



partnership
information network
for the service by the service

IMPLEMENTING & REVIEWING WHISTLEBLOWING ARRANGEMENTS IN NHSSCOTLAND PIN POLICY

MAY 2011

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& REVIEWING
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1st Edition 2011

(This PIN Policy was previously incorporated into the *Dealing With Employee Concerns PIN Policy*, 1st Edition 2001 and 2nd Edition 2005)

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The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

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Ministerial Foreword



NHSScotland aims to deliver the highest quality healthcare services and, through this, to ensure that NHSScotland is recognised by the people of Scotland as amongst the best in the world. The *Quality Strategy*¹ sets the overall direction for achieving this, both now and in the future, focussing on three Quality Ambitions: ‘person-centred’, ‘safe’ and ‘effective’. Delivering against all three is dependent on having a committed, dedicated, professional and healthy workforce.

I am proud of the progress made by NHSScotland Boards in striving towards exemplar employer status. Staff Governance (ensuring the fair and effective management of staff) has been enshrined in legislation, and enjoys equal status with the other pillars of clinical and financial governance. Similarly, the evolution of partnership working between employers and trade unions/professional organisations at both local and national level has helped to ensure that we have a health service in which employees are actively involved in the decisions which affect them and engaged in delivering high quality services. Indeed, the approach to employee relations within NHSScotland has been described in a recent report as ‘groundbreaking’ and ‘arguably the most ambitious labour-management partnership so far attempted in the UK public sector’.²

The development of NHSScotland Partnership Information Network (PIN) policies provides a means of further ensuring sound staff governance practice. They set a minimum standard of practice in the area of employment policy, helping to ensure a fair and consistent means of managing staff which meets both current legislative requirements and best employment practice. These PIN Policies have been published following significant work in partnership between the Scottish Government, NHSScotland employers and recognised trade union/professional organisation partners, and following widespread consultation across the service.

¹ <http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/NHSQuality/QualityStrategy>

² Nottingham University Business School, 2011. *Evaluating Labour-Management Partnership in NHSScotland: first-findings*.

These PIN Policies form part of the terms and conditions of employment of all NHSScotland employees. While Boards may develop policies to meet particular local needs, I expect all Boards to adhere to the PIN policies and ensure that practice never falls short of any of the provisions set out within these policies. By doing so, we can ensure that employees are treated fairly and consistently irrespective of the part of the service in which they work.

I am asking all NHSScotland managers and leaders to ensure that they adopt and embrace the PIN policies within their Boards and within their individual roles. I am also tasking Employee Directors and Board Partnership Forums to champion these policies and to raise non-compliance in a positive and constructive manner.

These PIN policies represent an exemplar approach to employment policy and practice, and I look forward to seeing evidence of their implementation across NHSScotland in the months and years ahead.

A handwritten signature in black ink, reading "Nicola Sturgeon". The signature is written in a cursive, flowing style.

Cabinet Secretary for Health, Wellbeing and Cities Strategy

Preface

Staff Governance

Staff Governance is defined as “a system of corporate accountability for the fair and effective management of all staff”. The [Staff Governance Standard](#)³, which is applicable to all staff employed in NHSScotland, sets out what each NHSScotland employer must achieve in order to improve continuously in relation to the fair and effective management of staff. The Standard requires that all NHS Boards must demonstrate that staff are:

- Well informed;
- Appropriately trained;
- Involved in decisions which affect them;
- Treated fairly and consistently; and
- Provided with an improved and safe working environment.

It is recognised that staff are central to achieving the principal aims of NHSScotland, namely to improve health and wellbeing, and to deliver high quality care to those with ill health. Achievement against the Staff Governance standard is therefore key to the effective and efficient delivery of services by providing an environment that is inclusive and conducive to employees giving of their best.

NHSScotland’s commitment to staff governance has been reinforced by its legislative underpinning within the [National Health Service Reform \(Scotland\) Act 2004](#)⁴, which ensures parity with the other two governance pillars of clinical and financial governance.

PIN Policies

Partnership Information Network (PIN) policies define a minimum standard of best employment practice and are designed to achieve a consistent approach to the way NHSScotland deals with its employees. They have been developed in partnership between NHSScotland management, trade unions/professional organisations and Scottish Government. While local adaptations may be agreed in partnership to suit Boards’ own local needs, any such adaptations must still meet or exceed the minimum standards set out within the PIN policies.

