

POLICY

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| St Vincent's University Hospital | Protected Disclosures Policy |
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|----------------------------------|--------------|------------------------|----------------------------|
| Q-Pulse Reference Number: | PPGN-ORG-399 | Version No: | 6 |
| Active Date: | June 2023 | Review Date: | June 2026 |
| Document Author: | HR | Document Owner: | John Keane, HR Director |

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1. What is a Protected Disclosure?

- 1.1. A protected disclosure is a disclosure of information which, in the reasonable belief of the worker, tends to show one or more relevant wrongdoings. The information must come to the attention of the worker in connection with his/her employment and be disclosed pursuant to this Policy and the manner set out in the Protected Disclosures Act 2014, as amended¹, (“the Act”).
- 1.2. **Disclosure of information:** This is different to simply making an allegation regarding a relevant wrongdoing, for example, claiming that an individual’s health and safety has been endangered. Disclosing information involves providing details and particulars. The worker should only disclose information necessary for the purpose of disclosing the wrongdoing and should not access, process, disclose or seek to disclose information about individuals that is not necessary for the purpose of disclosing the wrongdoing.
- 1.3. **Reasonable belief:** The worker does not have to be certain of or prove the facts of his/her disclosure, it is sufficient that the worker discloses information which s/he reasonably believes tends to show wrongdoing. A reasonable belief may arise where there are reasonable grounds for same. The worker is not required or entitled to investigate matters him/herself in an effort to establish the occurrence of wrongdoing. A worker will not be penalised if it subsequently transpires the worker was mistaken in his/her belief.

2. Our Commitment

- 2.1. St Vincent’s University Hospital is committed to maintaining an open culture with the highest standards of honesty and accountability where a worker can report any concerns in confidence.
- 2.2. Our Protected Disclosures policy is intended to encourage and enable a worker to raise concerns within our workplace rather than overlooking a problem or “blowing the whistle” externally. Under this policy a worker is entitled to raise concerns or disclose information without fear of penalisation or threat of less favourable treatment, discrimination or disadvantage.

3. Aims of the Policy

- 3.1. To encourage you to feel confident and safe in raising concerns and disclosing information;
- 3.2. To provide avenues for you to raise concerns in confidence and receive feedback on any action taken;

¹ All Acts and all statutory instruments up to and including the 31 May 2023.

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- 3.3. To ensure that you receive a response where possible to your concerns and information disclosed;
- 3.4. To reassure you that you will be protected from penalisation or any threat of penalisation.

4. Roles and Responsibilities

- 4.1. It is the responsibility of all SVUH staff members to be familiar with this policy and ensure that they adhere to the provisions of the policy.
- 4.2. It is the responsibility of all Heads of Department or Line Managers to be familiar with this policy and to ensure that they and staff within their area of responsibility are aware of the provisions and protections of the policy.
- 4.3. It is the responsibility of the Author and key stakeholders to regularly review the policy and where necessary bring forward proposed revisions and changes in order to have an up to date and relevant policy in place for the organisation.
- 4.4. It is the responsibility of the Director of HR to bring forward any revised policy document for discussion and consultation at any relevant Hospital forum and ultimately submit it for approval at the Hospital's Executive Council.

5. Who does this policy apply to?

- 5.1. This policy applies to all of our employees at all levels.
- 5.2. Any reference to "worker" means:
 - i. all current and former employees (including permanent, temporary, fixed-term, casual and substitute);
 - ii. board and former board members;
 - iii. volunteers and former volunteers;
 - iv. contractors and consultants engaged to carry out work or services for St Vincent's University Hospital;
 - v. individuals who are introduced or supplied to do work for St Vincent's University Hospital by a third person where the terms on which the individual is engaged to do the work are or were in practice substantially determined by St Vincent's Hospital, by the third person or by both of them e.g. agency workers;
 - vi. individuals on work experience pursuant to a training course and trainees of/with St Vincent's;
 - vii. individuals who are or were members of the administrative, management or supervisory body(ies) of St Vincent's University Hospital; and
 - viii. job applicants.

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ix. individuals involved in pre-contract negotiations and

- 5.3. It is important to note that should you have a concern in relation to your own employment or personal circumstances in the workplace it should be dealt with by way of our Grievance Procedure (EXT-3). Likewise, concerns arising in regard to workplace relationships should generally be dealt with through our Dignity at Work policy (EXT-2).
- 5.4. It is also important to note that this policy does not replace any legal reporting or disclosure requirements. Where statutory reporting requirements and procedures exist, these must be complied with fully.

