised that wherever possible, a case should proceed on a confidential basis.

- 2.5 This policy makes it clear that colleagues can report any concerns without fear of victimisation, subsequent discrimination or disadvantage. This policy is intended to encourage and enable colleagues to raise serious concerns within the company rather than ignoring or overlooking a problem or 'blowing the whistle' to an external agency.
- 2.6 Depending on the nature, extent and seriousness of the concern raised, the appropriate Director upwards to Priory CEO will take responsibility for ensuring that effective action is taken in response. On a day-to-day basis, this responsibility is delegated to the Operational Management teams to ensure an effective response to any concerns that are raised. All concerns of a high level of severity will be escalated to the Priory UK Board.
- 2.7 The Priory UK Board receives data on Protected Disclosures (whistleblowing) received across Priory, reports from the Freedom to Speak Up Guardian and a separate report on protected disclosures related to safeguarding.
- 2.8 The procedures set out in this policy are in addition to any statutory reporting procedures and 'upwards reporting' expectations applying to some services.

3 AIMS

- 3.1 This policy aims to:
 - (a) Encourage colleagues to feel confident in raising concerns and to question and act upon concerns about practice.
 - (b) Provide avenues for colleagues to raise those concerns and receive feedback on any action taken.
 - (c) Ensure that colleagues (who provide their contact details) receive a response to their concerns and that they are aware of how to pursue them if they are not satisfied.
 - (d) Reassure colleagues that they will be protected from possible reprisals or victimisation where they have a reasonable belief that they may have made any disclosure in good faith.
- 3.2 This policy is intended to cover major concerns that fall outside the scope of other procedures. By law, those issues that can be legitimately be considered 'protected disclosures' include:
 - (a) Criminal offences.
 - (b) Failure to comply with legal obligations.
 - (c) Miscarriages of justice.
 - (d) Actions that endanger the health or safety of colleagues or the public.
 - (e) Actions that cause damage to the environment.
 - (f) Actions that are intended to conceal any of the above.
- 3.2.1 Because of the nature of the services we provide and the vulnerable people in our care, Priory would also encourage colleagues to use this policy if they feel they need to raise serious concerns about:
 - (a) Abuse and/or neglect of service users.
 - (b) Unacceptable care or medical practices.
 - (c) Possible fraud and corruption.
 - (d) Misuse or abuse of company assets.
 - (e) A culture of systematic bullying, harassment and/or victimisation. (NB: Personal grievances for example bullying, harassment and discrimination are not covered by whistleblowing law, unless your particular case is in the public interest)
- 3.3 Thus, any serious concerns that colleagues have about any aspect of service provision, or the conduct of colleagues, or others acting on behalf of Priory, can be reported under this policy. Concerns meeting these conditions are known as 'protected disclosures by workers' in the Public Interest Disclosure Act 1988 and all such disclosures should be in the public interest. This may be about something that:

- (a) Makes you feel uncomfortable in terms of known standards, your experience or the standards you believe Priory subscribes to.
 - (b) Is against Priory policies.
 - (c) Falls below established standards of practice and care.
 - (d) Amounts to improper conduct.
- 3.4 This policy will only be used to investigate protected disclosures, therefore, unless they also meet the definition of 'whistleblowing', this policy will not be used to investigate:
- (a) Complaints from service users, their carers and other stakeholders – refer to OP03 Complaints.
 - (b) Colleague grievances – refer to HR04.3 Grievance.
 - (c) Anonymous disclosures – these may fall within or outside the policy at the company's discretion. Having given due consideration to the disclosure a judgement will be made as to whether to treat each matter as a whistleblowing, a Freedom to Speak Up concern or something else. In some cases, if insufficient information is given on an anonymous disclosure, Priory may at its discretion decide further investigation is not possible.
- 3.5 Note that Whistleblowing (Protected Disclosures) are separate to complaints raised by service users and their families and others. Complaints must in all cases be reported and investigated in accordance with Policy OP03 Complaints.