³ <http://www.staffgovernance.scot.nhs.uk>

⁴ <http://www.legislation.gov.uk/asp/2004/7/contents>

Compliance with the Staff Governance Standard includes implementation of PIN policies. Boards will be expected to evidence adherence to the PIN policies as part of the annual SAAT and accountability review processes. Part 1: Principles and Partnership of the *Agenda for Change Terms and Conditions Handbook*⁵ incorporates PIN policies within the terms and conditions of employment of all NHSScotland staff and serves to further reinforce the fact that adherence to the minimum standards set out within them is mandatory for all NHSScotland Boards.

Board Partnership Forums therefore have a key role in ensuring that locally developed policies meet or exceed the minimum standards set out in the PIN policies; and in raising non-compliance in a positive and constructive manner.

⁵ <http://www.msg.scot.nhs.uk/wp-content/uploads/Agenda-for-Change-Handbook-Master-Scottish-Copy-Amendment-24.pdf>

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1 Introduction: Why does whistleblowing matter?

NHSScotland wishes to ensure that employees have the opportunity and confidence to raise concerns. Through a whistleblowing policy, employees are encouraged to be open and are guaranteed to have their concerns considered. Employee concerns can relate to a wide range of matters, and could, for example, include child protection or health and safety issues.

Over the years there have been a number of high-profile cases involving tragic incidents in the NHS. Investigations into these and other incidents revealed that, in some cases, staff had concerns about what was happening but were unsure whether or how to raise them, or had raised the issue only to be ignored. This is why getting whistleblowing in healthcare right is vital.

The Scottish Government requires all NHSScotland Boards to have a whistleblowing policy, and the model policy at Appendix 1 of this PIN Policy is the minimum standard which must be adhered to. Boards have a role in building trust and confidence across NHSScotland. A responsible attitude to whistleblowing helps each organisation to promote a healthy workplace culture built on openness and accountability. Encouraging staff to raise any serious concern they may have about malpractice or serious risk as early as possible, and responding appropriately, is integral to achieving this. Importantly, it will help NHSScotland Boards to deal with a problem before any damage is done.

In NHSScotland, healthcare professionals and other staff work together to establish the trust and confidence of patients and of one another. In addition, it is the environment which is created by working in partnership with trade unions/ professional organisations that will determine whether staff have the confidence to raise concerns. If good guidance and a safe alternative to silence in organisations is not provided by Boards, there is a danger that poor practice will go unchallenged.

Whistleblowing is a straightforward and practical governance tool. It is not a substitute for good risk management, but getting it right reaps benefits beyond simply detecting malpractice. Importantly, whistleblowing deters wrongdoing and raises the bar on standards and quality. Organisations which promote whistleblowing are likely to be viewed by their staff as better employers and better service providers.

This PIN Policy is designed to improve whistleblowing arrangements, which will give Boards the ability to demonstrate to patients, staff and other stakeholders that high standards of clinical care and governance are at the heart of their work.

2 Main Report

2.1 Key Principles & Values

2.1.1 Distinction between grievance & whistleblowing concerns

Whistleblowing concerns generally relate to a risk, malpractice or wrongdoing that affects others, and may be something which adversely affects patients, the public, other staff or the organisation itself. A grievance differs from a whistleblowing concern as it is a personal complaint regarding an individual's own employment situation. A whistleblowing concern is where an individual raises information as a witness whereas a grievance is where the individual is a complainant. Grievances are addressed using the *Dealing with Grievances in NHSScotland PIN policy*⁶.

2.1.2 Raising a concern openly, confidentially, or anonymously

In many cases, the best way to raise a concern is to do so openly. Openness makes it easier for the organisation to assess the issue, work out how to investigate the matter, understand any motive and get more information. A worker raises a concern confidentially if they give their name on the condition that it is not revealed without their consent. A worker raises a concern anonymously if they do not give their name at all. If this happens, it is best for the organisation to assess the anonymous information as best it can, to establish whether there is substance to the concern and whether it can be addressed. Clearly if no-one knows who provided the information, it is not possible to reassure or protect them.