6. What types of concerns can be raised?

- 6.1. A concern or disclosure should relate to a relevant wrongdoing.
- 6.2. "Relevant wrongdoings" may have already taken place, be happening or be likely to happen and are as follows:
- i. commission of an offence,
 - ii. failure by a person to comply with any legal obligation,
 - iii. a miscarriage of justice,
 - iv. health or safety of any individual has been, is being or is likely to be endangered,
 - v. damage to the environment,
 - vi. misuse of public money,
 - vii. gross mismanagement by a public body; and
 - viii. the destruction or concealment of information tending to show any of the matters at (i) – (vii) above.

7. What types of concerns should not be raised under this Procedure?

- 7.1. "Relevant wrongdoings" do not include:
- a failure to comply with obligations arising under the worker's contract of employment, e.g. a failure to pay an employee overtime where provided for in the employee's contract of employment,
 - grievances concerning the worker's contract of employment and/or duties in employment or concerning work relations with another individual or that fall within the scope of a grievance procedure applicable to the worker, or
 - matters falling within the scope of the Hospital's complaints, disciplinary procedures, and/or other internal employment policies and procedures.
- 7.2. A personal concern, for example a grievance around your own contract of employment would not be regarded as a protected disclosure and would be more appropriately processed through our Grievance Procedure (EXT-3).

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8. Safeguards and Penalisation

- 8.1. A worker who makes a disclosure and has a reasonable belief of wrongdoing will not be penalised or threatened with penalisation by St Vincent's University Hospital, even if the concerns or disclosure turn out to be unfounded.
- 8.2. Penalisation includes suspension/dismissal, disciplinary action, demotion, discrimination, threats or other unfavourable treatment arising from raising a concern or making a disclosure on the basis of reasonable belief for doing so. Further details and examples are as outlined
- suspension, lay-off or dismissal;
 - demotion, loss of opportunity for promotion or withholding of promotion;
 - transfer of duties, change of location or place of work, reduction in wages or change in working hours;
 - the imposition or administering of any discipline, reprimand or other penalty (including a financial penalty);
 - coercion, intimidation, harassment or ostracism;
 - discrimination, disadvantage or unfair treatment;
 - injury, damage or loss;
 - threat of reprisal;
 - withholding of training;
 - a negative performance assessment or employment reference;
 - failing to convert a temporary employment contract into a permanent one, where the worker had a legitimate expectation that they would be offered permanent employment;
 - failing to renew or early termination of a temporary employment contract;
 - harm, including to the worker's reputation, particularly on social media, or financial loss, including loss of business and loss of income;
 - blacklisting on the basis of a sector or industry-wide informal or formal agreement, which may entail that the person will not, in the future, find employment in the sector or industry;
 - early termination or cancellation of a contract for goods or services;
 - cancellation of a licence or permit; and
 - psychiatric or medical referrals.
- 8.3. If you believe that you are being subjected to penalisation as a result of making a disclosure under this procedure, you should inform your manager/senior manager immediately.
- 8.4. Individuals including workers who penalise or retaliate against those who have raised concerns under this policy will be subject to disciplinary action.
- 8.5. Workers are not expected to prove the truth of an allegation. However, they must have a reasonable belief that there are grounds for their concern. It should be noted that

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appropriate disciplinary action may be taken against any worker who is found to have raised a concern or raised a disclosure with malicious intent.

- 8.6. If an employee of St Vincent’s University Hospital experiences penalisation s/he should immediately notify a member of the Executive Management Team and the matter will be assessed/investigated and appropriate action taken where necessary
- 8.7. The Executive Management Team is as outlined below:
- Chief Executive Officer
 - Clinical Directors
 - Director of Operations
 - Director of Quality and Patient Safety
 - Director of Nursing
 - Director of Finance
 - Director of HR
 - Director of ICT

9. Confidentiality

- 9.1. St Vincent’s University Hospital is committed to protecting the identity of workers raising a concern and ensures that relevant disclosures are treated in confidence. The focus will be on the wrongdoing rather than the person making the disclosure.
- 9.2. However, there are circumstances, as outlined in the Act, where confidentiality cannot be maintained particularly in a situation where the worker is participating in an investigation into the matter being disclosed. Should such a situation arise, we will make every effort to inform the worker that his/her identity may be disclosed.

