

PROCEDURE FOR DEALING WITH ANONYMOUS COMMUNICATIONS

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Target Audience:

People who need to know about this document in detail	Author/Owners of this procedure.
People who need to have a broad understanding of this document	Board Members, Management Board, Senior Leaders, Board Committees.
People who need to know that this document exists	Employees, Bank and Agency Workers of Cwm Taf Morgannwg University Health Board and its hosted organisations.

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	Date: 13/05/2021
	Outcome: This policy has been screened for relevance to Equality. No potential negative impact has been identified.
Welsh Language Standard	Not Applicable.
Date of approval by Equality Team:	13/05/2021
Aligns to the following Wellbeing of Future Generation Act Objective	Co-create with staff and partners a learning and growing culture



Disclaimer:

If the review date of this Procedure has passed, please ensure that the version you are using is the most up to date version either by contacting the author or email CTM_Corporate_Governance@wales.nhs.uk.

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1. PROCEDURE STATEMENT

Cwm Taf Morgannwg University Health Board (CTMUHB) takes seriously any allegations of irregularity, including those relating to standards of professional behaviour or alleged misconduct.

CTMUHB encourages open and honest communication, especially in relation to concerns, and welcomes comments and suggestions regarding service improvements.

CTMUHB operates a confidential "Raising Concerns Hotline" for employees and worker. All hotline messages are responded to by a member of the Workforce and Organisational Development (OD) Team, who will provide advice and guidance on next steps.

CTMUHB has developed procedural guidance, policies and procedures to enable employees and the public to express any concerns in a safe and confidential manner, and to ensure that any concerns are addressed in accordance with the principles of the following policy documents.

Related policy documentation:

- Procedure for NHS Staff to Raise Concerns.
- NHS Wales Information Governance Policy.
- Respect and Resolution Policy
- All Wales Disciplinary Policy.
- Upholding Professional Standards in Wales Policy (All Wales Professional Conduct/Competence for Medical and Dental staff).
- Safeguarding Policies and Procedures.
- Standards of Behaviour Policy.
- Equality and Diversity Policy.

To enable appropriate responses, these policies usually require individuals or groups to provide contact details, however it is recognised that on occasions, anonymous letters, emails, telephone calls, texts or other communications may be received.

2. SCOPE OF PROCEDURE

The procedure outlines the way in which Cwm Taf Morgannwg University Health Board (CTMUHB) deals with information or correspondence received from anonymous sources. It will outline the process for responding to, and dealing with the receipt of anonymous letters, faxes, emails, telephone calls, texts, social media posts and any other form of anonymous communications, in line with existing policies and procedures.

This procedural guidance applies to all employees, bank staff, agency workers, contractors and volunteers, across all CTMUHB sites, and outlines how concerns or allegations may be raised and managed.

Allegations or concerns communicated to CTMUHB via third party organisations also fall within the scope of this procedure.

3. AIMS AND OBJECTIVES

This document aims to detail how the organisation will act on any information received anonymously, in accordance with existing protocols, policies and procedures, and aims to ensure:

- Anonymous allegations or concerns are taken seriously; and
- CTMUHB provides a consistent approach in dealing with anonymous communications.

4. RESPONSIBILITIES

It is the policy of CTMUHB to comply with NHS, UK and EU statutory and other legislative requirements. The key legislation and national guidance documents considered in the development and maintenance of this procedure are:

- Freedom of Information Act 2000.
- Equality Impact Assessment.
- Health Impact Assessment.
- Data Protection Act Privacy Impact Assessment.

Further information and support is available from the Cwm Taf Morgannwg University Health Board Executive Director for People , on 01443 744800.

5. DEFINITIONS

5.1 Definition of Anonymous Communication

Any letter, or any other written (including social media comments) or oral communication providing no identifiable contact name, address, email address or number of the sender, meaning that a direct reply or dialogue with the sender is not an option. Such communications may come from any source i.e. employees, bank staff, agency workers, contractors, volunteers or the public.

This policy will not apply to mildly critical feedback received via anonymous compliment and concern cards, suggestion cards, feedback sheets etc. Examples of mildly critical feedback could relate to parking facilities, selection of food available in canteens etc.

Communication and/or feedback received from patients using CTMUHB Services will be dealt with by the Concerns Team in the first instance.

6. IMPLEMENTATION AND COMPLIANCE

6.1 Who will deal with Anonymous Communications?

An employee who receives an anonymous communication should immediately bring the matter to the attention of their Line Manager, maintaining strictest confidentiality regarding the content.

Should the communication refer to the employee's Line Manager, then the employee should bring the matter to the attention of an appropriate more Senior Manager of CTMUHB.

All anonymous communications should be referred, by the Manager, in confidence directly to the appropriate responsible lead/team as set out below and in Appendix A.