2.1.3 Malicious claims & ulterior motives

There may be occasions when a concern is raised either with an ulterior motive or maliciously. In such a case, and as set out in the model policy at Appendix 1, the organisation cannot give the assurances and safeguards included in the policy to someone who is found to have maliciously raised a concern that they also know to be untrue. Such situations should be handled carefully. The starting point for any organisation is to look at the concern and examine whether there is any substance to it. Every concern should be treated as made in good faith, unless it is subsequently found not to be. However, if it is found that the individual has maliciously raised a concern that they know is untrue, disciplinary proceedings may be commenced against that individual.

⁶ <http://www.staffgovernance.scot.nhs.uk>

2.1.4 Key principles for Local Policy

The whistleblowing policy should make the following points clear:

- The organisation takes malpractice seriously, giving examples of the type of concerns to be raised, so distinguishing a whistleblowing concern from a grievance;
- Staff have the option to raise concerns outside of line management;
- Staff are enabled to access confidential advice from independent bodies;
- The organisation will, when requested, respect the confidentiality of a member of staff raising a concern;
- When and how concerns may properly be raised outside the organisation (for example, with a regulator); and
- It is a disciplinary matter both to victimise a bona fide whistleblower and for someone to maliciously make a false whistleblowing allegation.

The model policy at Appendix 1 has been drafted with these principles in mind and should help to reassure staff that it is acceptable and safe to speak up.

2.2 Legal Framework

The *Public Interest Disclosure Act 1998 (PIDA)*⁷, amended the *Employment Rights Act 1996*⁸, to protect the public by providing a remedy for individuals who suffer a detriment by any act or any deliberate failure to act by their employer for raising a genuine concern, whether it be a risk to patients, financial malpractice, or other wrongdoing. These are called “qualifying disclosures”. A qualifying disclosure is one made in good faith by an employee who has a reasonable belief that one of the following is being, has been, or is likely to be, committed:

- A criminal offence;
- A miscarriage of justice;
- An act creating risk to health and safety;
- An act causing damage to the environment;
- A breach of any other legal obligation; or
- Concealment of any of the above.

The Act’s tiered disclosure regime promotes internal and regulatory disclosures, and encourages workplace accountability and self-regulation.

Under the Act, workers who act honestly and reasonably are given automatic protection for raising a matter internally. In NHSScotland, an internal disclosure can go up to the highest level. Protection is also readily available to individuals who make disclosures to prescribed regulators such as Audit Scotland.

In certain circumstances, wider disclosures (for example to an MSP, an MP or the media) may also be protected. A number of additional tests apply when going wider, including:

- Whether it is an exceptionally serious concern;
- Whether the matter has already been raised;
- Whether there is good reason to believe that the individual will be subject to a detriment by their employer if the matter were raised internally or with the appropriate regulator; or

⁷ <http://www.legislation.gov.uk/ukpga/1998/23/contents>

⁸ <http://www.legislation.gov.uk/ukpga/1996/18/contents>

- Whether disclosure was reasonable given all the circumstances.

The Act covers all workers including temporary agency staff, persons on training courses and self-employed staff who are working for and supervised by NHSScotland. It does not cover volunteers. PIDA also makes it clear that any clause in a contract that purports to gag an individual from raising a concern that would have been protected under the Act is void.

To enable a whistleblowing policy to work in practice and to avoid unnecessary damage, it is important to ensure that policies authorise all staff, not just health and medical professionals, to raise a concern, and identifies who they can contact.

Legal protection is very important if staff are to be encouraged to raise a concern about wrongdoing or malpractice.

However, it is vital that employers develop an open culture that recognises the potential for staff to make a valuable contribution to the running of public services, and to the protection of the public interest.

Where an individual is subjected to a detriment by their employer for raising a concern or is dismissed in breach of PIDA, they can bring a claim for compensation under PIDA to an Employment Tribunal. Awards are uncapped and based on the losses suffered.

2.3 Developing Policy & Handling Whistleblowing Concerns

Managers can lead by example, by being clear to staff as to what sort of behaviour is unacceptable, and by practising what they preach. They should encourage staff to ask them what is appropriate if they are unsure before – not after – the event. If wrongdoing or a potential risk to patient safety is found, it should be taken seriously and dealt with immediately.

