



Dumfries and Galloway
Integration Joint Board

18th March 2021

This Report relates to
Item 10 on the Agenda

National Whistleblowing Standards

Paper presented by Ken Donaldson

For Noting

Approved for Submission by:	
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List of Background Papers:	National Whistleblowing Standards https://inwo.spsso.org.uk/national-whistleblowing-standards
Appendices:	Appendix 1 NHS Dumfries and Galloway Whistleblowing Standards Implementation Project Initiation Document Appendix 2 NHS Dumfries and Galloway Whistleblowing standards Implementation Project Key Areas of Focus Appendix 3 The National Whistleblowing Standards Part 8 Information for health and social care partnerships Appendix 4 Letter NHS SCOTLAND WHISTLEBLOWING POLICY SOFT LAUNCH

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Dumfries and Galloway Council	
	3. NHS Dumfries and Galloway	
	4. Dumfries and Galloway Council and NHS Dumfries and Galloway	

1. Introduction

The Independent National Whistleblowing Officer (INWO) service for the NHS in Scotland will start in full on 1 April 2021. This has been agreed by the Scottish Government and the Scottish Public Services Ombudsman (SPSO), who will take on the new role of INWO. The SPSO shared (draft) National Whistleblowing Standards (now referred to in this document as “the standards”) in January 2020 for implementation by July but the impact of COVID-19 on health services meant that the original date had to be postponed. The Standards set out high level principles and a detailed procedure for investigating concerns in relation to NHS Services.

The Standards are applicable across all NHS services. This means that they must be accessible to anyone working to deliver an NHS service, whether directly or indirectly. This includes current (and former) employees, bank and agency workers, contractors (including third sector providers), volunteers, trainees and students.

The information presented in this paper is brought to the attention of the IJB because of the opportunity to the launch of the standards affords us to ensure

2. Recommendations

The Integration Joint Board is asked to:

- **Note the launch of the new Whistleblowing Standards**
- **Note the areas of focus for implementation**
- **Note the risks to successful implementation**
- **Support the processes to ensure that partners are able to raise a concern about NHS service through this (Whistleblowing Standards) procedure**

3. Background and Main Report

Whistleblowing is defined in the Public Services Reform (the Scottish Public Services Ombudsman)(Healthcare Whistleblowing) Order 2020 as: when a person who delivers services or used to deliver services on behalf of a health service body, family health service provider or independent provider (as defined in section 23of the Scottish Public Services Ombudsman Act 2002) raises a concern that relates to speaking up, in the public interest, about an NHS service, where an act or omission has created, or may create, a risk of harm or wrong doing.

The Standards are set out in 10 parts:

1. Whistleblowing principles
2. The procedure and when to use it
3. The two stage procedure
4. Governance: NHS Board and staff representatives
5. Governance: from recording to learning lessons
6. Governance: NHS Board requirements for external services
7. Information for primary care providers and other contracted services
8. Information for health and social care partnerships
9. Arrangements for students and trainees
10. Arrangements for volunteers

The standards describe an effective procedure for raising concerns (whistleblowing) must include the following principles and be:

- Open

- focused on improvement
- objective, impartial and fair
- accessible
- supportive to people who raise a concern and all people involved in the procedure
- simple and timely
- thorough, proportionate and consistent.

Whilst the standards are not applicable to all partners it is recommended that processes within a health and social care partnership where possible mirror each other and that partners contractors and others providing NHS services are able to provide processes that match the principles outlined in the standards (see appendix 3)

Implementation

As part of the “soft launch” described by the Scottish Government, the INWO have advised that all NHS Boards need to:

- raise awareness of the National Whistleblowing Standards and procedure at Board and senior management level
- identify executive responsibility for overseeing the procedure
- support the Whistleblowing Champion in their assurance role
- identify new roles and how to fill them, including confidential contact and primary care confidential contact
- ensure IT systems are being prepared for recording and reporting of concerns
- set up governance arrangements for reporting of concerns from within the Board and from its partner providers
- liaise with staff side reps with these changes
- consider training needs for all staff and for managers and develop staff training plans, incorporating INWO training modules (available on Turas Learn from January 2021), alongside local training e.g. procedure for logging concerns.
- ensure communications teams develop proposals for sharing information with staff
- primary care leads need to ensure providers are aware of their responsibilities and develop appropriate policies and systems, and
- contract managers need to ensure their contractors are aware of their responsibilities and develop appropriate policies and systems.