4 SAFEGUARDS

- 4.1 Priory is committed to good practice and high standards and being supportive of colleagues.
- 4.2 Priory recognises that the decision to report a concern can be a difficult one to make. If you believe that what you are saying is true, you should have nothing to fear because you will be doing your duty to your employer and those for whom you are providing a service.
- 4.3 Priory will not tolerate harassment, bullying or victimisation of any kind and will take appropriate action to protect you when you raise a concern in good faith. (Refer to HR04.10 Anti-Bullying and Harassment). If you need additional support around bullying and harassment please call our confidential helpline on 0333 212 3665 (this is a separate line to the whistleblowing line).
- 4.4 The law protects individuals from detriment or dismissal where they can show that it was reasonable for them to believe that what they disclosed was a qualifying disclosure (see 3.2 above) and that it was in the public interest to make the disclosure (meaning it would affect others such as colleagues, patients/residents, or the general public).

5 CONFIDENTIALITY

- 5.1 As far as it is possible, all concerns will be treated in confidence and every effort will be made not to reveal your identity if you so wish. At the appropriate time, however, it may be necessary for your identity to be made known to, amongst others, a relevant public body and the accused colleague(s) through a resulting disciplinary procedure and you may be required to come forward as a witness.

6 ANONYMOUS ALLEGATIONS

- 6.1 This policy encourages you to put your name to your allegation whenever possible. It is not possible to ensure that colleagues are informed of the outcomes (see 3.1(c) above) if contact details are not provided.
- 6.2 Concerns expressed anonymously are much less powerful, but will be considered at the discretion of Priory, providing sufficient information is given to enable meaningful investigation.

7 UNTRUE ALLEGATIONS

- 7.1 If you make an allegation in good faith, but it is not confirmed by the subsequent investigation, no action will be taken against you. If, however, you make an allegation frivolously, maliciously or for personal gain, action may be taken against you, which could include disciplinary action.
- 7.2 HR04.2 Disciplinary Procedure may be applied where:
- (a) A malicious trivial or unreasonable allegation is represented as a whistleblowing
 - (b) The whistleblower does not believe that their allegations are true
 - (c) Any disclosure of personal or medical information about a service user is given without their consent to sources external to the organisation (refer to OP02 Data Protection)

8 HOW TO RAISE A CONCERN

- 8.1 As a first step, you should normally raise concerns with your immediate manager or their superior, (organisation charts are available on the Priory intranet if you're unsure who that might be). Whether this is an appropriate course of action for you will depend on the seriousness and sensitivity of the concern and who you believe is involved. For example, if you believe that your site management team is involved, you could approach your Managing Director.
- 8.2 However if you feel the concern warrants going outside the line management chain of your site / region / department / division, there are a number of other options available to support you in raising a concern:
- a) Contact a Freedom to Speak Up Champion, Freedom to Speak Up Lead or Priory's Freedom to Speak Up Guardian (see policy OP67 or the Freedom to Speak Up area of the intranet for more information). They can talk through your concerns with you and support you to raise your concerns by the most appropriate route.
 - b) Call Priory's Whistleblowing helpline, available for free 24hrs per day, 7 days per week on 0800 484 0816
 - c) Send your concerns directly to Priory's Whistleblowing inbox at whistleblowing@priorygroup.com.
 - d) If your concern is about your personal circumstances or employment, you should review the Priory Grievance policy (HR04.3) or Anti-Bullying and Harassment policy (HR04.10) which provide guidance on the next steps to take. These are available on the intranet and key points are included in the Colleague Handbook. Or you can contact your local / regional HR team for advice.
- 8.2 Concerns may be raised verbally or in writing. There is no official form to utilise as Priory does not wish to put colleagues off reporting a concern; colleagues who wish to make a written report are encouraged to simply use the following as prompts to consider:
- (a) The background and history of the concern (giving relevant dates)
 - (b) The reason why you are particularly concerned about the situation.
- 8.3 The earlier you express the concern, the easier it is to take action.
- 8.4 Although you are not expected to prove 'beyond doubt' the truth of an allegation, you will need to demonstrate to the person you have contacted that there are reasonable grounds for your concern and that you have raised it in good faith.
- 8.5 Details of Priory's Freedom to Speak Up and Whistleblowing contact details will be displayed in site communal areas and further information posters are available upon request.
- 8.6 Priory procedures, and the law, encourage colleagues to exhaust internal processes before considering any course of action external to the company.

