

**'SPEAKING UP' - NATIONAL WHISTLEBLOWING GUIDANCE
FOR
NURSING & MIDWIFERY STUDENTS IN SCOTLAND**

National Strategic Group for Practice Learning	Version 1.10
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1.0 INTRODUCTION

Nursing and midwifery students have a professional duty to put the interests of people in their care first and to act to protect them if they consider they may be at risk (Nursing and Midwifery Council (NMC), 2019). In considering the interests of others, this National Whistleblowing Guidance should be read together with the NMC Raising Concerns (NMC, 2019), The NMC Code (NMC, 2018) and NMC Duty of Candour (NMC, 2014) which set out the broad principles to help students feel confident to speak up if they feel something isn't right.

1.1 PURPOSE

This National Whistleblowing Guidance for nursing and midwifery students in Scotland was created by a short-life working group (SLWG) on behalf of the National Strategic Group for Practice Learning in response to the publication of new National Whistleblowing Standards (Independent National Whistleblowing Officer (INWO), 2020). The SLWG included representatives from Approved Education Institutions (AEI), Practice and NHS Education for Scotland (NES). The SLWG members are listed in Appendix 1.

1.2 AIM & SCOPE

This guidance details the process for raising a concern and is intended to be used by nursing and midwifery students in Scotland whilst undertaking practice learning experiences during their pre-registration nursing and midwifery programmes. It builds on the 2019 national 'Raising Concerns: Student Guidance' (Strachan et al, 2019) and has been updated to reflect the new National Whistleblowing Standards (INWO, 2020) which were implemented in all Scottish NHS Boards from 1st April 2021.

The National Whistleblowing Standards (INWO, 2020) refer to the term 'whistleblowing' interchangeably with 'raising concerns' or 'speaking up' where the issue is in the public interest. This approach has also been taken throughout this document. A full glossary of all the terminology used within this guidance is provided in Appendix 2.

This guidance will describe the process for identifying and raising a whistleblowing concern relating to an NHS service 'where an act or omission has created, or may create, a risk of harm or wrong-doing' (INWO, 2020, p.12). Beginning with a section on terminology, this guidance will clarify what is meant by a whistleblowing concern and offer examples to illustrate this. Furthermore, it will differentiate between a whistleblowing concern and a grievance, sometimes called a complaint (NMC 2019). Flowcharts (see section 4) are included and these will make clear the steps to be taken, along with suggested timelines and accountable officers.

1.3 BACKGROUND

The issue of healthcare workers, including nurses, not raising concerns about poor care has been the subject of some recent national and international research (Hanson & McAllister, 2017; Ion et al, 2017; Schwappach & Richard, 2018; Blair, 2019; Sholl et al, 2019). Although speaking up may be difficult, it is a professional requirement for nurses, midwives, nursing associates and nursing students to raise a concern about poor care witnessed in practice as this is linked to patient safety (NMC, 2019). Despite this, the research literature would suggest that students do not always speak up or raise a concern in practice when they are confronted with poor care (Ion et al, 2017; Milligan et al, 2017; Schwappach & Richard, 2018; Fisher & Kiernan, 2019). This national guidance therefore aims to provide some clarity for nursing and midwifery students to speak up with confidence if they feel something isn't right.

From 1 April 2021 a new process came into effect for raising a concern or whistleblowing about patient safety or other harm. The changes mean that there is a new focus on:

- helping staff and students raise concerns as early as possible, and
- support and protection for staff and students when they raise a concern

The introduction of the INWO aims to ensure everyone delivering NHS services in Scotland is able to speak up to raise a concern when they see harm or wrongdoing putting patient safety at risk. It also aims to promote a culture of speaking up in the NHS. Students are encouraged to use the same systems available to all members of staff to raise concerns within NHS Services. Similarly, the NMC advocates speaking up and have produced a helpful animation for registered nurses and midwives which is available at: <https://www.nmc.org.uk/standards/code/code-in-action/speaking-up/>

2.0 CLARIFICATION OF TERMS

Speaking Up is frequently cited as an umbrella term encompassing the following concepts:

- Raising a Concern/ Whistleblowing
- Grievance or Complaint.

Whistleblowing refers to issues that may affect the wider population whilst not necessarily the whistleblower personally, whereas a grievance or complaint refers to issues directly impacting the individual raising the grievance or complaint (NMC 2019). It is recognised that issues may contain elements from both the above concepts, and as such, necessitate parallel but complimentary investigations. For clarity, definitions of both concepts are now provided.

2.1 WHISTLEBLOWING

The National Whistleblowing Standards (2020, p. 12) define the term whistleblowing 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 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 National Whistleblowing Standards (2020, p. 12) indicate that ‘risks can relate to a wrongdoing, patient safety or malpractice which the organisation oversees or is responsible or accountable for’. In a health setting, these concerns could include, for example:

- patient-safety issues
- patient-care issues
- poor practice
- unsafe working conditions
- fraud (theft, corruption, bribery or embezzlement)
- changing or falsifying information about performance
- breaking any legal obligation
- abusing authority
- deliberately trying to cover up any of the above’.

