PEOPLE, QUALITY & COMPLIANCE

Whistleblowing Policy

Speak up safely. Be heard. Help us protect patients, colleagues and the public.

Policy	Whistleblowing Policy
Applies to	Employees, workers, agency workers, contractors, consultants, trainees, volunteers and former workers
Status	Active
Version	3.1
Effective date	11 August 2026
Next review	11 August 2027, or sooner if law or guidance changes
Policy owner	Andrew Catlin, Chief People, Quality & Compliance Officer
Executive sponsor	Dr Bhavneet Shergill

Document control

Version	Date	Owner	Summary of change
2.4	1 Oct 2021	A. Catlin	Previous active version.
3.1	11 Aug 2026	A. Catlin	Comprehensive legal and procedural review; current external routes; sexual-harassment protection; clearer confidentiality, non-retaliation and response process.

1. Purpose and commitment

MySkinDoctor (MSD) is committed to an open, safe and learning culture. Everyone working with us should feel able to speak up promptly about wrongdoing, unsafe care or other matters in the public interest, without fear of retaliation.

This policy explains what whistleblowing is, how to raise a concern, the protection and support available, how MSD will respond, and when concerns may be raised outside MSD. It supports the Public Interest Disclosure Act 1998 and the protected-disclosure provisions in the Employment Rights Act 1996, as amended.

You do not need proof.

Raise a concern as soon as you have a reasonable belief that something may be wrong. Do not delay while trying to investigate it yourself.

2. Scope and status

This policy applies to employees, workers, agency workers, contractors, consultants, trainees and volunteers working for or with MSD. Former workers may also raise concerns. Statutory whistleblowing protection depends on an individual's legal status and the circumstances of the disclosure; MSD will nevertheless consider concerns from anyone in scope and will not tolerate retaliation.

The policy is non-contractual and may be updated to reflect legal, regulatory or operational changes. It applies alongside MSD's safeguarding, incident reporting, grievance, dignity at work, complaints, fraud, information governance and disciplinary procedures.

3. What whistleblowing means

Whistleblowing is the disclosure of information about wrongdoing that affects other people or the public interest. A disclosure may qualify for legal protection where the person reasonably believes that the information tends to show that one or more of the following has happened, is happening or is likely to happen:

- a criminal offence;
- a failure to comply with a legal obligation;
- a miscarriage of justice;
- danger to the health or safety of any individual, including unsafe patient care;
- damage to the environment;
- sexual harassment; or
- deliberate concealment of information about any of the above.

The concern must be raised in the public interest. It does not have to affect the whole public; it may affect patients, colleagues, service users or another group. A person can be mistaken and still be protected if their belief was reasonable.

3.1 Examples relevant to MSD

- unsafe, poor or deliberately concealed clinical practice, patient care or safeguarding;
- fraud, bribery, corruption, theft, false reporting or misuse of NHS or company resources;
- unlawful discrimination, sexual harassment, abuse, exploitation or serious bullying that has a wider public-interest aspect;
- serious breaches of professional standards, regulatory requirements or the duty of candour;
- serious information-security, privacy or data-protection failures;
- retaliation against someone for speaking up;
- conduct that creates a serious risk to patients, workers, the public or MSD's lawful operation; or
- attempts to hide, destroy or falsify relevant information.

This list is illustrative, not exhaustive.

3.2 Personal grievances and complaints

A matter that concerns only an individual's own employment is usually handled under the Grievance Procedure or Dignity at Work/Harassment and Bullying Policy. A concern may, however, have both personal and public-interest elements. MSD will not reject it simply because the person is also personally affected; it may be managed under more than one procedure, with the routes and responsibilities explained to the person raising it.

Patients and representatives should ordinarily use MSD's Complaints Procedure for individual care complaints. Where a complaint also reveals wider safety, regulatory or public-interest concerns, MSD may investigate those issues under this policy or another relevant procedure.

4. Protection from retaliation

MSD will not subject anyone to a detriment because they raised a genuine concern or supported another person to do so. Employees must not be dismissed or threatened with dismissal for making a protected disclosure. Retaliation may include bullying, harassment, ostracism, threats, reduction of hours, loss of opportunities, adverse references, unfavourable treatment or pressure to withdraw a concern.

Any suspected retaliation should be reported immediately to the Chief People, Quality & Compliance Officer or, where there is a conflict, to the Chair of the Board. Retaliation will be investigated and may result in disciplinary or contractual action.

The law no longer makes 'good faith' a condition of whistleblowing protection. MSD expects everyone to use this policy honestly. A concern that is not upheld, is mistaken or cannot be evidenced will not by itself lead to action against the person who raised it. Deliberately making a knowingly false or malicious allegation may be dealt with under the appropriate disciplinary or contractual process following a fair investigation.

No confidentiality clause, non-disclosure agreement or settlement term may prevent a worker from making a protected disclosure.

