**What is whistleblowing and who can use the National Whistleblowing Standards?**

* 'Whistleblowing' is simply another word for raising a concern or speaking up when things are not right.
* Raising concerns prevents wrong doing and harm and ultimately leads to improvements in the NHS.
* To be considered under the National Whistleblowing Standards a concern needs to be in the public interest.
* The Standards protect people who raise concerns and there are support mechanisms in place to help people speaking up.
* The Standards come into effect on 1 April 2021.
* You have 6 months to raise a concern from when you first became aware of the issue, although an organisation can extend this time limit if there is good reason to do so.
* Help is available from the INWO who can investigate how concerns have been handled and how a whistleblower has been treated.
* The [INWO website](https://inwo.spso.org.uk/) has lots of helpful information.
* If you have any questions or concerns please contact the team at INWO@spso.gov.scot

**An overview of the National Whistleblowing Standards**

The Standards come into force on the 1st of April 2021. [The Standards are available on the Independent National Whistleblowing Officer (INWO) website](https://inwo.spso.org.uk/downloads) and can be downloaded in pdf form.

The Standards are divided up into parts, but not all of them will be relevant to your work. There are 10 parts in all. Some are aimed at all staff, others at managers and boards, and others still at students and volunteers. Follow the road through the parts. Links to pdfs of the Standards are provided on each slide and will open in a new window on some browsers.

[**Part 1: The principles**](https://inwo.spso.org.uk/sites/inwo/files/Standards/NationalWhistleblowingStandardsPart01_Principles.pdf). This is the starting point and will tell you everything you need to know about the principles approved by the Scottish Parliament. The principles underpin how NHS services must approach concerns that are raised by staff, students and volunteers about health services

[**Part 2: Procedure overview**](https://inwo.spso.org.uk/sites/inwo/files/Standards/NationalWhistleblowingStandardsPart02_Procedures.pdf). Anybody providing a service for the NHS would benefit from reading part 2 as it includes the definition of whistleblowing, defines who can raise concerns and outlines the support and protection available to those using the Standards. It also provides an overview of the whole whistleblowing process and covers confidentiality, anonymity and unnamed concerns.

[**Part 3: The two-stage procedure**](https://inwo.spso.org.uk/sites/inwo/files/Standards/NationalWhistleblowingStandardsPart03_TwoStageProcedure.pdf) If you are looking for more detail about the two-stage procedure for handling whistleblowing concerns, this part has all the information you need. Every organisation providing a service on behalf of the NHS in Scotland has to follow this process.

[**Part 4: Governance: NHS board and staff responsibilities**](https://inwo.spso.org.uk/sites/inwo/files/Standards/NationalWhistleblowingStandardsPart04_GovernanceBoardAndStaff.pdf). If you are a manager within the NHS or sit on an NHS board this part will tell you all you need to know about who is responsible for what, when handling concerns under the Standards.

[**Part 5: Governance: From recording to learning lessons**](https://inwo.spso.org.uk/sites/inwo/files/Standards/NationalWhistleblowingStandardsPart05_GovernanceRecording.pdf). Another part for managers and board members that covers how concerns should be recorded. It also details how to apply learning from concerns within your organisation and across the NHS more widely. There is also information here on measuring and monitoring your organisation's performance against the Standards.

[**Part 6: Governance: Requirements for external services**](https://inwo.spso.org.uk/sites/inwo/files/Standards/NationalWhistleblowingStandardsPart06_ExternalServices.pdf). This part includes more information for managers and board members. If your organisation has contracts in place with external providers, provides education and training, or works with volunteers, this part will tell you how the Standards apply to these situations.

[**Part 7: Information for primary care providers**](https://inwo.spso.org.uk/sites/inwo/files/Standards/NationalWhistleblowingStandardsPart07_PrimaryCare.pdf). If your organisation provides primary care or is contracted to provide services by the NHS then this part will be of interest to you alongside parts 1 and 2.

[**Part 8: Information for health and social care partnerships**](https://inwo.spso.org.uk/sites/inwo/files/Standards/NationalWhistleblowingStandardsPart08_HSCPs.pdf). Health and social care partnerships (HSCPs) involve care staff working alongside NHS staff in various settings. Local authority care workers in HSCPs can also raise concerns under the Standards about the NHS. This part explains how.

[**Part 9: Arrangements for students and trainees**](https://inwo.spso.org.uk/sites/inwo/files/Standards/NationalWhistleblowingStandardsPart09_Students.pdf). Students and trainees can play a vital part in improving the NHS by raising concerns. If you are a student or trainee, or you work with students and trainees, then you should read this in conjunction with the principles and procedure overview (parts 1 and 2).