NHS Dumfries and Galloway are prioritising four key areas of focus and subsequent short, medium and long term actions in order to implement the standards (see appendix 2)

- Increasing awareness of the standards through promotion, involvement, information awareness and training
- Establish a partnership approach to managing whistleblowing concerns by ensuring people, systems and support are in place to ensure the best possible approach to responding to, handling and recording whistleblowing concerns.
- Ensuring reporting and data protection mechanisms are in place to take and share learning from investigations or cases that have been raised safely and effectively.
- Embedding the Whistleblowing Standards and best practice into our developing positive and constructive organisational culture with a compassionate, positive and supportive approach to raising and responding to concerns including but not exclusive to whistle blowing concerns

Risk

Whilst slow progress is being made the Whistleblowing Standards Implementation Steering Group have highlighted some risks associated with the April launch of the standards (see appendix 1). The availability of staff and resources to implement the standards in the NHS and contractors providing NHS services since the beginning of the year has and continues to cause delays. Such risks are not isolated to Dumfries and Galloway and whilst Government remain clear that the soft launch must begin in April 2021 to ensure that everyone who works in the “health Service must have confidence to raise any concerns they have, particularly in these unprecedented and challenging times” (see appendix 4) there is recognition that this must be done within existing service pressures.

The equality impact assessment also highlighted that staff who are members of one or more protected characteristic groups may be less likely to feel safe to raise concerns – this has been highlighted in Scottish and UK wide research. The Implementation Steering Group are investigating how such impact might be mitigated.

Reporting

There is a significant amount of work still to be done to provide a robust and standardised recording tool/s and processes across all contractors providing NHS services but this will be prioritised alongside the use of data to understand patterns and trends and evidence organisational learning. Both the NHS Board and the IJB will receive quarterly activity reports and an annual analysis of patterns, trends and learning

4. Resource Implications

Time required of partners to embed, implement and promote the standards, there is no allocated budget.

5. Impact on Integration Joint Board Outcomes, Priorities and Policy

The National Whistleblowing Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS service providers to handle concerns that are raised with them and which the definition of a ‘whistleblowing concern’ – when a person who delivers services or used to deliver services on behalf of a health service body, family health service provider or independent provider (as defined in Section 23 of the Scottish Public Services Ombudsman Act 2002) raises a concern that relates to speaking up, in the public interest, about an NHS service, where an act or omission has created, or may create, a risk of harm or wrong doing. The implementation of the standards therefore has implications on the National Health and Wellbeing Outcomes 3 – 9.

6. Legal and Risk Implications

Potential risk implication if whistleblowing concerns raised during the soft launch as staff are less aware of the new processes.

7. Consultation

NHS Dumfries and Galloway and contractors providing NHS services including Primary Care. Consultation with these groups is ongoing.

8. Equality and Human Rights Impact Assessment

An equality impact assessment has been conducted. It has been highlighted that staff who are members of one or more protected characteristic groups may be less likely to feel safe to raise concerns – this has been highlighted in Scottish and UK wide research. The Implementation Steering Group are investigating how such impact might be mitigated.