2.2 GRIEVANCE/COMPLAINT

The National Whistleblowing Standards (2020) define a grievance as “*a personal complaint about an individual’s own employment situation*” (National Whistleblowing Standards p12). According to the NMC (2019) a grievance or complaint refers to issues relating to personal treatment or circumstances and conditions of personal employment. A grievance or complaint relates entirely to the individual concerned and their personal circumstances.

While, as a student you are not employed, the principle remains and there are mechanisms by which you can raise a grievance. Complaints about an Approved Education Institution (AEI) and any aspects of the programme they offer (including the 50% practice component of nursing and midwifery programmes) should be raised via AEI complaints procedures. As a student nurse or midwife this would include, but not be limited to:

- Claims of unfair treatment or assessment
- Claims of being bullied or harassed
- Issues relating to the practice learning experience (PLE) that are having an unfavourable influence on your learning.

Appendix 3, example 1 (see page 20) of this guidance provides an example of a student grievance while on the practice learning component of their course. In summary, you are encouraged to initially raise your grievance with the senior nurse/midwife/manager in your practice learning environment and, if required, follow your AEI practice learning support protocol or equivalent guidance. If your concern relates to a situation where an act or omission has created, or may create, a risk of harm or wrongdoing, then the procedures outlined below should be followed.

3.0 INTRODUCTION TO BUSINESS AS USUAL and WHISTLEBLOWING

The NMC is clear that you must ‘act without delay if you believe there is a risk to patient safety or public protection’ (NMC 2019 p.4). If you are unsure if your concern constitutes a business-as-usual process or a whistleblowing process, you should speak with your university representative or NHS speak-up advocate/ambassador. Please also refer to Appendix 3 for student vignettes which may clarify your thinking and the flowchart in section 4.0: ‘Raising concerns through existing processes - Business as Usual’ for more information. In many cases,

your concerns can be resolved early through informal conversations with your practice supervisor, practice assessor or the service manager, and through ordinary or **'business as usual'** processes. **It is anticipated that the majority of your concerns can, and will be, addressed through 'business-as-usual' processes as highlighted below.**

3.1 RAISING CONCERNS THROUGH EXISTING PROCESSES (BUSINESS AS USUAL PROCESSES IF YOU ARE A NURSING OR MIDWIFERY STUDENT)

'Business as usual' processes are everyday processes or actions that deal with an issue of concern, including formal processes for identifying and improving patient safety. This may include health boards' incident reporting systems such as, Datix, Safeguard IR1, safety briefs, huddles or raising an issue in a shift handover meeting. Such concerns will involve little or no investigation by your practice supervisor, practice assessor or the service manager, nor little involvement on your part other than raising the concern and awaiting a response. The flowchart in section 4.0 (page 11) outlines the 'Business as usual' process to follow if you are a student raising a concern.

It is vital that these concerns are reported immediately, preferably at the time that you witness your concern, but no later than 48 hours after the incident and you are encouraged to undertake this as a face-to-face discussion with your nominated practice supervisor/practice assessor. In cases where this is not possible you should have the discussion with the senior member of nursing staff on duty. **This discussion may resolve your concern.** A vignette detailing a 'business as usual' is provided in Appendix 3, example 2 (see page 21).

However, if this discussion does not resolve your concern inform your university representative. When reported to the university representative, a meeting will then be arranged between yourself (if appropriate), your nominated PS/PA, a senior member of staff (e.g., senior charge nurse, team leader, manager), your university representative and a PEF or CHEF. Ideally this meeting should take place within 4 days of you raising your concern with your university representative. This meeting may resolve your concern or may identify that stage 1 or 2 of the whistleblowing process apply. You should then inform your course advocate who will advise on the next steps to take to raise a whistleblowing concern and the whistleblowing process.

The course advocate will inform the university practice learning lead and the health board practice education lead that business-as-usual processes have not been able to resolve your concerns. There will also be a collaborative discussion about whether the practice learning environment in question remains appropriate for students and whether it is reasonable for you, as the reporting student, to remain there.

The [National Whistleblowing Standards](#) sets out how the INWO expects all NHS service providers to handle concerns that are raised with them and which meet the definition of a whistleblowing concern. The process is summarised for you in the flowchart in section 4.1 (see page 12) The two stages of the process are for each health board to deliver, and the INWO can act as an independent review process if this is required. As a student you are encouraged to be familiar with, and engage with, the stage of the process appropriate to the whistleblowing concern you are raising. The two stages of the whistleblowing process are now outlined.

