

NHS Greater Glasgow & Clyde	Paper No. 21/21
Meeting:	Board
Date of Meeting:	27 April 2021
Purpose of Paper:	For Noting
Classification:	Board Official
Sponsoring Director:	Elaine Vanhegan

National Whistleblowing Standards

1. Recommendation

The Board is asked to;

- 1.1 Note NHSGGC's update on the the launch and implementation of the new National Whistleblowing Standard (the Standard), which came into effect from 1st April 2021. A copy of the Standards can be found here: <https://inwo.spsso.org.uk/downloads>
- 1.2 Note the Working Group established to launch the Standards, will continue to oversee implementation and also address the recommendations within the NHS GGC Whistleblowing Review.

2. Purpose of Paper

- 2.1 The National Whistleblowing Standards set out the whistleblowing principles for the NHS and how concerns must be approached when raised by staff, students and volunteers about health services. The Standard sets out an effective procedure for raising concerns concerns (whistleblowing), that is:
 1. Open
 2. Focused on improvement
 3. Objective, impartial and fair
 4. Accessible
 5. Supportive to people who raise a concern and all people involved in the procedure
 6. Simple and timely, and
 7. Thorough, proportionate and consistent.
- 2.2 NHSGGC established a Whistleblowing Partnership Working Group and developed an Action Plan and comprehensive User Guide to support the launch and implementation of the Standard. This included a number of key themes, such as Communications, Training, Confidential Contacts and Support.

3. Key Issues to be Considered

3.1 The Working Group agreed a number of key deliverables which were undertaken in the lead up to the formal launch on 1st April 2021. This Group will continue to meet to both oversee the implementation of the Standards and align delivery of the recommendations from the Whistleblowing Review. Key deliverables pre-launch included;

- **Communications**

A detailed Communications Calendar was developed to raise general awareness, outline training, provide more detailed overview of the agreed process, access to information and also set out details of Confidential Contacts.

Separate communications were also provided to Directors and Management Teams setting out roles and responsibilities and also an update from the Whistleblowing Champion.

Communications have also been shared through Primary Care networks, pharmacy and dental contractors. Further meetings are scheduled with Primary Care leads to discuss wider rollout and ongoing monitoring.

The HR Connect site has also been updated to include a standalone section on Whistleblowing and access to the national standards, training, internal communications and support and details of confidential contacts - [NHSGGC: Whistleblowing Policy](#).

- **User Guide**

A comprehensive User Guide has been developed to compliment the National Whistleblowing Standards ('the Standards'), attached at Appendix 1, in order to summarise some of the key points within the Standards, offer a practical guide on how whistleblowing concerns can be raised, and how they should be handled within NHS Greater Glasgow and Clyde (GGC).

The guide is intended for use by all staff who may be involved with whistleblowing. This includes staff who may wish to raise concerns, staff who have had concerns raised about them as part of the whistleblowing process, managers whose services are part of the concerns raised, and staff who will conduct internal whistleblowing investigations. It is recognised that whistleblowing can be a daunting and emotive process for any member of staff who may be involved in a case, and the intention of the guide is to be supportive and helpful.

For an organisation to achieve high performance, any opportunity for learning must be vigorously pursued. Learning from whistleblowing is therefore essential throughout NHSGGC to shape our services and uphold the values of being caring, safe and respectful.

- **Training**

A training matrix was developed issued through the agreed communication plan. General awareness for all staff has been developed into easy to follow flowcharts, and with clear guidance on how to access the process and all support available.

Formal training has also been publicised and rolled out and is available through nationally agreed Training Modules available through TURAS:-

- General Overview Training:
Minimum level for all managers/supervisors

- For those who receive and manage concerns:

All managers from Band 7 and above, all HR Staff, and confidential contacts.

The training details have been circulated to all Directorates through HR leads and have been disseminated locally. There is ongoing communication with NES to ensure that monthly reports can be provided to update on the uptake of training.