10. How to raise a Concern

- 10.1. Concerns can be raised through our Internal Reporting Channel, which is accessible through our hospital website or directly: whistleblowersoftware.com/secure/svuh. You have the option to either ‘Create a new report’ or to ‘Follow up on an existing report’ via the Internal Reporting Channel. Appendix A below has a QR code for the Link.
- 10.2. Any report submitted by you through the Internal Reporting Channel will be received by an external third party, PwC (PricewaterhouseCoopers); thus providing an independent party to whom you report your concern or suspicion.
- 10.3. Should you raise a concern via the Internal Reporting Channel we would ask you to give the background and history of the concern, giving relevant details, insofar as is possible, such as dates, sequence of events and description of circumstances. The earlier you express the concern the easier it will be for us to deal with the matter quickly.

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- 10.4. When you have raised your concern via the Internal Reporting Channel, you will be provided with access to a secure mailbox. This mailbox is only accessible by you, and allows for two-way communication between you and PwC, or the designated impartial person, whilst preserving your anonymity (should you wish to report anonymously). You will be provided with a system generated password for the mailbox and it is important that you store this password securely.
- 10.5. PwC will acknowledge receipt of your concern within seven days.
- 10.6. PwC will assess the information provided in your disclosure. In order to do so, PwC may send a message to your unique mailbox, to request further information or clarification from you. We would encourage you to check the mailbox periodically and to respond to any requests of this nature.
- 10.7. PwC will then refer the matter to a designated impartial person or persons in St Vincent's University Hospital who is or are competent to follow-up on the concern raised.
- 10.8. This designated impartial person will be responsible for making a determination as to whether the concern is appropriate to this procedure (i.e. a protected disclosure) or is a matter more appropriate to our other procedures, for example our Grievance (EXT-3) or Dignity at Work procedures (EXT-2).

11. Raising a Concern Anonymously

- 11.1. You can decide whether to raise a concern confidentially (i.e. provide your personal contact details) or anonymously through in the Internal Reporting Channel. Any designated impartial person within St Vincent's University Hospital that is competent to follow-up on the concern raised, cannot disclose to any other person any information which might reveal your identity.
- 11.2. A designated impartial person is one that is competent to follow-up on concerns raised (who may be the same person (e.g. PwC) as the recipient of the concern) who will maintain communication with you and, where necessary, request further information from, and provide feedback to, you.
- 11.3. We will act upon any anonymous disclosure to the extent that this is possible. However, on a practical level it may be difficult to investigate such a concern. We would encourage workers to put their names to allegations, with our assurance of confidentiality where possible, in order to facilitate appropriate follow-up. This will make it easier for us to assess the disclosure and take appropriate action including an investigation if necessary.

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12. How we will deal with your disclosure

- 12.1. The designated impartial person will carry out an initial assessment to examine what actions we need to take to deal with the matter. This may involve simply clarifying certain matters, clearing up misunderstandings or resolving the matter by agreed action without the need for an investigation.
- 12.2. If, on foot of the initial assessment, we conclude that there are grounds for concern that cannot be dealt with at this point, we will conduct an investigation which will be carried out fairly and objectively. The form and scope of the investigation will depend on the nature and seriousness of the disclosure.
- 12.3. Disclosures may, in the light of the seriousness of the matters raised, be referred immediately to the appropriate authorities. Likewise if urgent action is required (for example to remove a health and safety hazard), this action will be taken.
- 12.4. It is important to us that you feel assured that a disclosure made by you under this policy is taken seriously and that you are kept informed of steps being taken by us in response to your disclosure. The designated impartial person will maintain communication with you and, where necessary, request further information from, and provide feedback to, you, as follows:
 - If, having carried out an initial assessment, the designated impartial person decides that there is no *prima facie* evidence that a relevant wrongdoing may have occurred, he/she will notify you of this decision and the reason(s) for it.
 - Further, if having carried out an initial assessment, the matter is resolved by agreed action without the need for an investigation, the designated impartial person will notify you of such action(s) envisaged or taken and the reasons for such follow-up.
 - In circumstances where an investigation is carried out, the designated impartial person will provide feedback to you within a reasonable period, being not more than three months from the date of acknowledgement of the receipt of your disclosure. Such feedback will include information on the actions envisaged or taken as follow-up and the reasons for such follow-up. We will inform you of how we propose to investigate the matter and keep you informed of actions, where possible, in that regard including the outcome of any investigation, and should it be the case, why no further investigation will take place. However, it is important to note that sometimes the need for confidentiality and legal considerations may prevent us from giving you specific details of an investigation.
 - It is possible that in the course of any such investigation you may be asked to clarify certain matters. To maximise confidentiality such a meeting can take place off site and you can choose whether or not to be accompanied by a colleague or trade union representative.