9 HOW PRIORY WILL RESPOND

Priory's Whistleblowing Management Process is outlined in detail our Standard Operating Procedure (SOP) OP-SOP02, available on the intranet and Appendix 1.

- 9.1 Any concern raised that constitutes a protected disclosure must be logged with our Whistleblowing inbox to ensure that it is tracked to completion and an outcome recorded for governance and reporting purposes. Where a concern is raised directly to a manager, it is the duty of the manager receiving the concern to ensure that it is forwarded to the Whistleblowing inbox so it can be logged in a timely manner. Likewise, all calls to the Whistleblowing helpline, will be logged and centrally tracked.
- 9.2 The Whistleblowing inbox is monitored by Central HR, who will ensure that concerns received are circulated in a timely manner and escalated appropriately to the relevant senior management so that an investigating officer can be appointed. Where a concern does not meet the definition of a protected disclosure, or should be investigated under another internal process, the Central HR team will still circulate and log for visibility and governance, but will make recommendations for the appropriate process to be followed.
- 9.3 Central HR will at all times be mindful of protecting anonymity where necessary and ensuring that the concerns are not shared with anyone who may be implicated or complicit in the matter to be investigated.
- 9.4 Where appropriate, it may be decided that the matters raised may:
 - (a) Be investigated by a sufficiently independent manager
 - (b) Be investigated through other internal processes such as disciplinary, grievance, complaints processes as deemed to be most appropriate.
 - (c) Be referred to the police.
 - (d) Be referred as a safeguarding concern in accordance with the Safeguarding policies and the service's Local Procedures.
 - (e) Form the subject of an independent inquiry.
 - (f) Be referred to an external professional body.
 - (g) Be referred to a regulatory body under which the Priory service operates.
- 9.5 Some concerns may be resolved by agreed action without the need for further formal investigation. If urgent action is required this will be taken before any more detailed investigation is conducted, particularly where patient or resident safety is a concern.
- 9.6 **NB:** Where it is identified that a disclosure is a potential safeguarding concern, an alert will be raised to the respective local area safeguarding team by the Manager assessing the disclosure. Contact details will be obtained from the services Local Procedures (OP Forms 15 and 16) and a safeguarding alert raised in accordance with local expectations. The Manager will seek advice from the Safeguarding team prior to allocating an investigator to ensure that any subsequent investigations do not conflict with safeguarding enquiries or to establish if the internal investigation can be used to support the safeguarding enquiries.
- 9.5 Safeguarding concerns must be recorded on Datix as per the Priory Safeguarding policies (OP06.2 and OP08.6).
- 9.6 The amount of contact between the investigating manager and the individual who raised the concern will depend on the nature of the matters raised, the potential difficulties involved, the clarity of the information provided and whether contact details were provided. If necessary, Priory may seek further information and clarification from the person raising the concern.
- 9.6.1 The Colleague Assistance line can be approached where colleagues feel the need to seek external support or counselling. The Helpline can be contacted by phoning 0800 088 2600 at any time of the day and night.

- 9.6.2 Where any meeting is arranged to discuss the issues raised, you can be accompanied by a work colleague.
- 9.6.3 Priory will take steps to minimise any difficulties which you may experience as a result of raising a concern. For instance, we will take the following actions:
- (a) We will consider with you about you and your working environment to ensure that it is tolerable (and where necessary take action in response), and
 - (b) We will arrange for you to receive support and advice if you are required to give evidence in disciplinary or criminal proceedings.
- 9.9 Priory accepts that you need to be assured that the matter has been properly addressed. Thus, subject to legal and confidentiality constraints, we will provide you with feedback and inform you of the outcome of any investigation. Our SOP also commits that details of the whistleblow, the investigators findings and any lessons learned will be shared with the wider team wherever possible to minimise any repeat occurrences.
- 9.10 Priory will report serious concerns to regulators and commissioners where the concerns that are raised meet the threshold for external reporting to be made and will aim to learn from these events and make improvements in response to the content of any allegation and any improvements that follow.
- 9.11 Priory will deal with concerns under this policy as quickly and effectively as possible. There is a guide for timescales in the SOP (see Appendix 1) but please note that it is not always possible to adhere strictly to these timeframes for reasons such as the complexity or seriousness of what has been arranged. If you have made your disclosure providing your contact details, you will be kept up to date with progress.