[**Part 10: Arrangements for volunteers**](https://inwo.spso.org.uk/sites/inwo/files/Standards/NationalWhistleblowingStandardsPart10_Volunteers.pdf). Volunteers working in NHS settings can also raise concerns under the Standards. If you are a volunteer or manager of volunteers, then you should read this alongside parts 1 and 2.

**Whistleblowing, grievance and bullying and harassment**

* Whistleblowing concerns are in the public interest.
* Grievances tend to be about personal issues.
* People raising concerns should be supported by their organisations to help them find the most appropriate process for resolving their concerns, whether that's a whistleblowing concern or grievance.
* Where there are multiple issues, each issue should be considered separately and the appropriate process used.
* The INWO can investigate bullying and harassment in terms of how an organisation treated the whistleblower through the process.
* Bullying and harassment can also be looked at under the Standards if the concern meets the definition of 'whistleblowing'.

**Encouraging staff to raise concerns**

* The Standards clearly set out how organisations, boards and managers should respond to staff who raise concerns and the support they must be given.
* People who receive concerns have a critical role to play in encouraging staff to speak up, by being open and supportive.
* People receiving concerns should support staff to work out the most appropriate way to deal with their concerns and help to overcome any barriers.
* People who receive concerns should carefully consider the barriers that exist in their own workplaces and how to reduce them.
* Being open to receiving concerns makes the NHS a safer place to work, promotes a culture of learning and improvement, and increases staff morale and trust in management.

**Business as usual and the National Whistleblowing Standards**

* Most concerns can be resolved under business as usual processes.
* Whistleblowing concerns in the public interest can be resolved under business as usual if they are being actively resolved and the person raising the concerns is happy for that to happen.
* Discuss the Standards if the concern cannot be resolved under business as usual or if the person requests it.
* Managers should carry out an initial assessment of concerns to ensure they are eligible for the Standards process.
* If a concern cannot be raised under the Standards this should be explained in writing and the person signposted to the INWO.
* If a person does not want to use the Standards, respond to the concern, but do not record it as a concern under the Standards.

**Confidentiality, anonymity and unnamed concerns**

* Confidentiality is key to the success of the Standards and to promote trust in the process.
* Confidentiality and data protection need to be discussed with a person raising concerns under the Standards.
* Confidentiality needs to be maintained throughout the process and after.
* Lateral thinking may be needed to ensure that confidentiality is protected.
* Unnamed and anonymous concerns do not have the protections of the Standards and cannot be brought to the INWO.

**Whistleblowing stage 1 concerns for managers**

* A stage 1 concern should be responded to in 5 working days. Extensions are only allowed in exceptional circumstances and have to be approved by a senior manager.
* Stage 1 concerns should require little or no investigation and minimal actions.
* At any point in stage 1 (or stage 2) a person raising, responding to, or investigating a concern can contact the INWO for help.
* An in-depth discussion needs to take place to fully explore the concern raised, who else is involved, what the person wants to achieve, the support they need, confidentiality, the best person to respond, and whether the concern can be responded to in 5 days.
* Responses should be in writing and all stage 1 concerns should be recorded, taking account of any request the person makes to keep their details confidential.

**Whistleblowing stage 2 concerns for managers**

* A concern at stage 2 of the Standards needs to be acknowledged in 3 working days and responded to in 20 working days or less.
* Extensions may be required for more complex cases, however extensions must be reasonable, justifiable and signed off by a senior manager.
* Stage 2 will require more information gathering and in particular consideration needs to be given to who should investigate the concern.
* A stage 2 investigation should focus on patient safety, safe working practices, and good governance and should establish the facts.
* Responses at stage 2 need to explain how the person can refer their concerns to the INWO [using standard text provided in the Standards](https://inwo.spso.org.uk/sites/inwo/files/Standards/NationalWhistleblowingStandardsPart03_TwoStageProcedure.pdf#page=14).
* Once you have given your final response you should not reopen the investigation.
* Care needs to be taken when recording the concern to ensure that the identity of the whistleblower cannot be accessed except by those needing to be aware of it.

**Reporting and learning from concerns**

* Managers must be able to have access to a system to record whistleblowing concerns in a systematic way, so that data can be analysed.
* Learning and improvement from concerns should be shared as widely as possible to show staff the benefits to the NHS of speaking up.
* Data analysis on the outcomes of concerns can also reveal hidden trends or themes that need addressed.
* Reporting on the outcomes of concerns allows your organisation to benchmark how it performs against other services.
* Boards are required to report quarterly on KPIs and their analysis of the outcomes of concerns.
* They are also required to produce an annual report that builds on the quarterly reports and is made publicly available.
* Organisations will need to consider their reporting structures and who manages the whistleblowing process within their organisation.
* Every NHS board in Scotland has a whistleblowing champion to ensure organisations comply with their own whistleblowing policy.