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- 12.5. Where a concern is raised or a disclosure is made in accordance with this policy, but the allegation is subsequently not upheld by an investigation, no action will be taken against a worker making the disclosure and a worker will be protected against any penalisation.
- 12.6. It is important to note that if an unfounded allegation is found to have been made with malicious intent, then disciplinary action may be taken. Disclosure of a wrongdoing does not necessarily confer any protection or immunity on a worker in relation to any involvement they may have had in that wrongdoing. In addition, a disclosure made in the absence of a reasonable belief will not attract the protections of the Act and may result in disciplinary action.

13. How the matter can be taken further

- 13.1. The aim of this Policy is to provide an avenue within this workplace to deal with concerns or disclosures in regard to wrongdoing. We are confident that issues can be dealt with “in house” and we strongly encourage workers to report such concerns internally.
- 13.2. We acknowledge that there may be circumstances where a worker wants to make a disclosure externally, and the legislation governing disclosures — The Protected Disclosures Act 2014, as amended — provides for a number of avenues in this regard.
- 13.3. It is important to note however that while you need only have a reasonable belief as to wrongdoing to make a disclosure internally, if you are considering an external disclosure, different and potentially more onerous obligations apply depending on to whom the disclosure is made.

14. Protection of the person against whom there is an allegation of wrongdoing

- 14.1. The principles of natural justice and fair procedures will be complied with where an allegation is made against an individual (the “Respondent”). This may include a right to challenge the evidence against him/her.
- 14.2. While an investigation is ongoing, all reasonable steps should be taken to protect the confidentiality of those who are the subject of allegations in a protected disclosure pending the outcome of the investigation.
- 14.3. Where it is necessary to interview the Respondent during the course of the investigation, s/he should be advised that they are entitled to be accompanied by a colleague or a trade union representative.
- 14.4. The Respondent should be included in the investigation process and made aware of the details of any allegation against him/her in so far as is possible, having regard to the requirements of confidentiality contained in the Act.

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15. Related Q-Pulse Documents

| Q-Pulse Number: | Policy / Procedure / Guideline / Form / Information Leaflet Title: |
|------------------------|--|
| EXT-3 | Grievance and Disciplinary Procedures for the Health Service |
| PPG-ORG-354 | Data Protection Policy |
| EXT-2 | Dignity at Work Policy |
| EXT-50 | HSE National Procedure on Protected Disclosures of Information in the Workplace |
| EXT-51 | Protected Disclosures of Information – Explanatory Leaflet for Health Service Employee |
| EXT-138 | Supporting a Culture of Safety, Quality and Kindness: A <u>Code of Conduct</u> for Health and Social Service Providers |

16. Monitoring

The Hospital reserves the right to review, amend or replace this policy. It will be reviewed on an on-going basis and it is the responsibility of each employee to ensure that they keep up to date.

| Responsibility for Implementation: | Responsibility for Evaluation: |
|---|---------------------------------------|
| HR Directorate & Head of Service/Head of Department or Line Manager | HR Directorate |
| | |
| | |

17. Key Stakeholders

| Full Name: | Job Title: |
|-------------------|-----------------------------|
| John Keane | Director of Human Resources |

18. References

19. Approval

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| Approved By: CEO, Executive Management Team | Date Approved: June 2023 |
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20. Document Distribution

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| Method of Communication and Distribution: | Q-Pulse Document Management System All Staff e-mail |
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21. Revision History

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|--------------------------|---------|------------|---|------------|
| Revision History: | Version | Issue Date | Change | Section No |
| | 01 | July 2017 | New Policy | n/a |
| | 02 | July 2018 | Content transferred to new brand PPG template Document Owner and Document Author updated Stakeholders updated | Page 1 |
| | 03 | July 2021 | Transferred to HR | Page 1 |
| | 04 | Sep 2021 | Document author updated | |
| | 05 | April 2022 | New template. No content change. | N/A |
| | 06 | June 2023 | Change in legislation and revised internal reporting channel | All |

22. Document Statement

This document has been developed by St. Vincent's University Hospital to support the care and services provided by the hospital.

Policies, procedure and guidelines are available to support clinicians/clinical staff should they need advice and it is the responsibility of the individual to know how to access policies, procedure and guidelines.

Hospital and Group policies are issued in conjunction with listed related procedures and guidelines. The content of guidelines and/or procedures listed under section 5 of this template (related Q-Pulse documents) are the responsibility of the listed document owner and document author for the said stated guideline and/or procedure.

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23. Appendices

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24. Appendix A: QR code and Link for Internal Reporting Channel

Available on SVUH website (www.svuh.ie) homepage under Protected Disclosures

whistleblowersoftware.com/secure/svuh



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