Public Interest Disclosures ('Whistle-blowing') Policy

Category	Policy
Summary	This policy sets out BAPAM principles and procedures for making disclosures or raising concerns about suspected wrongdoing at work, including procedures for responding to disclosures, and actions and onward reporting if disclosure allegations are upheld.
Valid from	15 March 2016
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Distribution	BAPAM Trustees, assessing clinicians and registered directory practitioners e-mail & online forum Staff e-mail and meetings Public website
Related documents	*Clinical Governance Policy* *Clinicians' Agreement* *Employee Handbook* *Incidents Policy*
Author	Dr Deborah Charnock, Chief Executive
Further information/contacts	Dr Finola Ryan, Executive Medical Director

1 Background

BAPAM is a medical charity supporting performing arts professionals and students throughout the UK. We provide assessments to identify health concerns and signpost individuals to appropriate medical services for diagnosis and treatment, including specialist practitioners in our directory and NHS services. BAPAM also delivers education and training programmes and participates in research to benefit those working and studying in the performing art sectors and clinicians who support them.

BAPAM is a registered charity regulated by the Charity Commission for England and Wales (Charity No. 1167785).

BAPAM is not registered with the Care Quality Commission. BAPAM has assessed the scope of its services and support to fall outside of CQC's scope for registration. BAPAM is working towards SEQOHS (Safe Effective Quality Occupational Health Service) accreditation.

BAPAM is dedicated to upholding the highest standards of clinical care, professional behaviour, transparency, probity, and accountability. Integral to this ethos is the recognition of responsibility among personnel (Trustees, staff, clinicians, practitioners and volunteers, whether directly employed by, engaged with or working in association with BAPAM) to report suspected wrongdoing at work. BAPAM aims to ensure that individuals can report concerns within a secure and supportive environment.

The Public Interest Disclosure Act 1998 gives legal protection to workers against being dismissed or penalised by their employing organisation as a result of disclosing certain serious concerns, provided the disclosure is made in accordance with the procedures identified in the Act and the worker reasonably believes that it is made in the public interest.

2 Definitions

Whistleblowing is the term used when a worker[1] raises a concern about malpractice, risk (for example about patient safety), wrongdoing or possible illegality, which harms, or creates a risk of harm, to people who use the service, colleagues or the wider public[2].

In this policy, the term 'worker' refers to all clinicians, practitioners, administrators or others, whether directly employed by, engaged with or working in association with BAPAM. This includes, but is not limited to assessing clinicians and those listed on the BAPAM directory.

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[1] Employment status: Worker - GOV.UK (www.gov.uk)

[2] Care Quality Commission *Whistleblowing Guidance for providers who are registered with the Care Quality Commission*. https://www.cqc.org.uk/sites/default/files/documents/20131107_100495_v5_00_whistleblowing_guidance_for_providers_registered_with_cqc.pdf

3.1 Aims and Scope

Public interest disclosures are part of BAPAM's responsibilities as an open, 'listening and learning' organisation. The disclosure, investigation and reporting process provides BAPAM with opportunity for ongoing review and improvement of its policies and procedures, and development of its personnel and services. By knowing about malpractice at an early stage the organisation stands a good chance of taking the necessary steps to safeguard the interests of all patients, workers and protect the organisation.

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

This policy applies to all clinicians, practitioners, administrators or others, whether directly employed by, engaged with or working in association with BAPAM. This includes, but is not limited to assessing clinicians and those listed on the BAPAM directory.

3.2 Examples

Issues you might have concerns about could include:

- unsafe patient care or conditions
- unsafe working conditions
- inadequate induction or training for staff
- inadequate response to a reported patient safety incident
- suspicions of fraud
- bullying towards patients or colleagues, or a bullying culture.

Further examples are included in the list of Significant Events in the Incidents Policy. The GMC has a Raising and acting on concerns flowchart to help you decide how to raise your concern and get the right support.

3.3 Related policies

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

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

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

4. Procedure

4.1 Roles and Responsibilities

It is the responsibility of all clinicians, practitioners, administrators or others, whether directly employed by, engaged with or working in association with BAPAM that they are compliant with this policy. They should speak out when faced with malpractice or other unethical behaviour by whomsoever this is exhibited, including managers and directors of BAPAM.

The Medical Director has overall responsibility for the maintenance and operation of this policy and for any policy development and procedural change arising from disclosures. The Medical Director is the guardian of ethical practice within BAPAM, and will by her actions demonstrate the high standards required ("walking the talk").

Line managers will similarly demonstrate high ethical standards, and foster a culture of open communication and honesty between all colleagues; employees and engaged as contractors.

The Board of Trustees of BAPAM carries responsibility for the good governance of the organisation. The Board sets the culture of the organisation, including a climate of openness and honesty, and empowerment of all those employed or engaged by the organisation to contribute to its development, and to speak out "when things go wrong". In the event that the Medical Director is not available due to leave or part-time working arrangements, responsibilities will transfer to the CEO for initial reporting of concerns and back to the Medical Director on return. If a disclosure relates to the conduct of the Medical Director, responsibilities will transfer to the CEO for initial reporting of concerns, with ultimate responsibility to devolve on the Chair of the Board Trustees.