- **Confidential Contacts**

In line with the Standards, NHSGGC has in place Confidential Contacts, who are independent of the normal management structures for the whistleblowing case in question, and have the capacity and capability to be a point of contact for staff across the organisation who raise concerns. Confidential Contacts support staff by providing a safe space to discuss the concern, and assist the staff member in raising the concern.

There are a number individuals that have volunteered to take on the extended Whistleblowing Confidential Contact role and they have all undertaken training to support them in this role, including completing the 'For those who receive and manage concerns' training module.

As required in the Standards, the Confidential Contact List has been published on HR Connect. The Confidential Contact role, support and monitoring process will continue to be reviewed and developed over time. Engagement is underway across a number of NHS Scotland Boards to establish their model to widen learning and ensure robust and transparency of approach.

3.2 **Governance Reporting and Monitoring**

Quarterly Whistleblowing Activity Reports and Annual Report will be considered by the Staff Governance and, and thereafter the Board. These will report on the KPIs identified in the Standards (Part 5, section 14.1 – 14.10). The Whistleblowing Champion will continue to receive case reviews on a regular basis.

NHSGGC will publish an annual report setting out performance in handling whistleblowing concerns. This will summarise and build on the quarterly reports produced by the board, including performance against the requirements of the Standards, KPIs, the issues that have been raised and the actions that have been or will be taken to improve services as a result of concerns. This will cover all NHS services and will include IJB reporting, if no separate report is produced.

As well as publicising performance in relation to concerns handling, NHSGGC will also consider communications and reports to demonstrate how it encourages staff to speak up, any improvements in services as a result.

4. Any Patient Safety/Patient Experience Issues

4.1 No.

5. Any Financial Implications from this Paper

5.1 None.

6. Any Staffing Implications from this Paper

6.1 The Standards apply to all staff.

7. Any Equality Implications from this Paper

7.1 Equality and diversity is core to the Whistleblowing Standards.

8. Has a Risk Assessment been carried out? If yes, please provide details

8.1 On Corporate Risk Register.

9. Has this paper been to the Corporate Management Team?

9.1 Yes

10. Highlight the Corporate Plan priorities to which your paper relates?

10.1 Better Workplace.

Author Signature: Elaine Vanhegan
Author Designation: Head of Corporate Governance
Date: 19 April 2021

USER'S GUIDE FOR THE NATIONAL WHISTLEBLOWING STANDARDS

A local guide to raising and investigating whistleblowing concerns in NHS Greater Glasgow and Clyde, in line with the National Whistleblowing Standards, adhering to the principles of openness, impartiality and supportiveness.

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Last updated 30th March 2021

Introduction to User's Guide

This User's Guide has been developed to compliment the National Whistleblowing Standards ('the Standards'), in order to summarise some of the key points within the Standards, offer a practical guide on how whistleblowing concerns can be raised, and how they should be handled, within NHS Greater Glasgow and Clyde (GGC).

The guide is intended for use by all staff who may be involved with whistleblowing. This includes staff who may wish to raise concerns, staff who have had concerns raised about them as part of the whistleblowing process, managers whose services are part of the concerns raised, and staff who will conduct internal whistleblowing investigations. It is recognised that whistleblowing can be a daunting and emotive process for any member of staff who may be involved in a case, and the intention of this guide is therefore to be supportive and helpful.

For an organisation to achieve high performance, any opportunity for learning must be vigorously pursued. Learning from whistleblowing is therefore essential throughout NHSGGC to shape our services and uphold the values of being caring, safe and respectful.

This guidance will be available on our website so that it is available for all staff. A copy of the Standards can be found here: <https://inwo.spsso.org.uk/downloads>

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1. What is Whistleblowing?

Whistleblowing is defined in the Standards 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 23 of the Scottish Public Services Ombudsman Act 2002) raises concerns 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.