9. Glossary

IJB	Integration Joint Board
INWO	International Whistleblowing Officer

Dumfries and Galloway Integration Joint Board



DIRECTION

(ISSUED UNDER SECTIONS 26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014)

1.	Title of Direction and Reference Number	
2.	Date Direction Issued by Integration Joint Board	
3.	Date from which Direction takes effect	
4.	Direction to	
5.	Does this direction supersede, amend or cancel a previous Direction? If yes, include the reference number(s)	
6.	Functions covered by Direction	
7.	Full text of Direction	
8.	Budget allocated by Integration Joint Board to carry out Direction	
9.	Desired Outcomes	
10.	Performance Monitoring Arrangements	
11.	Date Direction will be Reviewed	

APPENDIX 1: NHS Dumfries and Galloway Project Framework 2020-21

1. Project name:	2. Project Lead:
National Whistleblowing Standards Implementation	Ken Donaldson Medical Director
3. Brief overview of project, including scope and timescale:	
<p>The National Whistleblowing Standards (the Standards) were finalised in the summer of 2020 and are due to be implemented across Scotland by 1 April 2021. This requires NHS Boards, Primary Care and Service Providers contracted to deliver NHS services to familiarise themselves with the Standards and be ready to implement them in line with the “soft launch” described by Scottish Government (letter to Chief Executives 05 February 2021). The Standards are set out in 10 parts</p> <ul style="list-style-type: none">Whistleblowing principlesThe procedure and when to use itThe two stage procedureGovernance: NHS board and staff responsibilitiesGovernance: from recording to learning lessonsGovernance: NHS board requirements for external servicesInformation for primary care providers and other contracted servicesInformation for health and social care partnershipsArrangements for students and traineesArrangements for volunteers <p>The standards apply to NHS Dumfries and Galloway including volunteers, students and trainees and contractors providing NHS Services including Primary Care Services. The standards apply to the raising of concerns in relation to NHS services.</p> <p>NHS Dumfries and Galloway aims to develop a positive and constructive culture that welcomes concerns from staff and others that deliver services, and the aim of this framework is to ensure NHS Dumfries and Galloway and contractors providing services on behalf of the NHS are able to implement the Standards, in a way that helps people trust our systems and feel confident that they can speak up in a supportive culture without detriment or fear.</p> <p>Our aim is to embed an open, objective, impartial and fair system wide approach to promote, encourage learn from whistleblowing concerns raised across Dumfries and Galloway and to respond in a proportionate, thorough, consistent and constructive way that recognises all opportunities for quality improvement.</p> <p>A small working group has been established to explore how this aim could be achieved, however availability of resources meant this group is only expanding now (March 2021) to fully develop the systems and resources to achieve this aim.</p>	

The group will now stay in contact weekly with further work taking place outside the meeting to drive actions during the soft launch and build momentum for longer term elements of the project

4. Stakeholder Groups:

Key stakeholders include: All staff across the NHS D&G, all contractors and health care providers (for example GPs, Opticians, Dentists, Pharmacists) who provide care on behalf of NHS Dumfries and Galloway, all health and social care students, all volunteers and Third Sectors Organisations who are providing care on behalf of NHS Dumfries and Galloway.

Steering Group membership includes: Independent Whistleblowing Champion, Workforce Director, Head of Organisational Development (co-ordinator) and is chaired by the Medical Director

Implementation Group includes: Primary Care Leads, Employee Director, Head of HR, Head of AHPs, Nursing, AHP and Medical Education Leads, Head of Organisational Development, Business Intelligence (tbc), Patient Experience Lead, Strategic Planning Lead