- All concerns regarding an employee's (including bank staff, agency worker, contractor and volunteer) behaviour should be directed to Workforce and Organisational Development (OD) Team.
- All concerns relating to patient care and safety should be directed to the Concerns Team.
- All concerns in relation to suspected fraud or theft will be referred to the CTMUHB Local Counter Fraud Specialist (LCFS), for management under their procedures following the completion of an initial assessment of the allegations.
- Wider organisational matters received through the Chair or Chief Executive's Office will be dealt with by the Director of Corporate Services.
- Anonymous communications received from employees, bank staff and agency workers via the "Raising Concerns Hotline" will be addressed by the Workforce and OD Team.

The responsible lead/team will decide on the appropriate action to be taken to address the issues raised as set out below:

- Where a communication may implicate a senior manager of a department or function, the responsible lead/team will escalate the concern to the Chair and Chief Executive's Office.
- Where the responsible lead/team is the subject of, or implicated in the anonymous communication, the Director of Corporate Services will assume the lead role.

6.2 CTMUHB Discretion

CTMUHB will enact this procedure, however it reserves the right to discretion in the following:

- The organisation will not ordinarily consider anonymous communications, unless there is convincing documentary or photographic evidence indicating a serious or significant issue.
- The organisation reserves the right to exercise its own discretion when deciding whether to investigate anonymous information/ allegations.

- The organisation reserves the right to look at each allegation on its own merits, and instigate procedures as deemed necessary.
- The organisation reserves the right to take no action. The exception will be any allegations of a criminal offence, fraud, irregularity and abuse of patients, accompanied with supporting information suggesting substantiation of the allegation(s).

6.3 Taking Action

Consideration to several factors will be given, when deciding on a course of action:

- Seriousness of issues raised.
- Criminal and Legal implications.
- Health and Safety of employees, bank and agency workers, contractors, visitors and patients.
- Credibility of the concern raised.
- Whether the level of corroborating information is sufficient to enable an investigation to be undertaken.
- Fraud or allegation(s) of irregularities detrimental to CTMUHB.

In the case of Safeguarding Concerns, where children or vulnerable adults are potentially at risk, CTMUHB will instigate the appropriate procedures as necessary, and escalate to the relevant Professional Teams.

6.4 Vexatious and Malicious Anonymous Communications

Any communication deemed vexatious or malicious will be forwarded to the appropriate authorities, and CTMUHB will provide support and co-operation to enable these authorities to investigate thoroughly.

Employees confirmed to have made vexatious or malicious anonymous communications will be dealt with under the relevant All Wales Disciplinary Policy, or the Upholding Professional Standards Policy (Medical and Dental employees).

6.5 Managerial and Committee Responsibilities

The Concerns Team will take day-to-day responsibility and be accountable for the appropriate management of patient safety concerns.

The Deputy Director of Workforce and Organisational Development will be responsible for overall management of employee related allegations or concerns.

The Director of Corporate Governance will manage the day-to-day responsibilities for the offices of the Chair and Chief Executive.

Relevant CTMUHB Committees will be informed of issues raised and the management actions taken to address the issues raised in the communication, as part of existing reporting mechanisms and schedules, as follows:

- **Employee Concerns** – will be reported to the People and Culture Committee on a quarterly basis;
- **Suspected Fraud/Theft allegations** – will be reported to the People and Culture Committee on a quarterly basis;
- **Patient Care and Safety Concerns** – will be reported to the Safeguarding Committee on a quarterly basis;
- **Concern related to a Senior Manager** – will be reported to the People and Culture Committee on a quarterly basis; and
- **Wider organisational concerns / issues** – will be reported to the Management Board on a quarterly basis;

Managers are responsible for ensuring that all employees are informed of and adhere to this procedure. All employees are responsible for adhering to this procedure, upon receipt of anonymous communications.

Should an employee elect to raise their own concerns anonymously, they must be aware that no feedback mechanism will be possible. Employees are therefore encouraged to raise concerns confidentially through discussions with their Line Manager, or by following the Procedure for NHS Staff to Raise Concerns (All Wales).

The details of the anonymous letter, e-mail, social media post, telephone call, text or any other form of anonymous communications received will be logged on the relevant Anonymous Communication log (Appendix B) by the receiving responsible lead/team. The log will be kept up to date in respect of actions, feedback and closure of the issue.

The responsible lead/team will determine the appropriate actions to be taken, in accordance with the provisions set out in this Procedure.

The responsible lead/team will undertake trend analysis on a quarterly basis. Where the matters related to the workforce, the analysis will be shared with the Integrated Locality Group and Heads of Workforce, to enable them to work with their senior management teams, to address and resolve reoccurring issues/concerns etc.

The responsible lead/team will provide a report on Anonymous Communications to their relevant committee on a quarterly basis.

6.6 Retention and Archiving

Any reference to an anonymous allegation or complaint against an employee is not retained in their personnel file unless:

- An initial assessment and/or investigation leads to disciplinary action; or

- They have been vindicated and requests the documentation to that effect is retained in their personnel file.

Any documentation will be otherwise retained in accordance with the CTMUHB Retention Policies.

6.7 Non-Conformance

Employees failing to comply with this procedure may be dealt with in accordance with the All Wales Disciplinary Policy. Any action taken will depend on individual circumstances, and will be taken in accordance with the Disciplinary Policy.