Examples of concerns could include:

- Patient safety issues;
- Patient care issues;
- Poor practice;
- Unsafe working conditions;
- Fraud;
- Changing or falsifying information about performance;
- Breaking legal obligations;
- Abusing authority;
- Deliberately trying to cover up any of the above.

It is important to be clear that a whistleblowing concern is not the same as a grievance; a grievance is a personal complaint about an individual's own employment situation.

Anyone who provides services for the NHS can raise a whistleblowing concern, including current and former employees, agency workers, independent contractors, students and volunteers.

2. How to Whistleblow

The delivery of healthcare is wholly reliant on people. The vast majority of our patients have a good experience, which reflects the hard work and ethos of staff. There are times, however, when things can go wrong, and it is essential that we have an accessible, easy to use whistleblowing process, that staff can utilise if and when required. This can be a daunting process for staff, and it is therefore important to make clear that all whistleblowing concerns will be treated in confidence, and with respect, dignity and compassion.

Staff should always be encouraged to raise concerns within their own line management structures in the first instance. This is referred to as 'business as usual' within the Standards, and is good practice, as it affords the local service the opportunity to resolve the issues at the earliest opportunity. This is not part of formal whistleblowing procedures, but is an important precursor to the process (See Appendix 1)

There are times, however, that this will not be successful, and it is at this stage that staff may choose to raise a formal whistleblowing concern. To do so, the contact details are:

- Email: ggc.whistleblowing@ggc.scot.nhs.uk

- Address: Whistleblowing. JB Russell House, Board Headquarters, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH

- Phone: 0141 201 4477

It is important to highlight that there is a time limit in which a whistleblowing concern can be raised and accepted, which is within six months from when the person raising the concern became aware of the issue. This can be flexible if there is a chance that the situation could create an ongoing risk.

3. Anonymous Concerns

It is important to note that the Standards make clear that staff cannot be afforded the same level of protection if they raise an anonymous concern. This is because raising concerns anonymously limits the legal protections the person then has. In addition, if the concerns are anonymous, it will likely limit the scope of any investigation (for example, if not enough information has been given, and there is no means by which to contact the whistleblower to ask for clarification), it will inhibit the organisation's ability to provide feedback and offer support, and also means the person who raised the concerns cannot escalate the issue to the Independent National Whistleblowing Officer (see section 5e) if they are dissatisfied with the outcome of a local investigation.

Staff are therefore strongly encouraged not to raise their concerns anonymously, and we would seek to assure that employees with responsibilities for the whistleblowing process take their responsibilities around confidentiality very seriously. For that reason, a range of measures and ways of working are undertaken to protect the identity of the Whistleblower.

If staff still feel they cannot put their name to concerns, anonymous concerns will be looked into using the principles of the Standards, but with the aforementioned limitations.

4. Supporting Staff

NHSGGC recognises that providing guidance to staff involved in whistleblowing is essential both in terms of supporting them, and also to ensure real learning takes place whenever appropriate.

Most people whistleblow due to reasons of integrity / morality, the desire to seek positive change, and the wish to protect others and themselves. It is therefore essential that whistleblowers are treated with respect, dignity and compassion. Similarly, other staff who are involved with whistleblowing, such as those who may be named in a whistleblowing concern, or managers who hold responsibility for the service area in question, should be afforded the same treatment. Historically, whistleblowing has been seen as something to be wary of, and whilst this is understandable, it is often not helpful in reaching a resolution. The more support and information staff are given, the more useful their input will be.

The whistleblowing process should not result in punitive action, unless a blameworthy act has been committed. Often poor systems or processes can lead to whistleblowing concerns, and identifying the root problem and how to make improvements is the most useful outcome. However, even with this in mind, it can be stressful for staff involved.

In line with the Standards, NHSGGC therefore has in place Confidential Contacts, who are independent of the normal management structures for the whistleblowing case in question, and have the capacity and capability to be a point of contact for staff across the organisation who raise concerns. Confidential Contacts support staff by providing a safe space to discuss the concern, and assist the staff member in raising the concern.