4.2 Making a Disclosure

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

Personnel may also report directly to the Chair of the Board of Trustees. The Chair has the right to refer back to the Medical Director if it appears the issue can be investigated appropriately by management.

At present, there is no formal option for anonymous reporting. Concerns expressed anonymously are much less powerful, but they will be considered at the discretion of the organisation. All reports will be treated with the utmost confidentiality, and the legal protection for whistleblowers continues to apply[3].

The organisation will treat any disclosure seriously and act according to this policy.

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[3] Gov.uk Guidance on Whistleblowing for employees.
Available at https://www.gov.uk/whistleblowing

4.3 Investigation, Outcome and Reporting

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

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

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

4.4 Evidence

The Medical Director is responsible for investigating all disclosures and will gather documentary and other evidence. This will usually involve making internal enquiries first, but it may be necessary to carry out an investigation at a later stage, which may be formal or informal depending on the nature of the concern raised.

The whistleblower will not be asked to prove anything however they will need to demonstrate that there are reasonable grounds for concern and are advised to keep good records of all experiences relating to their disclosure. If they ask for a matter to be treated in confidence the organisation will respect that request. However, the investigation process may reveal the source of the information and the individual making the disclosure may need to provide a statement as part of the evidence required. Whistleblowers will be given feedback on any investigation and the organisation will be sensitive to any concerns they may have as a result of any steps taken under this procedure.

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

If the disclosure allegations are shown to be justified, the Medical Director will make recommendations. Recommendations will be implemented and reviewed according to a timeline determined at the outcome of the investigation. Feedback will be sought from the whistleblower to provide input on their experience with the investigation process.

The whistleblower should be kept informed of the progress of the investigations and, if appropriate, of the final outcome. If they are not satisfied that their concern is being properly dealt with by the Medical Director, they have the right to make disclosures to the Chair or externally (see section 9).

4.5 Communications

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

Should an investigation proceed, a feedback mechanism will be put in place to provide regular updates to whistleblowers about the progress of the investigation. The Medical Director will inform the whistleblower, how they can contact them and whether their further assistance may be needed. As far as possible, the organisation will keep the whistleblower informed of the decisions taken and the outcome of any enquiries and investigations carried out. However, the organisation will not be able to inform the individual of any matters which would infringe the duty of confidentiality owed to others. All responses to the whistleblower will be made in writing and sent in confidence to their home address.

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

5. Support and Safeguards

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

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

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

6. Confidentiality

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

this policy. If they ask for a matter to treated in confidence the organisation will respect that request.

The investigation process may reveal the source of the information, and the individual making the disclosure may need to provide a statement as evidence in an internal or police investigation. The Medical Director will inform the discloser if there are circumstances where it is necessary or likely that their identity will be revealed. In such cases, appropriate support will be offered. Whistleblowers will be given feedback on any investigation and the organisation will be sensitive to any concerns they may have as a result of any steps taken under this procedure.

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

7. Breach of Policy

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

8. Compliance

Compliance with this policy will be monitored through audit as directed by the Medical Director for quality assurance purposes and to maintain quality assurance accreditation. Any issues or concerns raised as a result of an audit will be reported to the Medical Director and addressed through review of the policy and further training will be delivered where a need is identified.

9. Raising concerns externally

It is intended that this policy should be used to give those making a disclosure or raising concerns the opportunity and protection they need to do so internally. However, in exceptional circumstances, if an individual feels they cannot raise their concerns internally and they honestly and reasonably believe the information and any allegations are true, they should consider raising the matter with the appropriate regulator.

Bodies which are recognised for this purpose include the General Medical Council (GMC), Nursing and Midwifery Council (NMC) the Health and Care Professions Council (HCPC).

10. Training and Review

In common with all other BAPAM policies, all staff and others who are within the scope of this policy are to be familiar with its requirements. The Operations Manager will ensure that training on this policy is carried out as part of the induction process. The policy will be reviewed routinely on an annual basis, and amended in light of changes to regulations or other requirements

Version	Date	Author	Rationale
1.0	*November 2012*	Dr Deborah Charnock, Chief Executive	**Issued**
	November 2016		**Review**
	May 2021		
1.1	*October 2023*	**Dr Finola Ryan**	• Added references to ensure alignment with relevant professional and regulatory Guidance (throughout). • Expanded roles and responsibilities (4.1). • Added anonymous reports to align with GMC and BMA guidance (4.2). • Added section 8 Compliance. • Added section 9 raising concerns externally to align with GMC and BMA guidance. • Added section 10 training and review to align with GMC and BMA guidance. • Changes to terminology throughout to ensure consistency. • Formatting changes.
1.2	*January 2024*	**Dr Finola Ryan**	• Circulated and approved by Medical Committee
1.2.1	*February 2026*	**Dr Finola Ryan**	• Interim update pending comprehensive review • Clarification of BAPAM's regulatory status and obligations, including CQC and SEQOHS statuses.

References

British Medical Association *Raising a concern: guide for doctors*
Available at https://www.bma.org.uk/advice-and-support/complaints-and-concerns/raising-concerns-and-whistleblowing/raising-a-concern-guide-for-doctors

General Medical Council: *Speaking up*
Available at https://www.gmc-uk.org/ethical-guidance/ethical-hub/speaking-up