

GOOD FAITH REPORTING POLICY

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1. Foreword

The purpose of this document is to set out the HSE's policy on Good Faith Reporting.

This Policy is part of a suite of policies and should be read in conjunction with two of the other documents:

- **Code of Standards and Behaviour**
 - **Policy on Fraud**
- and**
- **The Protected Disclosures of Information - Explanatory Leaflet for Health Employees**

This explanatory leaflet sets out the procedure for making a protected disclosure under Section 103 of the Health Act 2007. If an employee reports a workplace concern in good faith and on reasonable grounds in accordance with the procedures outlined in the legislation, it will be treated as a **protected disclosure** and the employee will not be liable for damages as a consequence of making the protected disclosure. Such disclosures can be made by health service employees (including HSE employees) to the Authorised Person appointed by the HSE by completing and signing a *Protected Disclosures of Information* form. The Authorised Person will investigate, or arrange to be investigated, any matter disclosed.

2. Policy on Good Faith Reporting

All employees are encouraged to raise genuine concerns about possible improprieties in the conduct of the HSE's business, whether in matters of financial reporting or other malpractices, at the earliest opportunity and in an appropriate way. A concern which is not reported may allow continued inappropriate treatment of patients, further monies to be wasted or fraud to be perpetuated causing a reduction in the resources available for patient care. The HSE applauds employees who courageously raise genuine concerns. Mischievous reporting will be taken very seriously and perpetrators will be disciplined appropriately.

This policy is designed to:

- support HSE values;
- ensure employees can raise concerns without fear of suffering retribution; and
- provide a transparent and confidential process for dealing with concerns.

This policy covers:

- Possible improprieties in matters of financial reporting
- Fraud
- Waste
- Corruption, bribery or blackmail
- Criminal offences
- Failure to comply with a legal or regulatory obligation
- Miscarriage of justice
- Breaches of the Code of Standards and Behaviour or any other Code or policy relating to the business of the HSE
- Endangerment of the health and safety of employees or patients
- Concealment of any of the above

Personal grievances should be dealt with directly with line management or the Human Resources department.

3. Principles

- The HSE applauds employees who raise genuine concerns.
- All concerns raised will be treated fairly and properly.
- The HSE will ensure that any individual raising a concern is aware of who is handling the matter.
- A person who is mistaken in raising a concern will not suffer any form of retribution as a result of raising that concern. However this assurance will not apply to someone who maliciously raises a matter that he/she knows is untrue.

4. Reporting Procedure

If any employee believes reasonably and in good faith that practice, as described at 2 above, exists in the work place, then he/she should normally report this immediately to his/her **own line manager** and through the risk and incident reporting systems as appropriate or in the case of waste to the VFM section in the Finance Directorate. However, if for any reason the employee is reluctant to do so, then he/she should report these concerns to either the National Director of Internal Audit, the Director of Quality and Patient Safety Audit Services or the Board Secretary.

Employees concerned about speaking to another employee can telephone **01 6626984** and the employee will be advised by a designated Information Officer of options (including that of making of a protected disclosure) for reporting any concerns relating to:

- **Fraud, Corruption and Waste**
or
- **Quality, Safety and Risk**

Employees who do not wish to make a protected disclosure can make a good faith report. Good faith reports made to the Information Officer will be referred to the relevant HSE officer for investigation. The Information Officer will not disclose the identity of the employee making the good faith report where the employee so instructs (see also final par. below).

If these channels have been followed and employees still have concerns, or if employees feel the matter is so serious that it cannot be discussed with any of the above, they should contact:

- the National Director of Internal Audit or the Chairperson of the Audit Committee in relation to matters relating to financial fraud, corruption and waste, or
- the Director of Quality & Patient Safety Audit Services or the Chairperson of the Risk Committee in relation to matters generally relating to patient safety, staff safety clinical risks and other non-financial matters.

Contact details for above HSE personnel are available on the HSE website - www.hse.ie.

Employees may choose to make a report directly to an appropriate external regulatory authority without recourse to the procedures for making a report internally.

Employees who have raised concerns internally will be advised of the contact details of the person who is handling the matter and will be able to provide additional assistance if required. The HSE will give as much feedback as it can without any infringement on a duty of confidence owed to someone else.

In general, employees' identities will not be disclosed without prior consent. Where concerns cannot be resolved without revealing the identity of the employee raising the concern (e.g., if evidence is required in a court or Tribunal), the HSE will enter into a dialogue with the employee concerned as to whether and how it can proceed. If an employee is unsure whether to use the procedure or he/she wants independent advice at any stage, reasonable support (which may include legal advice) will be provided to the employee.

5. Responsibilities

All Employees	To ensure that Reports are made when appropriate, are valid and are made in good faith.
Line Managers	<p>All Staff Line Managers</p> <p>To investigate and to follow the appropriate steps once a Report is made. (See the HSE Toolkit of Documentation to support Incident Management 2009 for investigation methodology)</p> <p>To inform the National Director of Internal Audit or the Director of Quality & Patient Safety Audit Services as appropriate, that a Report has been made.</p>
Human Resources	To ensure that all employees are informed of the Policy annually.
Internal Auditor/Director of Quality and Patient Safety Audit Services	To investigate and to follow the appropriate steps once a Report is made.
Audit Committee/Risk Committee	<p>Ownership of the policy and oversight of its Communication, implementation and periodic review.</p> <p>Where serious allegations occur to inform the full board.</p>

6. Service Standards

6.1 Service Standards - Fraud Corruption and Waste

Activity	Service Standard	Who is responsible
Commence initial investigation	Within 10 workings days of notification	Line Manager or National Director of Internal Audit (depending on who received the report)
Commence full investigation commissioned (if required)	Within 10 working days of the initial investigation *(see below)	National Director of Internal Audit (or Line Manager, if appropriate)
Prepare investigation report	Within 10 days of completion of the full investigation	National Director of Internal Audit / Line Manager if appropriate
Provide formal feedback to Employee making the Report (where possible)	Within 5 days of completion of the full investigation report	National Director of Internal Audit (or Line Manager, if appropriate)
Report to Audit Committee	Report to next scheduled meeting, subject to the Internal Auditor reserving the right to inform the committee's Chairperson immediately	National Director of Internal Audit

*** Timescales for the completion of the full investigation (including deadlines for interim / progress reports, where appropriate) to be included in the terms of reference.**

6.2 Service Standards – Quality and Patient Safety

Activity	Service Standard	Who is responsible
Initial investigation	Within 10 workings days of notification	Line Manager or Director of Quality & Patient Safety Audit Services (depending on who received the report)
Full investigation Commissioned (if required)	Within 10 working days of the initial investigation* (see below)	Director of Quality & Patient Safety Audit Services (in conjunction with the Line Manager, if appropriate)
Investigation report	Within 10 days of completion of the full investigation	Director of Quality & Patient Safety Audit Services
Formal feedback to Employee making the Report (where possible)	Within 5 days of completion of the full investigation report	Director of Quality & Patient Safety Audit Services (in conjunction with the Line Manager, if appropriate)
Report to Risk Committee	Report to next scheduled meeting, subject to the Director of Quality & Patient Safety Audit Services reserving the right to inform the committee's Chairperson immediately	Director of Quality & Patient Safety Audit Services

*** Timescales for the completion of the full investigation (including deadlines for interim / progress reports, where appropriate) to be included in the terms of reference.**