The Confidential Contacts in NHSGGC are available to view online through HR Connect.

5. Whistleblowing Process

a. Triageing

When a concern is raised, it will be considered by staff with operational responsibility for the whistleblowing function to ascertain if it meets the criteria for a whistleblowing investigation, and if it does, what Stage it should be investigated at (see Appendix 2 – Triage Matrix).

If the concerns do not meet the criteria for whistleblowing as outlined in Section 1, the person who raised the concern will receive a response, explaining why a whistleblowing investigation will not be commenced, and offer signposting to alternative processes that may be more appropriate for the concerns raised (see Appendix 3).

If some of the concerns raised do meet the criteria for whistleblowing, and some do not, only the issues that do meet the criteria will be taken forward via the whistleblowing process. The whistleblower will be clearly advised of this, and as above, signposted to alternative processes for the aspects that cannot be considered as whistleblowing.

b. Acknowledging

If the concerns raised do meet the criteria for whistleblowing, an acknowledgement letter (see Appendices 4 and 5) will be sent back to the whistleblower, confirming what will happen next. This will include whether the concerns will be investigated as a Stage 1 or Stage 2 case.

c. Confidentiality

At every stage of the whistleblowing process, the absolute confidentiality of the whistleblower will be maintained by those staff dealing with the concern. This is to help ensure staff feel reassured and comfortable that the organisation will support and protect them throughout the process.

d. Stage 1

Stage 1 concerns should result in an on-the-spot explanation and / or action to resolve the matter, with the aim of doing so within 5 working days. This timescale can be extended if there are exceptional circumstances.

In order to do this, staff can either whistleblow directly within their own line management structure, or they can contact a member of staff who has a role / responsibility for whistleblowing in the Board Headquarters, who in turn will liaise with managers (for example Director, General Manager and / or Head of Service) within the service that the concerns are regarding. If the latter, the identity of the whistleblower will be withheld and protected, unless they wish otherwise.

Once the required information has been sought and received, the local manager or the member of staff from Board Headquarters will respond to the whistleblower, by letter or by email, so there is a clear written outcome, with advice on what next steps are available if the person is dissatisfied. If it is the local management who have dealt with the issue, they must inform gqc.whistleblowing@gqc.scot.nhs.uk, so the case can be appropriately recorded.

If local management are unsure on how to handle Stage 1 concerns, they should contact the aforementioned email address for advice and guidance.

If the whistleblower is not satisfied with the outcome of their Stage 1, they will have the option to escalate to Stage 2, and this must be made clear to them.

e. Stage 2

Stage 2 concerns involve a more thorough investigation, with the aim of responding within 20 working days.

Some Stage 2 concerns will have originated as Stage 1, but escalated if the whistleblower was unhappy with the outcome. Other concerns will be sufficiently complex that they will be triaged straight to Stage 2.

As part of a Stage 2 investigation, the following may be considered:

- Are there any immediate and severe risks to patient or staff safety?
- Does the whistleblower, or any of the staff involved with the case, need support?
- Would an initial meeting with the whistleblower help to clarify the exact nature of the concerns, and allow to put 'faces to names' for a human approach?
- Are all of the concerns whistleblowing? Should some be re-directed to a separate process, for example, an HR process?
- Who would be helpful to meet with / interview as part of the investigation, to gain view points on the points raised?
- Is there any specific documentation that would be helpful to review? For example, iMatter results, audit results, internal emails and so on.
- Would a site visit to the area in question be helpful, to observe, see the context and speak to staff?
- Would an external expert view be helpful?

The investigations for Stage 2 concerns must be led and signed off by one of the following named Directors:

- Dr Linda de Caestecker, Director of Public Health
- Mr William Edwards, Director of eHealth
- Dr Chris Deighan, Deputy Medical Director - Corporate
- Ms Beth Culshaw, Chief Officer for West Dunbartonshire HSCP
- Ms Susan Manion, Interim Director for GP Out of Hours Service

This wide pool of Stage 2 Directors is in order to ensure there is appropriate coverage to mitigate against any conflicts of interest. When a new case has been triaged, staff with operational responsibility for whistleblowing will assign it to one of the aforementioned Directors/Chief Officers.

