

Policy Name:	OPEN DOOR POLICY
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Author(s) (job title)	HEAD OF HR, EMPLOYMENT SERVICES STAFF SIDE
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Trust Wide Policy (Yes/No)	YES
Links to other Strategies, Policies, SOP's, etc.	Complaints Procedure Code of Conduct Disciplinary Policy and Procedure Employee Personal Files Storage Retention and Disposal Fraud and Corruption Policy Grievance Policy

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CONTENTS:

PAGE No:

1. Policy Statement	3
2. Key Principles	3
3. Responsibilities	4
4. Human Rights Act	5
5. Equality and Diversity	5
6. Monitoring and Review	5
7. Accessibility	5

Appendix A: Qualifying Disclosures

Appendix B: Equality Impact Assessment

**AT ALL TIMES STAFF MUST TREAT EVERY INDIVIDUAL WITH RESPECT
AND UPHOLD THEIR RIGHT TO PRIVACY AND DIGNITY**

OPEN DOOR POLICY FOR HANDLING STAFF CONCERNS

1.0 POLICY STATEMENT

- 1.1 In accordance with the Public Interest Disclosure Act, 1988 (commonly referred to as the Whistle Blowing Act) the Trust Open Door policy aims to encourage employees to raise concerns about malpractice internally. Employees and other workers will also be protected when they make disclosures to certain regulatory bodies, provided they have sufficient information and act in good faith.
- 1.2 The Trust seeks to comply fully with the requirements of the Act and to ensure that both employees and the organisation enjoy the benefits of the legislation. The Trust aims to reassure employees that they can safely raise concerns internally. While this will enable the Trust to investigate and deal with such concerns, it will also make it less likely that any unwelcome external disclosure will be protected under the Act. If the Trust succeeds in establishing a responsible and accountable culture, this will be healthy for both the organisation and our workforce.
- 1.3 The legislation states that it is unlawful to dismiss, discipline or victimize a worker who 'blows the whistle' on criminal behaviour or other malpractice:-
- 1.3.1 A danger in the workplace
 - 1.3.2 Fraud in, on or by the Trust
 - 1.3.3 A criminal offence
 - 1.3.4 Fraud or corruption
 - 1.3.5 Offering, taking or soliciting bribes
 - 1.3.6 Damage to the out environment
 - 1.3.7 Misreporting performance data
 - 1.3.8 Medical negligence
 - 1.3.9 Financial malpractice
 - 1.3.10 Other unethical conduct
 - 1.3.11 A miscarriage of Justice
 - 1.3.12 Deliberate covering up of information tending to show any of the above
- 1.4 The Trust believes that the interests of patients, clients and staff are of paramount importance. All employees have a duty to draw to the attention of management any matters that are damaging patient/client interests and to put forward suggestions, which may benefit patient/client care and service delivery.
- 1.5 The Trust also recognises that it is employees who will often be the first to identify issues such as illegal practises, fraudulent activity, malpractice, unethical conduct, conduct outside Professional Codes of Practise, and practises/situations which endanger clients or the public or compromise high quality patient care.
- 1.6 The Trust believes that employees should be encouraged and enabled, by the working environment and corporate culture, to raise such concerns within the Trust. Employees taking a disclosure to the Trust will be protected where they have an honest and reasonable

suspicion that the wrongdoing has occurred, is occurring or is likely to occur.

- 1.7 The Trust seeks to promote a culture that allows staff to raise serious concerns and have them investigated internally to avoid issues remaining unaddressed or raised with external agencies.
- 1.8 The Trust further believes that the corporate culture should allow staff to freely contribute their views on all aspects of the Trust's operations, particularly in areas relating to the delivery of patient care and patient services. The Trust will ensure that employees are able to make such a constructive contribution and to feel that their ideas are welcomed, appreciated and, where appropriate, acted on positively.
- 1.9 This policy and procedure complements professional or ethical rules, guidelines and codes of conduct on freedom of speech such as, for example the Nursing and Midwifery Council Code of Professional Conduct.
- 1.10 Whilst concerns may initially be raised under the Open Door Policy for Handling Staff Concerns, it may be more prudent to carry out the investigation under a different, and more appropriate, procedure, e.g. fraud investigations should be carried out under the auspices of the CFSMS code of conduct. Employees raising complaints will still be given the full support of this policy, and timescales for escalation will still apply.
- 1.11 This policy should be viewed in conjunction with the Policies and Procedures for Complaints, Clinical Risk Management, Harassment at Work, Maintaining Medical Excellence, the Counter Fraud and Corruption Policy, Grievances, Discipline, Rules of Conduct, Standing Financial Instructions and the Standards of Business Conduct. In addition, this policy is now compliant with NHS Executive guidance, the recommendations of the Counter Fraud and Security Management Service (CFSMS) and the Nolan Committee and various documents produced by Public Concern at Work.
- 1.12 In implementing this policy, managers must ensure that all staff are treated fairly and within the provisions and spirit of the Trust's Equality Diversity and Inclusiveness Policy.