2.3.1 Developing & Implementing Local Policy

It is important that all Boards are committed to the principles set out in their whistleblowing arrangements and can ensure that it is safe and acceptable for staff to speak up about wrongdoing or malpractice within their organisation. To achieve this, it is necessary to ensure buy-in and leadership from management, and staff-side engagement. Within each Board, an appropriate senior manager should be appointed to take responsibility for ensuring implementation of the whistleblowing arrangements. This could be the clinical governance lead, the nursing or medical director, or responsible officer.

Once local whistleblowing arrangements are in place, it is important to ensure all staff are aware of them, and this can be achieved in a number of ways: through hard copy correspondence with staff, communication by email and/or via organisation's intranet sites, through team briefings and inductions, or the message appearing on payslips. It is also important to ensure that the policies are accessible.

2.3.2 Advice for Managers Responding to a Concern

- Thank the staff member for raising the concern, even if they may appear to be mistaken;
- Respect and heed legitimate staff concerns about their own position or career;
- Manage expectations and respect promises of confidentiality;
- Discuss reasonable timeframes for feedback with the member of staff;
- Remember there are different perspectives to every story;

- Determine whether there are grounds for concern and investigate if necessary as soon as possible. If the concern is potentially very serious or wide-reaching, consider who should handle the investigation and know when to ask for help. If asked, managers should put their response in writing;
- Managers should bear in mind that they may have to explain how they have handled the concern;
- Feed back to the whistleblower any outcome and/or proposed remedial action, but be careful if this could infringe any rights or duties which may be owed to other parties;
- Consider reporting to the Board and/or an appropriate regulator the outcome of any genuine concern where malpractice or a serious safety risk was identified and addressed; and
- Record-keeping – it is prudent to keep a record of any serious concern raised with those designated under the policy, and these records should be anonymous where necessary.

2.3.3 Briefing & Training Designated Contacts & Managers

Many concerns will be raised openly with line managers as part of normal day-to-day practice. Good whistleblowing arrangements should do nothing to undermine this. It is important that this is made clear to both staff and managers.

All managers and designated contacts should be briefed on:

- The value and importance of an open and accountable workplace;
- How to handle concerns fairly and professionally;
- How to protect staff who raise a genuine concern and where staff can get help or refer a concern;
- How to manage expectations of confidentiality;
- The importance of an alternative to line management if the usual channels of communication are blocked; and
- How to brief their staff on arrangements.

Senior managers and designated contacts who are given a specific role in the whistleblowing arrangements should be trained on how to handle a concern at a senior level.

2.3.4 Audit, Review & Refresh

A well-run organisation will periodically review its whistleblowing arrangements to ensure they work effectively and that staff have confidence in them. The following points can sensibly be considered to assure the Board that the arrangements meet best practice. Monitoring the arrangements in line with this checklist will also help the Board to demonstrate to regulators that their arrangements are working:

- Arrange regular feedback sessions with Area Partnership Forums to evaluate progress and collect data on the nature and number of concerns raised;
- Check the procedures used are adequate to track the actions taken in relation to concerns made and to ensure appropriate follow-up action has been taken to investigate and, if necessary, resolve problems indicated by whistleblowing. Is there evidence of constructive and timely feedback?
- Have there been any difficulties with confidentiality?
- Have any events come to the Board's attention that might indicate that a staff member has not been fairly treated as a result of raising a concern?
- Look at significant adverse incidents/incident management systems or regulatory intervention – could the issues have been picked up or resolved earlier? If so, why weren't they?
- Compare and correlate data with information from other risk management systems;
- Find out what is happening on the ground – Boards should consider including a question about awareness and trust of arrangements in any future local staff surveys. See below for suggested questions;
- Boards should seek the views of trade unions/professional organisations, as employees might have commented on the whistleblowing arrangements or sought their assistance on raising or pursuing a whistleblowing concern;
- Boards could also consider other sources of information, including information from exit interviews, and PIDA or other legal claims;

- Key findings from a review or surveys should be communicated to staff. This will demonstrate that the organisation listens and is willing to learn and act on how its own arrangements are working in practice;
- Refresh whistleblowing arrangements regularly. Regular communication to staff about revised arrangements is also recommended;
- Although volunteers are not covered by PIDA, it may be wise to consider extending the protection of the model policy to all those who work for or with the Board, including volunteers and the self-employed; and
- Think about reporting good news – success stories encourage and reassure everybody.