10 HOW THE MATTER CAN BE TAKEN FURTHER

- 10.1 Priory will always aim for you to be satisfied with any action taken internally, but if you feel that the internal avenues have not resolved the issues satisfactorily, or you feel unable to raise the matter internally yourself in the first place, and you feel it is right and necessary to take the matter outside of the company, the following are possible contact points:
- (a) Relevant regulatory bodies (e.g. CQC, RQIA, Care Inspectorate, HIS, CCSIW, HIW, Ofsted).
 - (b) The charity 'Protect' (previously known as 'Public Concern at Work') on 020 3117 2520.
 - (c) Your local Citizens Advice Bureau.
 - (d) Relevant professional bodies (e.g. GMC, NMC).
 - (e) A relevant voluntary organisation.
 - (f) The police.
 - (g) The Health and Safety Executive.
 - (h) Your local authority Safeguarding team.

11 CONTACT DETAILS OF REGULATORY BODIES

11.1	CQC	0300 061 6161	enquiries@cqc.org.uk
	RQIA	028 9051 7500	info@rqia.org.uk
	Care Inspectorate	0345 600 9527	enquiries@careinspectorate.com
	CCSIW	0300 7900 126	cssiw@wales.gsi.gov.uk
	Ofsted	0300 123 3155	whistleblowing@ofsted.gov.uk
	HIW	0300 062 8387	hiw@wales.gsi.gov.uk
	HIS	0131 623 4300	comments.his@nhs.net

12 REFERENCES

- 12.1 **Legislation**
- Access to Health Records Act 1990
 - Access to Medical Records Act 1988

Data Protection Act 2018
 Employment Rights Act 1996
 Equality Act 2010
 Health and Safety at Work etc. Act 1974 S7
 Misuse of Drugs Act 1971
 Public Interest Disclosure Act 1998
 The Working Time Directive
 The Working Time Regulations 1998

12.2 Guidance

ACAS Advice Booklet
 Advisory Council on the Misuse of Drugs
 Department for Business, Energy & Industrial Strategy (2016) Guidance – Whistleblowing:
 List of prescribed people and bodies
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/431221/bis-15-289-blowing-the-whistle-to-a-prescribed-person-list-of-prescribed-persons-and-bodies-2.pdf
 Francis, R. (2015) Freedom to Speak Up

13 ASSOCIATED FORMS (available to buy via Aspire)

13.1 **PG04970** – [Colleague Support Helpline Poster](#) (includes Whistleblowing and Bullying & Harassment)

14 EQUALITY IMPACT ASSESSMENT

14.1

How is the policy likely to affect the promotion of equality and the elimination of discrimination in each of the groups?			
Protected Characteristic (Equality Act 2010)	Impact Positive/ Negative/ None	Reason/ Evidence of Impact	Actions Taken (if impact assessed as Negative)
Age	Positive	This policy encourages all colleagues, regardless of protected characteristic, to speak up without fear of discrimination.	
Disability	Positive		
Gender identity and expression	Positive		
Marriage or civil partnership	Positive		
Pregnancy or maternity	Positive		
Race	Positive		
Religion or beliefs	Positive		
Sex	Positive		
Sexual orientation	Positive		
Other, please state:			
EIA completed by:			
Name:	Amber Chung		
Role/Job Title:	Corporate Administrator		
Date completed:	06/11/2024		