2. KEY PRINCIPLES:

- 2.0 The principle aim of this policy and procedure is to encourage and enable employees to raise concerns regarding the delivery of care or services, or the running of the Trust business, in a responsible way and to have the issue satisfactorily resolved within the Trust. This procedure is not designed to replace the grievance procedure, which should be used where employees are aggrieved about their own employment situation.
- 2.1 Patient's complaints should be dealt with under the Complaints Policy and Procedure.
- 2.2 The interests of the patients, clients and staff of Wrightington, Wigan & Leigh NHS Foundation Trust are paramount.
- 2.3 Individual members of staff have a duty to arise with their manager, or staff side representative, any matters of concern they may have about the delivery of care or services, or the running of the Trust's business. This policy aims to supplement, rather than remove, this obligation as well as any professional responsibility individuals may have under codes of conduct, etc.
- 2.4 Members of staff must be aware that making deliberately false or malicious allegations may

result in disciplinary action being taken against them. By producing and signing a statement, they accept this fact.

- 2.5 The Trust would expect all employees to fully exhaust the Open Door Policy for Handling Staff Concerns before raising the issues with outside persons, bodies or authorities (Please refer to Sections 7 and 8). However, this will not apply where the Trust has made special arrangements, e.g. Fraud Hotline.
- 2.6 The time limits given below are guidelines, and where, in the view of the whistleblower, serious harm may come to patients/clients as a result of any delay in the process, meetings will be held without delay upon receipt of the concern.
- 2.7 Where the complaint implicates an immediate line manager or General Manager, it should normally be escalated directly to the next stage of the procedure to ensure that it is dealt with fairly and independently.
- 2.8 The Trust is committed to creating a culture whereby serious issues and concerns can be raised openly and without fear of victimisation. However, any anonymous complaints will be fully investigated provided sufficient information has been given to enable an investigation. As with any case, before proceeding it is necessary to establish that there is reasonable justification to do so.
- 2.9 Individuals against whom allegations have been made will be entitled to receive written notification of the nature of the allegation as soon as is reasonably practicable and considering all the circumstances. They will not be entitled to receive information concerning the person raising the complaint – the confidentiality of any disclosure must be assured as to provide this may have adversely effect the enquiry.

3.0 RESPONSIBILITIES

3.1 Responsibility of the Trust Board

- 3.1.1 The Trust Board is responsible for the initiation of this policy under its commitment to promote a culture that is supportive of staff raising serious concerns and to treating those concerns seriously and as a positive contribution.
- 3.1.2 The Trust Board will ensure that serious concerns are thoroughly investigated internally in order to avoid issues remaining unaddressed or being raised with external agencies.

3.2 Responsibilities of the HR Director and Director of Finance & Informatics

- 3.2.1 The Human Resources Director will oversee the introduction, operation and monitoring of this policy and will refer to the Director of Finance and Informatics regarding CFSMS matters.
- 3.2.2 The Human Resources Director will ensure the provision of training, guidance and support to line managers on the operation of this policy.

3.3 Responsibility of Managers

- 3.3.5 Managers are responsible for ensuring that this policy is applied fairly and consistently within their own area.
- 3.3.6 Line managers should also ensure that all employees within their area are aware of and understand the policy and procedure.

3.3.7 Line managers should ensure that serious concerns raised are treated seriously and dealt with in a sensitive, positive manner and as a matter of urgency.

3.4 Responsibility of Employees

3.4.1 Employees should draw to the attention of management any matters that are damaging patient/client interests and to put forward suggestions that may benefit patient/client care and service delivery.

3.4.2 Employees should fully exhaust the Open Door Policy For Handling Staff Concerns before raising the issues with external organisations.

4. HUMAN RIGHTS ACT:

Implications of the Human Rights Act have been taken into account in the formulation of this policy and they have, where appropriate, been fully reflected in its wording.

5. EQUALITY & DIVERSITY:

The Policy has been assessed against the Equality Impact Assessment Form from the Trust's Equality Impact Assessment Guidance and, as far as we are aware, there is no impact on any Equality Target Group.

6. MONITORING AND REVIEW:

The content of this policy will be reviewed by Human Resources and Staff Side Representatives every two years. The HR Committee will be responsible for ratifying the policy prior to publication.

7. ACCESSIBILITY STATEMENT:

This document can be made available in a range of alternative formats e.g. large print, Braille and audiocassette.

For more details, please contact the HR Department on 01942 77(3766) or email equalityanddiversity@www.nhs.uk

QUALIFYING DISCLOSURES

The initial requirement to attract protection under the Public Interest Disclosure Act is that the information disclosed must, in the reasonable belief of the worker, tend to show that:

- A criminal offence has been, is being or is likely to be committed; or
- A person has failed, is failing or is likely to fail to comply with a legal obligation; or
- A miscarriage of justice has occurred, is occurring or is likely to occur; or
- The health and safety of any individual has been, is being or is likely to be endangered; or
- The environment has been, is being or is likely to be damaged.