Appendix 1

Model Whistleblowing Policy

1 Introduction

This Policy should be used for any worker to raise a qualifying disclosure under the Public Interest Disclosure Act 1998. This policy is available to all employees, workers and ex-employees of the organisation who have concerns about misconduct or wrongdoing.

Many staff will have concerns about what is happening at work. Usually these are easily resolved. However, when the concern feels serious because it is about a possible danger, professional misconduct or financial malpractice that might affect patients, colleagues, or *[name of Board]* itself, it can be difficult to know what to do.

Staff may be worried about raising such an issue and may think it best to keep it to themselves, perhaps feeling it is none of their business or that it is only a suspicion. Staff may also feel that raising the matter would be disloyal to colleagues, to managers or to the Board. It may also be the case that a member of staff has said something but found that they have spoken to the wrong person or raised the issue in the wrong way and are not sure what to do next.

[Name of Board] is committed to running the organisation in the best way possible. This policy has been introduced to reassure all staff that it is safe and acceptable to speak up, and to enable them to raise any concern which they may have at an early stage and in the right way. Rather than wait for proof, it is preferable if a matter is raised when it is still a concern.

This policy applies to all those who work for *[name of Board]*: whether full-time or part-time, self-employed, or employed through an agency.

If a member of staff feels that something is of concern, and they feel that it is something which they think *[name of Board]* should know about or look into, they should use this procedure. If, however, a member of staff wishes to make a complaint about their employment or how they have been treated, they should follow the Board's local policy developed in line with the Dealing with Grievances in NHSScotland PIN policy or the Preventing & Dealing with Bullying and Harassment in NHSScotland PIN policy, which can be obtained from their manager. This Whistleblowing Policy is primarily for individuals who work for *[name of Board]* and have concerns where the interests of others or of the Board itself are at risk.

If in doubt – raise it!

2 **[Name of Board]'s commitment to staff**

2.1 **Your safety**

The Board, the Chief Executive and the trade unions/professional organisations are committed to this policy. If a member of staff raises a genuine concern under this policy, they will not be at risk of losing their job or suffering any detriment (such as a reprisal or victimisation). Provided the staff member acts in good faith, it does not matter if they are mistaken or if there is an innocent explanation for their concerns. A member of staff raising a concern will not be asked to prove their claim. However, this assurance will not be extended to a member of staff who maliciously raises a matter they know to be untrue.

2.2 **The confidence of staff**

With these assurances, the Board hopes that staff will raise concerns openly. However, it is recognised that there may be circumstances when staff would prefer to speak to someone in confidence first. If this is the case, the member of staff raising the concern should say so at the outset. If the organisation is asked not to disclose someone's identity, we will not do so without that person's consent unless required by law. Staff should however understand that there may be times when the organisation will be unable to resolve a concern without revealing someone's identity, for example where personal evidence is essential. In such cases, it will discuss with the member of staff whether and how the matter can best proceed.

It should be remembered that if staff do not disclose their identity, it will be much more difficult for *[name of Board]* to look into the matter. It will also not be possible to protect the staff member's position or give them feedback. Accordingly, a member of staff raising a concern should not assume that the Board can provide the same assurances where a concern is reported anonymously.

3 **Raising a concern**

If members of staff are unsure about raising a concern, they can get independent advice at any stage from their trade union/professional organisation, or from one of the organisations listed at the end of this Policy. Staff should also remember that they do not need to have firm evidence before raising a concern. However, they should explain as fully as possible the information or circumstances that gave rise to the concern.

3.1 How to raise a concern

Step one

If a member of staff has a concern about a risk, malpractice or wrongdoing at work, it is hoped that they will feel able to raise it first with their line manager or lead clinician. This may be done verbally or in writing.

Step two

If a member of staff feels unable to raise the matter with their line manager or lead clinician, for whatever reason, they should raise the matter with:

[Name of designated officer]

[Contact details]

OR

[Name of designated officer]

[Contact details]

These people have been given special responsibility and training in dealing with whistleblowing concerns. If the matter is to be raised in confidence, then the staff member should advise *[designated officer]* at the outset so that appropriate arrangements can be made.