15 APPENDICES

15.1 **Appendix 1** – Whistleblowing Management Process

Appendix 1

WHISTLEBLOWING MANAGEMENT PROCESS

When a whistleblowing disclosure is received into the business by any means, initial acknowledgement should be issued and then all details immediately forwarded to whistleblowing@priorygroup.com
Immediately as received



Central HR (who monitors the Whistleblowing inbox) will review content to confirm it qualifies as a whistleblowing disclosure. If so, they will formally acknowledge receipt, record on the Divisional whistleblowing log and forward to the relevant MD, Regional HRBP and Regional ADoQ/ADoNQ (plus OD in Adult Care), copying in CPO, CQO (plus DoQ in Adult Care) and Regional HR Advisor.

Same working day



MD's will make an initial assessment of risk and decide if immediate action to protect service user and/or employee safety is required.

Same working day



MD's will agree an appropriate investigator with relevant parties (i.e. HR, Quality and OD in Adult Care) and then notify name of Investigating Officer to Whistleblowing inbox, copying to all parties as per Point 2 above.

Site Leaders should not investigate Whistleblows from their own service, even if they are not explicitly implicated and another Site Leader should not investigate a whistleblow that implicates a peer Site Leader.

In addition, where a previous whistleblow has been received for the same site within the previous 3 months (regardless of the content), the Investigating Officer must be from outside the site management chain (e.g. from a different sub-region).

Allocation within one working day



Once the Investigating Officer is confirmed to the Whistleblowing inbox, Central HR will forward them full details of the whistleblow along with the required template documentation.

Within one working day of confirmation



Investigating Officers are responsible for carrying out and completing the investigation in a timely manner and in accordance with the Whistleblowing Policy and any other relevant corporate policies and procedures. They should aim for completion of investigations within 10 working days of receipt of concerns.

If the investigation is likely to progress beyond the target timescale, Investigating Officers are responsible for providing an update to the Whistleblowing inbox and all those copied into the email at Point 2, along with an explanation of the reasons for the extension and a target completion date.

10 working days from receipt



HRBP's and ADoQ/ADoNQ's will support Investigating Officers to ensure progress, and support from other relevant functions can be obtained as required, but ownership of the investigation remains with the Investigating Officer throughout. (ADoQ/ADoNQ's will arrange for site culture calls to be made to families and carers for services with multiple WB's within 3 month period)



Central HR will circulate the Divisional Whistleblowing log on a weekly basis to UK CEO, MD's (plus OD's in Adult Care), CPO, CQO (plus DoQ in Adult Care), ADoQ/ADoNQ's, HRBP's and HRA's to provide visibility of progress. Monthly, the log will also be shared with the Divisional Non-Executive Director.

Weekly / Monthly as above



Investigating Officers are to send the draft investigation report to the MD for ratification of the outcome and actions, copying to the Whistleblowing inbox.

Aim for completion of investigations within 2 weeks of receipt of concerns



The MD confirms sign off and returns the report to the Investigating Officer (plus the relevant OD in Adult Care) and the ADoQ/ADoNQ (copying to Whistleblowing inbox).



The Investigating Officer is responsible for providing the final outcome to the complainant (if not anonymous).

The Investigating Officer is responsible for feeding back details of the whistleblow and their findings to the Site Leader and the wider staff team, supported by the MD / OD if required. This should be done verbally at the next available team meeting.

If there are any further actions recommended in the outcome, these should be completed by the Site Leader and completion of actions should be recorded on the outcome report and returned to the ADoQ/ADoNQ, who will ratify that these have been completed. Any learnings will also be shared at the next governance meetings.

As part of the ratification process, the ADoQ/ADoNQ will arrange for a call to be made to relative/s to discuss any general concerns or feedback they might have regarding the service. Details of the call should be recorded on the investigation template

Once ratified, the ADoQ/ADoNQ will provide a final completed version of the report to the Whistleblowing inbox for retention.

Operational



Central HR to update Divisional log to show Whistleblowing closure, outcome, actions completed and learnings shared.



An overview of whistleblowing data is shared monthly at regional Business Reviews, Quality Assurance Committee and Priory UK Board.