5. Confidentiality and anonymity

A concern may be raised openly, confidentially or anonymously:

- **Open** — the person is willing for their identity to be shared where necessary for the process.
- **Confidential** — the recipient knows the person's identity but restricts it to those who need to know.
- **Anonymous** — the person does not provide their identity.

MSD will protect confidentiality so far as it lawfully and reasonably can. Information will be shared only on a need-to-know basis. There may be circumstances in which identity must be disclosed—for example, to protect someone from serious harm, comply with the law or allow a fair investigation. Where lawful and practicable, this will be discussed with the person before disclosure and support will be offered.

Anonymous concerns will be assessed on their information and seriousness, not dismissed because the reporter is unnamed. Anonymity can, however, make it harder to clarify evidence, provide feedback or protect the person from retaliation. A confidential route is therefore encouraged where possible.

6. How to raise a concern internally

A concern can be raised verbally or in writing. Use whichever internal route feels safest and most appropriate; the routes are alternatives, not mandatory stages. If the concern is urgent, serious, involves a usual contact or has not been addressed, go directly to a more senior or independent route.

Route	Who to contact	How
1 — usual route	Line manager, lead clinician or another senior manager	Verbally or in writing.
2 — confidential alternative	Andrew Catlin, Chief People, Quality & Compliance Officer	andrew.catlin@myskindoctor.co.uk
2 — other alternatives	Chief Medical Officer, Chief Operations Officer, or MSD Freedom to Speak Up Guardian	Use the current contact details published on MSD's internal systems.
3 — conflict or Executive concern	Chair of the Board	Mark correspondence 'Private and Confidential' and send it to MSD's postal address shown below.

Board Chair postal route

Chair of the Board — Private and Confidential
MySkinDoctor
Sussex Innovation Centre
Science Park Square
Brighton
BN1 9SB

6.1 Immediate risk

If someone is in immediate danger, contact the emergency services on 999 and take any action within your role needed to protect life or prevent serious harm. Follow the relevant safeguarding, clinical escalation, information-security or incident-reporting process as well as raising the concern under this policy. Do not investigate the matter yourself, confront individuals or access records without authority.

6.2 Information to provide

Provide as much factual information as you reasonably can, while keeping patient and personal information to the minimum necessary:

- what happened, is happening or may happen;
- dates, times, locations, services and people involved;
- why you believe the matter is in the public interest or presents a risk;
- any documents, witnesses or records that may help, and where they can lawfully be found;
- whether you have raised it before and what happened;
- any immediate safety, safeguarding, evidence-preservation or retaliation risk; and
- how you would prefer to be contacted and whether you want confidentiality.

The recipient should make an accurate record and agree it with the person raising the concern where practicable. A trade-union representative, professional representative or workplace colleague may support the person at meetings, provided this does not compromise the process.

7. What MSD will do

The recipient must act promptly, preserve confidentiality and avoid conflicts of interest. The Chief People, Quality & Compliance Officer will oversee the process unless the concern involves that role, in which case the Chair of the Board will appoint an alternative case lead.

7.1 Acknowledge and assess

MSD will normally acknowledge an attributable concern within five working days. Urgent safety or safeguarding concerns will be acted on immediately. An initial assessment will normally be completed within ten working days to determine:

- the nature, seriousness and immediacy of the risk;
- whether interim protective action is needed;
- which policy, regulator or professional process applies;
- who should handle or independently investigate the matter;
- what support the person raising the concern may need; and
- an appropriate timetable and communication plan.

These are target times for acknowledgement and initial assessment, not a promise that every investigation will finish within ten working days. Complex cases may take longer. The person will be told who is handling the matter, how to contact them and when to expect the next update, unless they reported anonymously.

7.2 Investigate fairly

The response may include immediate risk controls, informal fact-finding, an internal investigation, an independent investigation, referral under another MSD procedure, or referral to a regulator, safeguarding authority, professional body or law-enforcement agency. The investigator must be suitably competent and free from material conflict.

The person or people whose conduct is questioned will be treated fairly. They will normally be told the substance of the concern and given an opportunity to respond when it is appropriate to do so, unless this would prejudice safety, evidence, legal obligations or the investigation.

7.3 Support and communication

MSD will agree proportionate updates with the person raising the concern and tell them when the matter is concluded. Feedback will be as full as lawful and appropriate, but may be limited by confidentiality, data-protection, safeguarding, legal or disciplinary requirements. MSD cannot promise a particular outcome.

Reasonable support may include an identified contact, wellbeing or occupational-health support, reasonable adjustments, steps to reduce contact or conflict, and measures to address retaliation. Protective measures will be discussed with the person and must not be imposed as a penalty for speaking up.

7.4 Outcomes and learning

Possible outcomes include no further action, corrective or preventive action, changes to systems or training, patient-safety or safeguarding measures, contractual or disciplinary processes, regulatory notification, professional referral, or referral to the police or another authority. MSD will identify and track lessons and improvement actions while protecting confidentiality.