5. Project Risks and Challenges:

Risk	Impact on project - RAG	Impact on reputation - RAG	Current Status
Delays and lack of progress in communication of the Standards and support put in place to achieve full implementation by 1/4/21 due to covid-19 pandemic.	R	A	Verbal update to Board March 1 st and to staff governance (March 2021), raising concern from the Steering Group of our ability to fully implant of the Standards by 1 April 2021 due to the impact of Covid-19.
There is a requirement for contracted service agreements to refer to the Standards being adhered to from 1/4/21.	A	A	The ability to have the required discussions and action taken to ensure the Standards are referred to in all contracted service agreements is currently a challenge due to the impact of Covid-19.
There is a requirement for all primary care and contracted	A	A	The ability to have the required discussions between NHS Dumfries and Galloway, Partnerships and Primary Care Providers to ensure

service providers to adhere to the standards and report whistleblowing concerns to the Board quarterly and annually.			everyone is aware of the standards and the implications is currently a challenge due to the impact of Covid-19.
There is a requirement for the HSCP and NHS D&G to report whistleblowing concerns annually to the Board and publish concerns quarterly	A	A	The ability to produce quarterly reports in the detail required and in the given timescale will be challenging if we have been unable to fully implement the Standards due to the current impact of Covid-19.

6. High level plan –

Stage	Who, What and How	By When	Status
Establish	Whistleblowing Standards Steering Group established and meets regularly for updates and to discuss any challenges faced or support needed to implement in full the Standards by 1 April 2021.	August 2020	Ongoing
	Whistleblowing Standards Implementation Group (WSIG) established with individuals who represent key stakeholder groups, with the aim to raise awareness of the Standards and gain input to the communication, engagement and procedures needed to achieve implementation.		
	An initial plan highlighting key areas of action was developed This is now being developed into a project plan and implementation framework The implementation framework will be supported by an action tracker co-ordinated by the implementation group and overseen by the steering group	Jan 2021 Feb 2021	Complete Ongoing
	Whistleblowing Standards SBARs outlining key challenges and concerns of successfully achieving full implementation by 1 April 2021 to be discussed at Staff Governance March 2021	March 2021 March 2021	Ongoing Ongoing
Inform and Engage	An Engagement Plan has been created to track action required and progress across short, medium and long term	February 2021	Ongoing
Feeding back	The Implementation group keep the Steering Group updated on progress to implement the Standards and raise any issues and challenges that arise across short, medium and long term	December 2020	Ongoing

Evaluate	The Standards implementation process and success will be evaluated and fed back via the Staff Governance Committee	July 2021	To be Commenced
7. Engagement capacity and resource requirements:			
<ul style="list-style-type: none"> • Medical Director to continue chairing Steering Group • The Implementation Group is made up of a range of representatives but is still not fully representative of the partnership. Membership will need to increase as it is anticipated that this group will be in place in the short and medium term to see the development and improvement of systems from promoting, implementing and learning from the implementation of the standards 			

Feb 2021 V1

APPENDIX 2 Key Areas of Focus

Introduction

NHS Dumfries and Galloway aims to develop a positive and constructive culture that welcomes concerns from staff and others that deliver services, and the aim of this framework is to ensure NHS Dumfries and Galloway with contractors and partners providing NHS services are able to implement the standards, in a way that helps people trust our systems and feel confident that they can speak up in a supportive culture without detriment or fear. Our aim is to embed an open, objective, impartial and fair system wide approach to promote, encourage learn from whistleblowing concerns raised across Dumfries and Galloway and to respond in a proportionate, thorough, consistent and constructive way that recognises all opportunities for quality improvement'

Readiness to Implement the Standards

Delays in establishing the implementation group mean that implementation will be split into short, medium and longer term actions (outlined in the information and engagement action plan). All activity falls within the following areas of focus.

Key Areas of Focus:

1. Increasing awareness of the standards through promotion, involvement, information awareness and training
2. Establish a partnership approach to managing whistleblowing concerns by ensuring people, systems and support are in place to ensure the best possible approach to responding to, handling and recording whistleblowing concerns.
3. Ensuring reporting and data protection mechanisms are in place to take and share learning from investigations or cases raised safely and effectively.
4. Embedding the Whistleblowing Standards and best practice into our developing positive and constructive organisational culture with a compassionate, positive and supportive approach to raising and responding to concerns including but not exclusive to whistle blowing concerns

