

# The Draft National Whistleblowing Standards

## Part 8

### Information for Primary Care Providers

May 2019

## Promoting raising concerns

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1. Listening and responding to concerns raised by staff about the way services are provided is a vital way in which organisations of all sizes can improve their services. In primary care it is particularly important to make this process easy and straightforward, and to show the benefits of raising concerns.
2. Staff in small teams or organisations can find it particularly difficult to raise concerns about the work they or their colleagues are doing, and it is important that they receive the support and encouragement they need to raise concerns in a way which can improve safe, effective service delivery and good governance.
3. Senior managers play a critical role in promoting a culture that encourages staff to raise issues or concerns. Their leadership and behaviour will set the tone for the way other staff behave, particularly in a small organisation. The Standards set out how the Independent National Whistleblowing Officer (INWO) expects primary care providers to respond when staff raise concerns, and this includes providing support within a culture that welcomes concerns from people working within their services.

## Requirement to meet the Standards

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4. All primary care providers are required to have a procedure that meets with the requirements of these Standards. This must be available to everyone who works within their service, including staff working for the Board (such as district nurses), agency staff, students/trainees and volunteers. This includes:
  - 4.1. Clear information about who staff (and other workers) can raise concerns with, both within the service or practice and externally;
  - 4.2. Access to a 2 stage procedure (see Part 4), where the worker has agreed to use this procedure;
  - 4.3. The availability of support (see Part 3) for those involved in raising a concern;
  - 4.4. Arrangements for raising concerns about senior staff (see Part 5);
  - 4.5. The requirement to record (see Part 6) all concerns;
  - 4.6. The requirement to report (see Part 6) all concerns to the Board on a quarterly basis;
  - 4.7. The requirement to share information about how services have improved following raising of concerns, taking care not to reveal who has raised the concern.
5. When a primary care service is being delivered by a much larger organisation, such as a local pharmacy that is run by a national company, this company must ensure that any services delivered on behalf of NHS Scotland are compliant with these requirements.

## Options for small organisations

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6. Small organisations face varying challenges around the raising of concerns, and it is important for managers to be aware of these. The most obvious difficulty is for staff to raise concerns in a confidential way, when the size of the team means it will be obvious who has raised the concern. This is likely to be exacerbated by worries that a concern may be investigated by another member of the team.
7. Small organisations can reduce the difficulties their workers may face in raising concerns by:
  - 7.1. Providing an alternative point of contact for raising a concern, for example, sharing 'confidential contacts' with other local services or practices. They would not share the details of who had raised the concern, but would act as the person's advocate, passing on information and updates as appropriate.
  - 7.2. Using an external investigator to investigate concerns raised at Stage 2. This could be through reciprocal arrangements with other local services or practices. The Board may also be able to provide an independent investigator.
8. Boards are also required to provide a confidential contact for primary care and other external organisations, and this person can provide information and advice to anyone considering raising a concern.
9. Sharing information about how services have been improved may be more difficult if there is a concern about confidentiality. Care must be taken in reporting both statistical and case specific information; however, where this information can be appropriately anonymised, it provides the potential to reassure staff that their concerns will be listened to and acted on, so every effort must be made to share information in some way.
10. At the end of this process, the worker must be signposted to the INWO. The INWO's assessment of a case will consider whether the procedures were in line with the Standards, and that reasonable attempts have been made to ensure staff can raise concerns confidentially.

## Recording of concerns

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11. The detailed information about recording concerns (Part 6 of the Standards) is also applicable to primary care services.
12. There is not necessarily a need to have complex recording and reporting systems in place. However, it is important to ensure that there is the capacity to maintain confidentiality for the person raising the concern. This may be achieved by holding information on the person separate from information on the

investigation of the concern. Ensuring that access to records is limited to the smallest number of people possible is critical. Ensuring that those raising concerns have agreed to this information sharing (or are made aware of it ahead of time if there is no agreement, but it is needed for safety reasons) is equally important.

## **Monitoring, reporting and learning from concerns**

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13. The detailed information about monitoring, reporting and learning from concerns (Part 6 of the Standards) is also applicable to primary care services.
14. It is important for all services to listen to staff concerns, and for this to lead to learning and service improvements. Learning can be identified from individual cases (including the potential for improvements across other areas of the service) and through statistical analysis of more minor concerns raised at Stage 1 of the procedure. Any learning that is identified from concerns must be recorded within the case record, including any action planning.
15. The number of concerns raised within a single primary care service may be limited, making the outcomes of statistical analysis less valid. For this reason, it is particularly important that primary care services report their concerns data, including lessons learned, to their Board. Each Board will then be able to collate this information and identify areas for specific attention, based on the themes and trends within the services in their area. On this basis, primary care services must:
  - 15.1. **Annually report** concerns data to the Board, even if to report that there were no concerns raised; and
  - 15.2. **Quarterly**, only report to the Board if concerns were raised in that quarter; if no concerns have been raised, there is no need to report, though it is good practice to let the Board know.
16. Individual practices are also expected to show their staff that they value the concerns that are raised by staff and other workers. There are a range of ways they show this, and one of the best ways is to use case studies when concerns have led to improvements. All primary care services must publish information about the concerns that have been raised with them, unless this is likely to identify any 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.