At the end of a Stage 2 investigation, the whistleblower will receive a written outcome. This will:

- Be written in a way which is clear and easy to understand;
- Address all of the issues of concern;
- Include an apology if it has been identified that there has been a failing;
- Give a clear explanation if the findings do not agree with the person's concern and why no further action can therefore be taken;
- Give the details of a named member of staff the person can speak to if they do not understand something in the letter;
- Explain how the person can refer their concerns to the INWO if they are not satisfied with the outcome of the investigation.

The Director, General Manager and / or Head of Service will also receive a copy of the final outcome from the Stage 2 investigation. It is imperative that Directors / General Managers/ Heads of Service share the Stage 2 outcome letter appropriately with members of their team that need to see it, and that action on recommendations is taken. If there are any concerns about the practicalities of implementing recommendations, this should be discussed with the Stage 2 Investigating Director, so that a mutually agreeable solution can be found.

f. Stage 3: Independent National Whistleblowing Officer

If the whistleblower is dissatisfied at the conclusion of the investigation of their Stage 2 case, they have the option of contacting the Independent National Whistleblowing Officer (INWO) for an independent external review. The INWO's contact details are:

Freepost (you do not need to use a stamp) INWO
Bridgeside House
99 McDonald
Road Edinburgh
EH7 4NS

Freephone: 0800 377 7330

Online: www.inwo.org.uk/contact-us

Website: www.inwo.org.uk

g. Concerns about Senior Members of Staff

The Standards recognise that raising concerns about senior staff (those who are in a position within the organisation which means that there are limited or no staff members with clear seniority over them) can be difficult to handle, as there may be a conflict of interest for the investigator. It is therefore important that the investigation is conducted by an individual who is not only independent of the situation, but empowered to make decisions on any findings of the investigation.

If a whistleblowing concern is raised about a Director or Chief Officer level, NHSGGC will request that a senior manager from another Health Board area conducts the investigation, supported by staff in NHSGGC who hold operational responsibility for the whistleblowing process.

If a whistleblowing concern is raised about the Chief Executive or a Board Member, it should be handled and investigated on behalf of the Chairman.

h. Meeting the National Targets

Delayed responses can often 'add insult to injury' in the eyes of whistleblowers, and create a negative impression about how we value their concerns. Ensuring that, where possible, whistleblowing investigations are carried out in a timely fashion is therefore an important responsibility for all staff involved.

However, it is recognised that whistleblowing can be a complex subject matter, and therefore may be subject to delays. Throughout the process, it is therefore vital to keep the whistleblower abreast of progress if there are going to be delays.

i. Meeting Whistleblowers

Meeting with whistleblowers at the end of the process can often be an effective way of resolving any outstanding issues, as it can be much more personal than a letter, and allows a conversation and an immediate opportunity to ask for clarification in a way that a written response cannot. It is, however, important to note that a meeting is for explanation and clarification only, and not to reinvestigate or re-open the concerns raised. It is good practice to take a formal note of the meeting, which is then shared with those in attendance, and recorded on the whistleblowing case file.

6. Primary Care and Other Independent Contractors

All primary care providers, including independent contractors, are required to have a procedure that meets the requirement of the Standards. This means that access to the Standards must be available to anyone who works directly in these services, and anyone working for another organisation, but within these services (such as agency staff or trainees).

Primary care providers and independent contractors must carry out investigations in line with the Standards if concerns are brought to them. However, it is recognised that small organisations face challenges in this, most obviously in that it may be difficult for staff to raise an issue, when the size of the team is so small, it will likely be obvious who has raised the concern. For this reason, staff of primary care providers and independent contractors have the option of utilising the Health Board's Confidential Contacts and Stage 1 and 2 process, if they feel they cannot raise the matter directly within their own practice.