Key areas of Focus

1. Increasing awareness of the standards through promotion, involvement, information awareness and training

- Development of a comms plan and consistent key messages
- Promotion of the standards using existing partnership networks and organisational structure/assurance mechanisms
- Communications with staff about the standards and their role and responsibilities
- Engage with staff to recruit and then train confidential contacts particularly in primary care and for students and trainees
- Promote national learning modules on Turas
- Build a programme of learning to support the development of active listening, good conversations and compassionate leadership and management to promote a wider spectrum of sharing concerns and a learning and improvement culture

2. Establish a partnership approach to managing whistleblowing concerns by ensuring people, systems and support are in place to ensure the best possible approach to responding to, handling and recording whistleblowing concerns.

- Build representative implementation group
- Increase number of trained investigators
- Promote and monitor uptake of Turas training module for managers
- Recruit confidential contacts in primary care, and for volunteers, students and trainees
- Increase number of confidential contacts across the NHS
- Review, agree and promote best practice standardised local operating whistleblowing procedures

3. Ensuring reporting and data protection mechanisms are in place to take and share learning from investigations or cases raised safely and effectively.

- Review process of record keeping
- Ensure record keeping process is in line with data protection
- Review access to Datix across partnership and ensure robust alternative arrangements are in place where necessary
- Review support available to staff raising concerns
- Establish clear reporting and assurance mechanisms and relevant committees and key individuals are aware of their roles and responsibilities
- Evaluate implementation of standards

4. Embedding the Whistleblowing Standards and best practice into our developing positive and constructive organisational culture with a compassionate, positive and supportive approach to raising and responding to concerns including but not exclusive to whistle blowing concerns

- Develop key messages about encouraging staff to raise concerns in line with messaging about developing our positive and constructive organisational culture
- Provide support for staff when they raise concerns
- Support the Whistleblowing Champion
- Increase number of confidential contacts and the skills and tools at their disposal to support and signpost staff across a spectrum of raising issues, improving practice and listening to each other, as well as Whistleblowing concerns

Next Steps

Short Term Soft Launch

- Build representative implementation group
- Communications with staff about the standards and their role and responsibilities
- Development of a comms plan and consistent key messages
- Engage with staff to recruit and then train confidential contacts particularly in primary and for volunteers students and trainees
- Ensure record keeping process is in line with data protection
- Promote and monitor uptake of Turas training module for managers
- Promote national learning modules on Turas
- Promotion of the standards using existing partnership networks and organisational structure/assurance mechanisms
- Review, agree and promote best practice standardised local operating whistleblowing procedures
- Support the Whistleblowing Champion

Medium Term April 2021- July 2021

- Ensure clear reporting and assurance mechanisms are in place and relevant committees and key individuals are aware of their roles and responsibilities
- Review support available to staff raising concerns
- Review access to Datix across partnership and ensure robust alternative arrangements are in place where necessary
- Increase number of confidential contacts across the NHS
- Increase number of trained investigators
- Promote and monitor uptake of Turas training module for managers

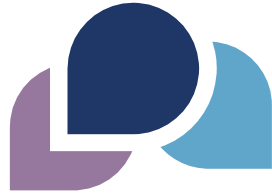
Long term July 2021 onwards

- Build a programme of learning to support the development of active listening, good conversations and compassionate leadership and management to promote a wider spectrum of sharing concerns and a learning and improvement culture
- Develop key messages about encouraging staff to raise concerns in line with messaging about developing our positive and constructive organisational culture
- Evaluate implementation of standards
- Increase number of confidential contacts and the skills and tools at their disposal to support and signpost staff across a spectrum of raising issues, improving practice and listening to each other, as well as Whistleblowing concerns