8. If the person is dissatisfied

A person who believes the concern was not handled fairly, the procedure was not followed or material information was overlooked may request a review by the Chief People, Quality & Compliance Officer. If that role or the Executive Board is involved, the request should go to the Chair of the Board. A request should normally be made within ten working days of the closure communication and state the grounds for review.

A review does not guarantee reinvestigation or a different outcome. Nothing in this policy requires a person to complete MSD's internal process before seeking independent advice or making a disclosure through a legally protected external route.

9. External advice and reporting

MSD encourages internal speaking up because it usually gives us the earliest opportunity to put matters right. However, internal reporting is not compulsory. A disclosure may be protected when made to an appropriate legal adviser or prescribed person, provided the relevant statutory conditions are met. Wider disclosure—for example to the media—has stricter legal tests, so independent advice should be obtained first.

Body	When it may help	Official route
Protect	Free, confidential whistleblowing advice: 020 3117 2520	Open official page
Acas	Independent workplace advice and whistleblowing guidance	Open official page
Care Quality Commission	Concerns about care provided by a CQC-regulated service: 03000 616161; enquiries@cqc.org.uk	Open official page
NHS England	External Freedom to Speak Up route for matters within NHS England's remit	Open official page
NHS Counter Fraud Authority	NHS fraud and corruption: 0800 028 4060 or online	Open official page
Prescribed persons list	Current official list and each body's remit	Open official page

Other appropriate routes may include the police, Health and Safety Executive, Information Commissioner's Office, a professional regulator such as the GMC, NMC, HCPC or GPhC, a trade union, or another prescribed person whose remit covers the concern. The person raising the concern should check the current prescribed-person list and ensure the chosen body is responsible for the subject matter.

10. Patient confidentiality and lawful disclosure

Patient safety is paramount, but whistleblowing does not create a general right to disclose identifiable patient or confidential business information publicly. Use secure, authorised channels and share only what is relevant and necessary. Do not copy, remove or access records without authority. Seek advice from MSD's Caldicott Guardian, Data Protection Officer, a legal adviser or the relevant professional body where confidentiality is uncertain.

Nothing in this policy prevents lawful reporting to the police, a regulator, a professional body, a legal adviser or another authorised recipient. A disclosure made by committing a criminal offence or in breach of legal professional privilege will not qualify for statutory whistleblowing protection.

11. Records, oversight and review

Whistleblowing records will be accurate, proportionate, securely stored and accessible only to authorised people. Personal data will be handled under MSD's data-protection policies and retention schedule. Records must not be altered, destroyed or concealed because a concern has been raised or is anticipated.

The Chief People, Quality & Compliance Officer will maintain oversight of cases and provide the Board with at least an annual anonymised report covering themes, handling times, outcomes, retaliation concerns, learning and outstanding actions. Independent healthcare providers should continue to collect and analyse Freedom to Speak Up data locally in line with current NHS England guidance.

This policy will be reviewed at least annually and sooner following a material incident, identified learning, regulatory change or change in law. Managers and people who receive concerns will receive appropriate training, and current Freedom to Speak Up contact details will be made available to workers.

Appendix A — Quick guide for anyone speaking up

1	**Protect immediate safety**	Use emergency, safeguarding, clinical or security routes first where needed.
2	**Record the facts**	Note what happened, when, where, who was involved and any immediate risk. Do not investigate yourself.
3	**Choose a safe route**	Use a manager, Andrew Catlin, another executive, the Freedom to Speak Up Guardian or the Board Chair.
4	**State your preference**	Say whether you are raising the matter openly, confidentially or anonymously.
5	**Keep information secure**	Share only what is necessary and use authorised channels, especially for patient data.
6	**Seek support**	You may use a representative and obtain confidential advice from Protect, Acas or a legal adviser.
7	**Report retaliation**	Tell the policy owner or Board Chair immediately if you are treated badly for speaking up.

Appendix B — Key legal and guidance references

- Employment Rights Act 1996, Part IVA (current legislation)
- Employment Rights Act 2025 — explanatory notes on sexual-harassment disclosures
- GOV.UK: Whistleblowing guidance for employers (updated April 2026)
- Acas: Whistleblowing at work (updated June 2026)
- GOV.UK: current prescribed persons list (updated June 2026)
- NHS England: Freedom to Speak Up development and support

Appendix C — Manager's first-response checklist

- Listen without judgement; thank the person for speaking up.
- Check immediate patient, safeguarding, staff, evidence or public-safety risks.
- Clarify confidentiality and explain its limits; do not promise absolute secrecy.
- Make a factual record and confirm the preferred contact method.
- Do not investigate, confront anyone or circulate the concern unnecessarily.
- Notify the Chief People, Quality & Compliance Officer promptly unless that creates a conflict; in that event, contact the Board Chair.
- Consider support and protection from retaliation from the outset.
- Confirm acknowledgement, case ownership and the next update date.