7. Recording Whistleblowing Cases

All cases that meet the criteria of a Stage 1 or 2 will be recorded as whistleblowing on a central database. Access to the database is restricted to a small number of people in the Board's Headquarters, who have a role and responsibility for whistleblowing. The following information will be recorded on the database:

- The whistleblower's name, work location and contact details;
- The nature of the concern raised;
- If the concern was raised on behalf of another person and if so, whether the other person has given their consent to do so;

- What role the person raising the concern has (e.g. doctor, nurse etc)
- Date the concern was received;
- Date the event occurred (if possible);
- How the whistleblowing concern was received;
- Service area to which the concern relates to;
- Whether the concern includes an element of bullying / harassment / other HR issue;
- Whether the concern raises issues of patient safety;
- Whether the person has already experienced detriment as a result of raising the concern;
- Date the concern was closed at Stage 1 (if appropriate);
- Date the concern was escalated to Stage 2 (if appropriate);
- Outcome of the investigation
- Findings in relation to safety concerns and potential harm;
- Findings in relation to concerns of fraud or administrative failures;
- Action taken to remedy any findings.

8. Learning from Whistleblowing

The Standards note that there are two key ways of learning from whistleblowing concerns. These are:

- Identifying improvements based on the findings of an investigation; and
- Using statistical analysis of concerns raised at a departmental or organisational level to identify recurrent themes, trends or patterns.

This information will be gathered as part of the recording on whistleblowing cases, and the learning will be shared widely, for example, through Team Briefs, on the Staff Intranet. This will help show staff that raising concerns can positively influence service delivery, and improve the profile and transparency of the whistleblowing process.

Appendix 1: Business as Usual Letter

Only to be used if it is unclear whether the concerns have been raised via local management structures.

Letters should be modified to ensure they are person centred and specific to individuals concerns. The purpose of a template is to ensure required information is conveyed.

Dear X

Thank you for your email / letter, in which you outline concerns about X, Y, Z. I was sorry to read you have been so worried. This email is to acknowledge safe receipt of your note.

Before we consider whether your concerns are taken forward via the whistleblowing process, please may I check with you if you have raised these issues locally with your line manager? The reason I ask is that raising concerns with your own manager in the first instance is referred to as 'business as usual' within the National Whistleblowing Standards used by NHS Scotland, and is an important precursor to the whistleblowing process, as it affords the local service the opportunity to resolve issues at the earliest opportunity. More information about the whistleblowing process can be found at the following link: <https://inwo.spsso.org.uk/downloads>

It is not mandatory, and we can certainly consider your concerns if you do not feel able to highlight your concerns with your local manager, but it would be very helpful if you could advise me if you have spoken to your manager about these matters.

Yours sincerely

Appendix 2: Triage Matrix

When triaging a new whistleblowing concern, it must meet the criteria of whistleblowing, as outlined in Section 1. A minimum of two senior staff with operational responsibility for whistleblowing must make this decision (for example, a Stage 2 Director, the Head of Administration and Corporate Governance, the Corporate Services Manager for Governance or a relevant Corporate Director) so it is not done in isolation. An audit trail must be completed, to demonstrate the reasoning behind the decision for recording purposes.

If there is more than one concern, it should be considered whether all of the issues can be defined as whistleblowing. If there are aspects that do not meet the criteria as whistleblowing, they cannot be taken forward as such, and the whistleblower will be advised of this, and given information about alternative ways to pursue these concerns. They will also have, and must be told of their right to approach the INWO if they do not agree with our decision.

If all aspects of a concern clearly meet the definition of whistleblowing, it needs to be considered whether the issues can potentially resolved at Stage 1, or whether it is sufficiently complex that it should be triaged straight to Stage 2. The information below will help make that decision, and will also note how to categorise each case for recording purposes.