Appendix 3

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**WHISTLEBLOWING
OFFICER**

People Centred | Improvement Focused

The National Whistleblowing Standards

Part 8

Information for health and social partnerships

JANUARY 2020

Final draft – shared for information
in Summer 2020 – exact date to

Promoting raising concerns

1. The Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS service providers to respond when staff raise concerns, including supporting the person raising a concern. This document reviews the expectations and options for health and social care partnerships (HSCPs) in implementing the Standards.
2. Listening and responding to concerns raised by staff about the way services are provided is a vital way in which organisations can improve their services. HSCPs are in an unusual position in having employees from two organisations delivering services together. The challenges this creates in governance arrangements must not get in the way of staff raising concerns when they see working practices which are unsafe or risky, or where they believe there has been improper conduct, mismanagement or fraud.
3. People working in joint teams may feel reluctant or uneasy in raising concerns relating to staff with different lines of management, or where employers have different arrangements in place for whistleblowing. It is, therefore, more important than ever that senior managers in HSCPs and the integration joint board (IJB) itself promote a culture that encourages staff to raise issues or concerns at the earliest opportunity.
4. Senior managers play a critical role in promoting a culture that encourages staff to raise issues or concerns. Their leadership and behaviour sets the tone for the way other staff behave. All NHS services must strive for a culture that welcomes concerns from people working within their services, whoever they are, and whatever their concern, with the focus on good governance and delivering safe and effective services.

Requirement to meet the Standards

5. All those working in HSCPs **must** be able to raise concerns about NHS services, and **must** have access to the support they need to do so, whoever their employer is. Any concerns about the delivery of NHS services must be handled in line with the requirements of these Standards, and anyone raising a concern through these Standards will have access to the INWO, whoever their employer is.
6. IJBs must ensure that all HSCP staff, across both the local authority and the NHS, as well as any students, trainees, agency staff or volunteers, must be able to raise a concern through this procedure.

7. This includes:
 - 7.1. providing clear information about who staff and other workers can raise concerns with, either within their service or at a more senior level;
 - 7.2. ensuring access to the 2 stage procedure (see Part 3 of the National Whistleblowing Standards), where the worker has agreed to use this procedure;
 - 7.3. the availability of support (see Part 2) for those involved in raising a concern;
 - 7.4. the ability to raise concerns about senior staff (see Part 4);
 - 7.5. a requirement to record all concerns (see Part 5);
 - 7.6. a requirement to report all concerns to the IJB and the NHS board on a quarterly basis (see Part 5); and
 - 7.7. a requirement to share information about how services have improved as a result of concerns, taking care not to identify who raised the concern.
8. Anyone raising a concern about a service provided by NHS Scotland must be signposted to the INWO at the end of this process. More information about this is available in Part 3 of the Standards.
9. It may be that in considering concerns about NHS services, issues are identified which relate to local authority services. If that is the case, the whistleblower should be signposted to the INWO in respect of issues that relate to NHS services and the Care Inspectorate or other appropriate regulatory or oversight body for issues that relate to local authority services.
10. An agreement by the IJB may be required to ensure support and protection for all those working within the HSCP, in raising concerns about its NHS services.