Step three

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

[Chief Executive, Medical Director, Responsible Officer, Nursing Director]

3.2 Scottish Government Health Directorate

[Name of Board] recognises its accountability within NHSScotland. In light of this you can also contact:

- Scottish Government Health Directorate,
St Andrew's House, Edinburgh, EH1 3DG
Tel: (0131) 556 8400

4 How *[name of Board]* will handle the matter

Once a concern has been raised, it will be assessed, and consideration will be given as to what action may be appropriate. This may involve an informal review, an internal inquiry or a more formal investigation. The member of staff raising the concern will be advised who will be handling the matter, how they can contact them, and what further assistance may be needed. The organisation will write to the member of staff summarising the concern and advising how they propose to handle it, and providing a timeframe for feedback. If the concern has been misunderstood, or there is any information missing, the member of staff should highlight this.

When raising a concern, it will be helpful to know how the member of staff thinks the matter might best be resolved. If the member of staff has any personal interest in the matter, they should confirm this at the outset. If it is felt that the concern falls more properly within the scope of one of the other of the Board's policies, this will also be explained to the member of staff.

Managers will give feedback on the outcome of any investigation. However, it should be noted that it may not be possible to give details of the precise actions taken, where this would infringe a duty of confidence owed to another person. While it cannot be guaranteed that all matters will be responded to in the way that the member of staff might wish, *[name of Board]* will strive to handle the matter fairly and properly.

If at any time throughout the investigation it becomes evident that formal disciplinary action may be a possible outcome, the investigation will be conducted in accordance with the provisions of the disciplinary procedure. Should it be thought necessary to suspend an employee during the course of any such investigation, the procedure outlined in the local Board policy developed in line with the Management of Employee Conduct PIN Policy will be followed.

The investigation will be concluded without unreasonable delay. However, the organisation allows for flexibility given the possible complexity of concerns raised. Timescales should be reasonable and communicated to all parties.

At all stages of the process any employee involved will have the right to be accompanied by a colleague or trade union/professional organisation representative.

5 Independent advice

If any member of staff is unsure whether to use this policy, or if they require confidential advice at any stage, they may contact their trade union/professional organisation.

6 External contacts

While *[name of Board]* hopes that this policy gives the reassurance needed to raise a concern internally, it is also recognised that there may be circumstances where a member of staff can properly report a concern to an outside body. In fact, *[name of Board]* would rather staff raised a matter with the appropriate regulator than not at all. Trade unions/professional organisations will be able to advise on such a course of action.

7 Complaints about the Chief Executive

If exceptionally, the concern is about the Chief Executive, then it should be made (in the first instance) to the Chair, who will decide on how the investigation will proceed.

8 Monitoring oversight

The Board is responsible for this policy and will review it regularly. The operation of this policy will be monitored by the Area Partnership Forum, and if members of staff have any comments or questions, these should be brought to the attention of trade union/professional organisation representatives.

9 Who we consulted

This policy was developed locally in partnership with trade unions/professional organisations, and meets the minimum requirements set out in the Implementing & Reviewing Whistleblowing Arrangements in NHSScotland PIN Policy.

Annex A: Suggested Wording for Quick Reference Guide

Whistleblowing

If you are worried that something wrong or dangerous is happening at work, please don't keep it to yourself. Unless you tell us about any concerns you may have about fraud, safety risks including clinical safety, or other wrongdoing, the chances are we won't find out until it's too late.

As some of you may be nervous about raising such matters, here are some tips:

- Raise it when it's a concern – we won't ask you to prove it;
- Keep it in perspective – there may be an innocent explanation;
- It will help us if you can say how you think things can be put right;
- Stay calm – you're doing the right thing; and
- If for whatever reason you are worried about raising it with your manager, please follow the steps shown below.

How to raise a concern about serious malpractice

- We hope that you will feel able to tell your line manager;
- If for whatever reason you are uneasy about this or your manager's response doesn't seem right, you should contact: *[add contacts from policy, including your local trade union/professional organisation representatives]*;
- If you want to talk to them in confidence, just say so. If you prefer to put it in writing, that's fine but please tell them who you are; and
- If you want confidential advice first, you can talk to your local trade union/professional organisation representative. You may also wish to contact some of the independent organisations listed at the end of this policy.