Seriousness

Category	Description
Low	Usually regarding a small number of points of concerns, and likely to be able to respond without the need for detailed investigation. Issues raised do not appear to represent risk to patient safety or care. Limited scope for learning / service improvement.
Medium	Service or experience below reasonable expectations in several ways, but not necessarily causing lasting problems, or problems related to patient safety or care. Likely to have three or more points of concern. Requires investigation to ensure all points made are addressed. May have potential for learning / service improvement if issue found to be upheld and not addressed.
High	Significant issues of standards, quality and / or safeguarding of, or denial of, rights. Likely to have had an impact on the patient safety or care. Has multiple points of complaint. Requires detailed investigation to be able to address all points made. Likely to have potential for learning / service improvement if issue found to be upheld and not addressed.

Likelihood of Recurrence

Category	Description
Almost certain	Recurring and frequent, predictable
Likely	May occur several times a year

Possible	May happen from time to time, but not frequently or regularly
Unlikely	Rare, unusual, but may have happened before
Rare	Isolated or 'one off'

Severity Assessment

Seriousness	Likelihood of Recurrence				
	Rare	Unlikely	Possible	Likely	Almost Certain
Low	Category 1	Category 1	Category 1	Category 1	Category 1
Low-Medium	Category 1	Category 1	Category 2	Category 2	Category 2
Medium	Category 2	Category 2	Category 2	Category 2	Category 2
Medium - High	Category 2	Category 2	Category 3	Category 3	Category 3
High	Category 3	Category 3	Category 3	Category 3	Category 3

For any concerns triaged as Category 1, an attempt should be made to resolve at Stage 1.

Any concerns triaged as a Category 2, a judgement should be taken as to whether an attempt should be made to resolve at Stage 1.

All concerns triaged as Category 3 should go straight to Stage 2, without an attempt to resolve at Stage 1.

Appendix 3: Letter template for concerns that do not meet the criteria for whistleblowing

Letters should be modified to ensure they are person centred and specific to individuals concerns. The purpose of a template is to ensure required information is conveyed.

Dear X,

Thank you for your email / letter, in which you raise concerns about X, Y, Z. I can see from the detail you have shared that this has been a concerning matter for you, and I am sorry you have been worried.

I have carefully reviewed your letter in conjunction with XX, who also has an operational role in handling whistleblowing concerns. We do not feel that they meet the criteria of whistleblowing because of X, Y, Z. More information about the whistleblowing process can be found at the following link: <https://inwo.spsso.org.uk/downloads>

Please be assured that in explaining this to you, I do not underestimate the concerns at hand. Whilst the whistleblowing process would not be the appropriate avenue to pursue these matters, you may wish to consider other options available, for example, XXX. If you would like to discuss this in more detail, I would be happy to do so, to ensure you get the support and assistance you need.

In conclusion, whilst whistleblowing is not the right route for your concerns, I hope this letter has been helpful in explaining why, and offering you an alternative way forward. If you do not agree with our decision not to investigate your concerns under the auspices of whistleblowing, you have the option of contact the Independent National Whistleblowing Officer (INWO), whose details are:

INWO
Bridgeside House
99 McDonald Road,
Edinburgh EH7 4NS

Yours sincerely

Appendix 4: Letter template for acknowledgment of new concerns (Stage 1)

Letters should be modified to ensure they are person centred and specific to individuals concerns. The purpose of a template is to ensure required information is conveyed.

Dear X,

Thank you for your email / letter, in which you raise concerns about X. I can see from the detail you have shared that this has been a concerning matter for you, and I am sorry you have been worried.

This letter is to acknowledge safe receipt of your concerns, which have been carefully reviewed, and to explain what will happen next. It is our intention to look into your issues as a Stage 1, which means an explanation and action to resolve the issues within 5 working days. If, however, when you receive our response you remain concerned, you will have the option to escalate to Stage 2, which means a more detailed investigation. More information about the whistleblowing process can be found at the following link: <https://inwo.spsso.org.uk/downloads>

I would like to assure you that your concerns will be handled sensitively, and that we are grateful for you taking the time and effort to bring this matter to our attention. It is through feedback, which includes whistleblowing, that we can learn and make improvements to our services. You should therefore not be treated badly as a result of raising concerns, and if you feel this has happened, please let me know.