In some circumstances, failure to follow this procedure could be considered gross misconduct.

7. EQUALITY IMPACT ASSESSMENT STATEMENT

This policy has been screened for relevance to Equality. No potential negative impact has been identified.

8. RELATED POLICIES

The following Policies/Procedures should be read alongside this document:

- Procedure for NHS Staff to Raise Concerns.
- NHS Wales Information Governance Policy.
- All Wales Respect and Resolution Policy.
- All Wales Disciplinary Policy.
- Upholding Professional Standards in Wales Policy (All Wales Professional Conduct/Competence for Medical and Dental staff).
- Safeguarding Policies and Procedures.
- Standards of Behaviour Policy.
- Equality and Diversity Policy.

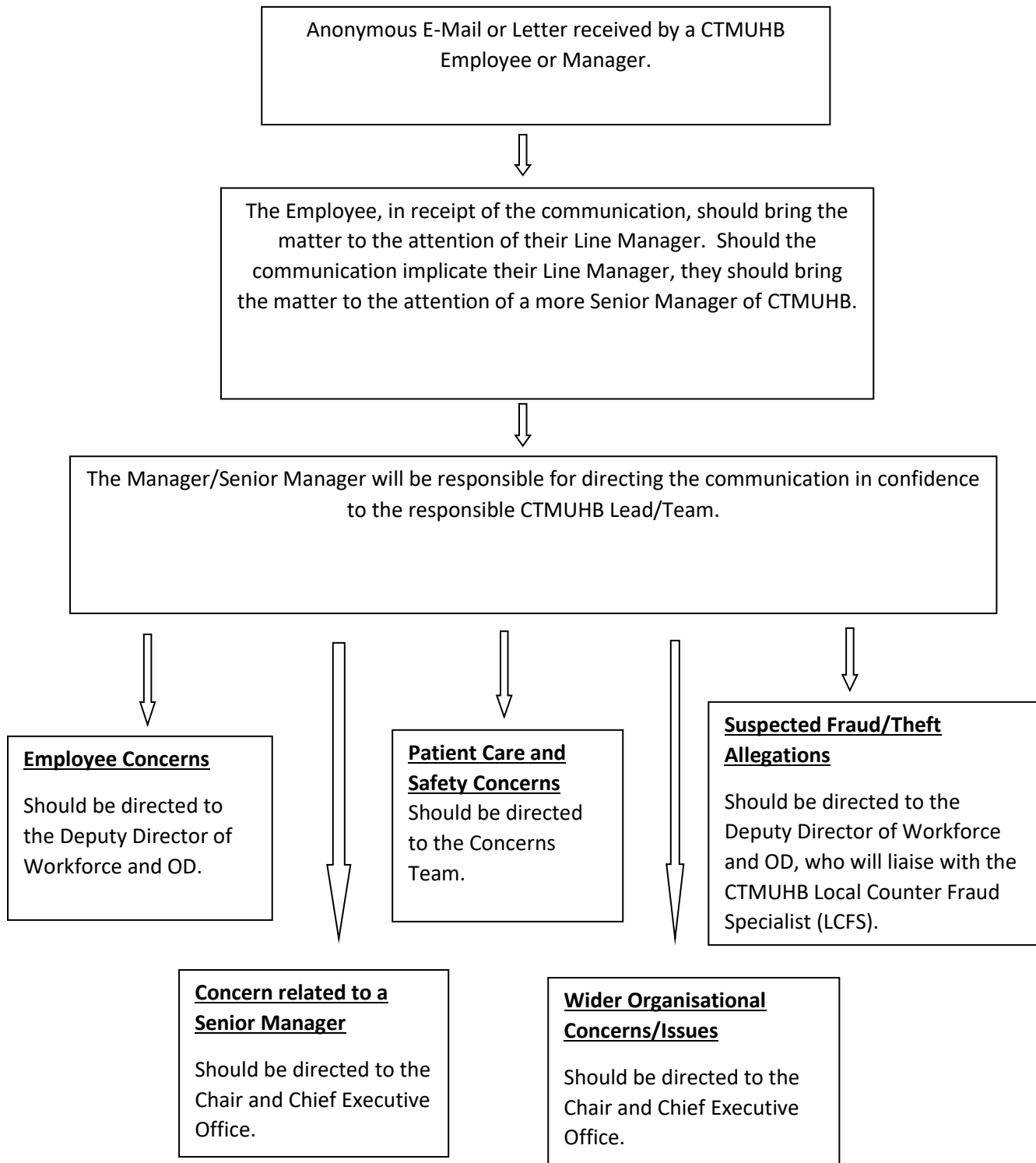
9. REFERENCES

CTMUHB acknowledges the assistance of Velindre NHS Trust in the development of this procedure.

10. APPENDICIES

APPENDIX A

PROCEDURE FOR DEALING WITH ANONYMOUS COMMUNICATION FLOW CHART





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

APPENDIX B

ANNONYMOUS COMMUNICATION LOG

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