Annex B: Suggested Survey Questions for Staff

- Have you been troubled about some malpractice in the past three years? If so, did you raise the concern, and with what result?
- How aware are you of the whistleblowing arrangements?
- How likely are you to raise a whistleblowing concern with your manager and with senior managers?
- How confident are you that there will be no negative repercussions for raising the matter with your manager and those above?
- How confident are you that the matter will be addressed properly by your manager and those above?
- How likely is it that your colleagues would raise a whistleblowing concern with their manager or with senior managers?

Appendix 2

Further Information

Further information may be available from:

- BSI Code of Practice on Whistleblowing Arrangements
Organisations can download a free copy of the 2008 British Standards Institution's Code of Practice on Whistleblowing Arrangements from
www.pcaw.co.uk/bsi
- Public Concern at Work
For information about the Public Interest Disclosure Act 1998, please visit: www.pcaw.co.uk/law/uklegislation.htm
- NHSScotland Counter Fraud Service (CFS)
Fraud Hotline on - 08000 15 16 28
cfs.scot.nhs.uk
- Health Improvement Scotland
Elliott House
8-10 Hillside Crescent
Edinburgh
EH7 5EA
Call 0131 623 4300
www.healthcareimprovementscotland.org
- Audit Scotland
110 George Street
Edinburgh EH2 4LH
Tel: 0845 146 1010
www.audit-scotland.gov.uk/
- General Chiropractic Council
44 Wicklow Street
London WC1X 9HL
www.gcc-uk.org
Tel: 020 7713 5155
- General Dental Council
37 Wimpole Street
London W1G 8DQ
www.gdc-uk.org
Tel: 020 7887 3800

- General Medical Council
GMC Scotland
5th Floor
The Tun
4 Jackson's Entry
Edinburgh EH8 8PJ
www.gmc-uk.org
Tel: 0131 525 8700
- General Optical Council
41 Harley Street
London W1G 8DJ
www.optical.org
Tel: 020 7580 3898
- General Osteopathic Council
176 Tower Bridge Road
London SE1 3LU
www.osteopathy.org.uk
Tel: 020 7357 6655
- Health Professions Council
184 Kennington Park Road
London SE11 4BU
www.hpc-uk.org
Tel: 0845 300 4472 or 020 7840 9802
- Nursing and Midwifery Council
23 Portland Place
London W1B 1PZ
www.nmc-uk.org
- Royal Pharmaceutical Society of Great Britain
1 Lambeth High Street
London SE1 7JN
www.rpsgb.org.uk
Tel: 020 7735 9141

Acknowledgements

This PIN Policy is based on the policy document “Speak up for a healthy NHS: How to implement and review whistleblowing arrangements in your organisation”, which was developed for the NHS in England by Public Concern at Work (PCaW) and the NHS Social Partnership Forum. Acknowledgement and thanks is due to PCaW and the Social Partnership Forum for granting permission to use this document in the preparation of this PIN Policy.

NHS Social Partnership Forum

The Social Partnership Forum brings together NHS Employers, trade unions and the Department of Health to discuss, debate and involve partners in the development and implementation of the workforce implications of policy for the NHS in England. www.socialpartnershipforum.org

Public Concern at Work (PCaW)

PCaW is the leading independent UK authority on whistleblowing. Established in 1993, PCaW provides confidential advice to individuals who witness wrongdoing at work and are unsure whether or how to raise a concern. Over the years PCaW has advised thousands of NHS staff members; worked with NHS organisations to help them meet best practice; and made submissions to the Shipman, Ayling and Neary Inquiries.

For more information about what PCaW does and why it matters, please visit www.pcaw.co.uk or call 020 7404 6609.

PIN Policy Review Group

Chair:	George Doherty	Associate Director for Workforce, NHS Tayside
Members:	Serena Barnett	Head of Human Resources (East Dunbartonshire CHP), NHS Greater Glasgow & Clyde
	David Forbes	UNISON
	Colin Poolman	RCN
	Alison Johnstone	Staff Governance Associate, Scottish Government
	Darren Paterson	Staff Governance Associate, Scottish Government