From your letter / email, it is my understanding that your concerns relate to:

- X
- Y
- Z

If I have misunderstood, or you would like to clarify this, please let me know. In the meantime, I will begin making enquiries, and I will be back in touch with you soon.

In accordance with Data Protection, I should advise you that the details you have provided will be recorded on an internal database we use to ensure all whistleblowing cases are appropriately recorded. Access to this database is strictly limited to a very small number of staff who work on whistleblowing. In addition, I will need to share your concerns with some key members of staff to ensure we can take your concerns forward and reply to you in full, but I will not disclose your identity to them, unless you wish me to do so.

I am your point of contact throughout the process, so do not hesitate to get in touch with me if you have any questions, or there is anything I can do to help. For more information about how whistleblowing is handled in the NHS in Scotland, you can visit: <https://inwo.spsso.org.uk/downloads>

Finally, I wanted to acknowledge that I recognise whistleblowing can, for some people, be a daunting and apprehensive experience. Please be assured that we are here to help you, so if at any time you feel like you may benefit from access to some support, please get in touch, and we can talk through what options are available.

Yours sincerely

Appendix 5: Letter template for acknowledgment of new concerns (Stage 2)

Letters should be modified to ensure they are person centred and specific to individuals concerns. The purpose of a template is to ensure required information is conveyed.

Dear X,

Thank you for your email / letter, in which you raise concerns about X. I can see from the detail you have shared that this has been a concerning matter for you, and I am sorry you have been worried.

This letter is to acknowledge safe receipt of your concerns, which have been carefully reviewed, and to explain what will happen next. It is our intention to look into your issues as a Stage 2, which means an investigation, led by a named Director or Chief Officer, and a written outcome which will detail the findings. This will be sent to you when complete. We will aim to complete this within 20 working days, however, it may take longer than that. We will endeavour to keep updated with progress throughout the investigation.

More information about the whistleblowing process can be found at the following link: <https://inwo.spsso.org.uk/downloads>

I would like to assure you that your concerns will be handled sensitively, and that we are grateful for you taking the time and effort to bring this matter to our attention. It is through feedback, which includes whistleblowing, that we can learn and make improvements to our services. You should therefore not be treated badly as a result of raising concerns, and if you feel this has happened, please let me know.

From your letter / email, it is my understanding that your concerns relate to:

- X
- Y
- Z

If I have misunderstood, or you would like to clarify this, please let me know. In the meantime, I will begin making enquiries, and I will be back in touch with you soon.

In accordance with Data Protection, I should advise you that the details you have provided will be recorded on an internal database we use to ensure all whistleblowing cases are appropriately recorded. Access to this database is strictly limited to a very small number of staff who work on whistleblowing. Now that your case has been triaged as a Stage 2, I will assign it to one of the named Directors / Chief Officers in our Whistleblowing Users Guide, and I will let you know who that is as soon as they have been identified. This will mean that the Director / Chief Officer will be made fully aware of your concerns. In addition, I will need to share your concerns with some key members of staff to ensure we can take your concerns forward and reply to you in full, but I will not disclose your identity to them, unless you wish me to do so.

I am your point of contact throughout the process, so do not hesitate to get in touch with me if you have any questions, or there is anything I can do to help. For more information about how whistleblowing is handled in the NHS in Scotland, you can visit: <https://inwo.spsso.org.uk/downloads>

Finally, I wanted to acknowledge that I recognise whistleblowing can, for some people, be a daunting and apprehensive experience. Please be assured that we are here to help you, so if at any time you feel like you may benefit from access to some support, please get in touch, and we can talk through what options are available.

Yours sincerely