Ensuring equity for staff

11. The requirement to have the Standards in place for all NHS services and not for local authority services could lead to disparity between those working for HSCPs. It could also lead to some confusion around which procedure to use, these Standards or the local authority's procedure for raising concerns. This could be particularly difficult where these services are closely integrated.
12. While this procedure must be available to all those working within NHS services, it is also important for those working in any of the HSCP's other services to also feel able to raise concerns. This is critical to:
 - 12.1. effective governance arrangements;
 - 12.2. enable safe and efficient delivery of services;
 - 12.3. ensure equity for staff whoever they work for;
 - 12.4. assist senior managers in sharing a consistent message in encouraging staff to raise concerns through a simple and straightforward procedure; and
 - 12.5. enable a joined up approach to raising concerns, where lessons can be learnt across the organisation.
13. With this in mind, and particularly where services have been effectively integrated, the INWO recommends that HSCPs adopt the same approach to handling concerns raised about local authority services as they do in relation to NHS services. This would extend any agreement in place in relation to the raising of concerns for NHS services, and would ensure that all those working within the HSCP have equal access to a procedure in line with these Standards. The only variation would need to be at the review stage, when concerns about different services would need to be signposted as appropriate, to the INWO, the Care Inspectorate or in some cases, Audit Scotland.
14. The details of any extended agreement are for each IJB and their HSCP to consider; each HSCP have different arrangements in place for the delivery of their services, and it will be for them to consider whether such an agreement should cover all of their services or only the NHS services. This may depend to some extent on how differentiated the HSCP's services are from other local authority services; it would not be appropriate to create confusion for local authority staff in how to raise concerns about their services.
15. Chief officers are responsible for ensuring that systems and procedures are in place for raising concerns within these Standards, in relation to NHS services. They must also take a leading role in reviewing arrangements in relation to local authority services, and taking forward any changes to ensure the Standards can be met, as well as any other changes to ensure equity of access across the HSCP.

How to raise concerns

16. Those working in HSCPs must be able to raise concerns in several ways, including:
 - 16.1. with their line manager or team leader (whether they are employed by the NHS or the local authority);
 - 16.2. a more senior manager from either employer if circumstances mean this is more appropriate; or
 - 16.3. a confidential contact for raising concerns (in some places there may also be speak up ambassadors or advocates); this may be someone within the board.
17. A key element of the Standards is for those people who raise concerns to be advised of their right, and agree to access this procedure. This can be done in the initial conversation about the concern, or following receipt of an email.
18. Within HSCPs, the confidential contact will need to be familiar with the way concerns are handled across its services, as well as the board's expectations around handling concerns.
19. The board's whistleblowing champion will have a role in ensuring that appropriate arrangements are in place to ensure delivery of the Standards. (Further information

about this role is available in Part 2 of the Standards.) They will be able to provide guidance for HSCP managers on how concerns raised in relation to NHS services must be handled, as well as sharing information about appropriate governance arrangements.

Recording of concerns

20. The detailed information about recording concerns (Part 5 of the Standards) is also applicable to concerns raised within HSCPs in relation to their NHS services.
21. Each HSCP needs to consider how they hold information about concerns that have been raised through this procedure. In particular, there need to be systems in place to ensure that personal information is only shared with individuals as agreed or explained to the person raising the concern. The details of the concern itself, and how it has been handled, need to be stored in a way that will enable reporting and monitoring of concerns and concerns handling.
22. This may mean that concerns about local authority services are recorded separately from those relating to NHS services. Any joint systems that are developed will need to be able to separate out concerns about NHS services from those about the local authority services, so the NHS board can carry out appropriate monitoring of these concerns.

Monitoring, reporting and learning from concerns

23. The detailed information about monitoring, reporting and learning from concerns (Part 5 of the Standards) is also applicable to concerns raised within HSCPs in relation to their NHS services.
24. It is important for all services to listen to staff concerns, and, where appropriate, for this to lead to organisational learning and service improvements. Learning can be identified from individual cases closed at stage 2 and through statistical analysis of concerns resolved at stage 1 of the procedure. This may include the potential for improvements across other areas of the service. Any learning that is identified from concerns must be recorded within the case record, including any action planning.
25. NHS boards are responsible for collating reports of concerns raised in relation to the services they deliver, including those raised within the HSCPs in its area. In this way, boards will be able to identify areas for specific attention, based on the themes and trends across these HSCPs. Feedback from this process provides the opportunity to demonstrate the benefits of raising concerns.
26. Each HSCP is also expected to show their staff that they value the concerns that are raised by staff and other workers. All IJBs must ensure that information is published and promoted about the concerns that have been raised about their services, unless this is likely to identify individuals. High-level information (with very limited information about what was investigated) may still be appropriate, and will provide the opportunity to show staff that managers will listen and respond to concerns.

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