Information which tends to show that any of the above has been, is being or is likely to be deliberately concealed may also attract protection.

EQUALITY IMPACT ASSESSMENT FORM – STAGE 1
INITIAL ASSESSMENT (PART 1)

FOR USE WITH POLICY'S AND SOP'S

Division:	Corporate	Department:	Human Resources
Title of Person(s) Completing Form	Head of HR Employment Services	New or Existing Policy?	Existing
Title of Policy being assessed:	Open Door	Implementation Date (Policy)	January 2012
What is the main purpose (aims / objectives) of this policy?			
Will patients, carers, the public or staff be affected by this policy? Please delete as appropriate.	Patients	<input type="checkbox"/>	No
	Carers	<input type="checkbox"/>	No
	Public	<input type="checkbox"/>	No
	Staff	<input checked="" type="checkbox"/>	Yes
	If staff, how many individuals / Which Groups of Staff are likely to be affected? All Staff		
Have patients, carers, the public or staff been involved in the development of this policy? Please delete as appropriate.	Patients	<input type="checkbox"/>	No
	Carers	<input type="checkbox"/>	No
	Public	<input type="checkbox"/>	No
	Staff	<input checked="" type="checkbox"/>	Yes
	If yes, who have you involved and how have they been involved: Staff Side Partnership, HR Committee		
What consultation method(s) did you use?	<i>For example: focus groups, face-to-face meetings, questionnaires etc.</i> Meetings		
How are any changes / amendments to the policy communicated?	<i>For example: Meetings / Focus / Email etc.</i> Global e-mail, team brief, core meetings		

QUESTIONS YOU MUST CONSIDER when completing the following Equality Impact Assessment Table:

- Are there any barriers which could impact on how different groups might benefit from this policy?
- Does this policy promote the same choices for different groups as everybody else?
- Could any of the following group's experience of this policy be different?
- Does this policy address the needs and potential barriers of these groups?

EQUALITY IMPACT ASSESSMENT TABLE – POLICIES (PART 2)

Equality Group	Positive Impact	Negative Impact	Reason/Comments for Positive Impact	Reason/Comments for Negative Impact	Resource Implication
	High Low None	High Low None	<u>(Why it could benefit any / all of the Equality Groups)</u>	<u>(Why it could disadvantage any / all of the Equality Groups)</u>	Yes / No
Men	None	None			
Women	None	None			
Younger People (17-25) and Children	None	None			
Older People (60+)	None	None			
Race or Ethnicity	None	None			
Learning Difficulties	None	None			
Hearing Impairment	None	None			
Visual Impairment	None	None			
Physical Disability	None	None			
Mental Health Need	None	None			
Gay/Lesbian/Bisexual	None	None			
Transgender	None	None			
Faith Groups (specify)	None	None			
Marriage & Civil Partnership	None	None			
Pregnancy & Maternity	None	None			
Carers	None	None			
Other Group (specify)	None	None			
Applies to ALL Groups	None	None			

High: There is significant evidence of a negative impact or potential for a negative impact.

Low: Likely to have a minimal impact / There is little evidence to suggest a negative impact.
None: A Policy with neither a positive nor a negative impact on any group or groups of people, compared to others.

INITIAL ASSESSMENT (PART 3)

(a) In relation to each group, are there any areas where you are unsure about the impact and more information is needed?

No

(b) How are you going to gather this information?

(c) Following completion of the Stage 1 Assessment, is Stage 2 (a Full Assessment) necessary?

Have you identified any issues that you consider could have an adverse (negative) impact on people from the following Equality Groups?

(Please **delete YES/NO** as appropriate)

Age (Younger People (17-25) and Children / Older People (60+))		NO
Gender (Men / Women)		NO
Race		NO
Disability (Learning Difficulties / Hearing Impairment / Visual Impairment / Physical Disability / Mental Illness)		NO
Religion / Belief		NO
Sexual Orientation (Gay / Lesbian / Bisexual)		NO
Gender Re-assignment		NO
Marriage & Civil Partnership		NO
Pregnancy & Maternity		NO
Carer		NO
Other		NO

Any other comments

Assessment completed by (Job Title) :

Date Completed :

If 'NO IMPACT' is identified

Action: No further documentation is required.

If 'YES IMPACT' is identified

Action: Full Equality Impact Assessment Stage 2 form must be completed. Refer to link below:

<http://intranet/Departments/Equality Diversity/Equality Impact Assessment Guidance.asp>

PLEASE RETURN A COPY OF THE COMPLETED ASSESSMENT FORM (STAGES 1, 2 & 3) VIA E-MAIL TO:

DEBBIE JONES, EQUALITY AND DIVERSITY PROJECT LEAD (for Service related policies)
debbie.jones@wwl.nhs.uk

Open Door Policy TW10/050
Version No 3.
Head of HR, ES
Approved: HR Committee: Jan 2012
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