3.2 STAGE 1 OF WHISTLEBLOWING PROCESS – Early resolution

Everyone benefits if whistleblowing concerns can be raised early and dealt with promptly and professionally. Stage 1 is for simple and straightforward concerns that can be responded to within five working days or less. A vignette detailing a stage 1 early resolution is provided in Appendix 3, example 3 (see page 22). As you are a university student, you should let your university representative know of any whistleblowing concerns you have raised.

An organisation has five working days to respond to any whistleblowing concerns that are raised. The person to whom you reported the whistleblowing concern will normally provide you with a response. This will normally be handled by providing you with an explanation or taking appropriate action to resolve the issue raised. If there are clear and justifiable reasons why they cannot meet this timescale, someone more senior in the organisation may agree to allow them a further five working days to respond. Reasons for allowing more time for stage 1 include staff absence or difficulty arranging a meeting. You must be told why a response will not be forthcoming within five days, and when you can expect a response.

The focus of stage 1 is early resolution. If you believe the whistleblowing concern is straightforward, has been raised with someone whom you feel is able to take appropriate action, and you believe you have been provided with a suitable response, this may be enough

to resolve the issue. Issues that are more complex and will clearly take more than five working days to address, should move straight to stage 2. Or, if you do not feel that stage 1 has addressed the issue appropriately, and you still have whistleblowing concerns, you can ask for it to be investigated at stage 2. You can do this immediately after receiving the decision at stage 1 or within six months of the original whistleblowing concern being raised.

You may be unsure whether your whistleblowing concern is a stage 1 or stage 2 concern. If so, you should seek advice from an appropriately qualified member of staff in the practice learning environment, or the organisation speak-up advocate/ambassador, practice education facilitator (PEF) or your university representative. For further examples of case studies, please visit: <https://inwo.spsso.org.uk/case-studies>

3.3 STAGE 2 OF WHISTLEBLOWING PROCESS– Investigation

Stage 2 is for serious or complex whistleblowing concerns that need a detailed examination before the organisation can provide a response i.e., a full investigation is needed from the start.

Whistleblowing concerns not appropriate for stage 1, and which should move straight to stage 2 includes concerns that:

- contain issues that are complex and need detailed investigation
- relate to serious, high-risk or high-profile issues, or
- the person does not want to be considered at stage 1 because they believe a full investigation is needed.

A vignette detailing a stage 2 investigation is provided in Appendix 3, example 4 (see page 23). If, after discussion with your nominated practice supervisor/assessor, or after seeking advice from an appropriately qualified member of staff in the practice learning environment, practice education facilitator (PEF) or your university representative, your whistleblowing concern is identified as a stage 2 concern, the following process and timelines apply:

- The organisation should acknowledge the whistleblowing concern in writing within three working days.
- It should provide a full response to all whistleblowing concerns as soon as possible, and within 20 working days, unless it needs to extend this time limit.

- If the organisation needs to extend the time limit, it must tell the person raising the whistleblowing concern when they can expect a full response within the first 20 working days (and then at least every 20 working days after that).
- The organisation should provide updates every 20 working days to everyone directly affected by the investigation. The updates should provide information about what progress has been made and what will happen before the organisation provides the next update or a full response.
- If it will take longer than expected to provide a full response to a whistleblowing concern, the organisation should offer support to those involved during this period.

Note, if your whistleblowing concern is identified as a stage 2 concern, you must inform your university representative. This will then be escalated as appropriate through university processes.

Whistleblowing concerns that relate to serious, high-risk or high-profile issues may need someone more senior in the organisation to investigate them and will have a longer timeline in which to respond to you. The organisation will record that the whistleblowing concern has moved from stage 1 to stage 2, and the records system maintained will be clear that this is the same whistleblowing concern, not a new one.

The organisation must tell you as the person raising the whistleblowing concern how the investigation will be carried out and what your role in it will be. This will undoubtedly involve a written statement and may require your involvement in any investigatory meetings. You will be provided with support from your university representative to complete any statements required and will be allowed representation at any meetings. Appendix 4 (see page 24) provides an outline of the aspects to be recorded in the statement, and a template recording form is provided.

At the end of the investigation, the organisation must give you a full and considered written response, setting out its findings and conclusions, and how it reached these. It must also provide evidence that it has taken the whistleblowing concern seriously and investigated it thoroughly. The written report must include the conclusions of the investigation and information about any action it has taken or plans to take as a result of the whistleblowing

concern, both to deal with the current situation and to avoid it from happening again in the future.

3.4 INDEPENDENT REVIEW (INWO)

The INWO can provide an external independent review of any whistleblowing concern raised in the NHS in Scotland. If you remain dissatisfied with an NHS organisation after its process has concluded, you can ask the INWO to look into your concern.

The INWO cannot normally look at whistleblowing concerns:

- where you have not gone all the way through the whistleblowing procedure, or
- more than 12 months after you became aware of the matter you want to bring to the INWO.

3.5 ADDITIONAL INFORMATION

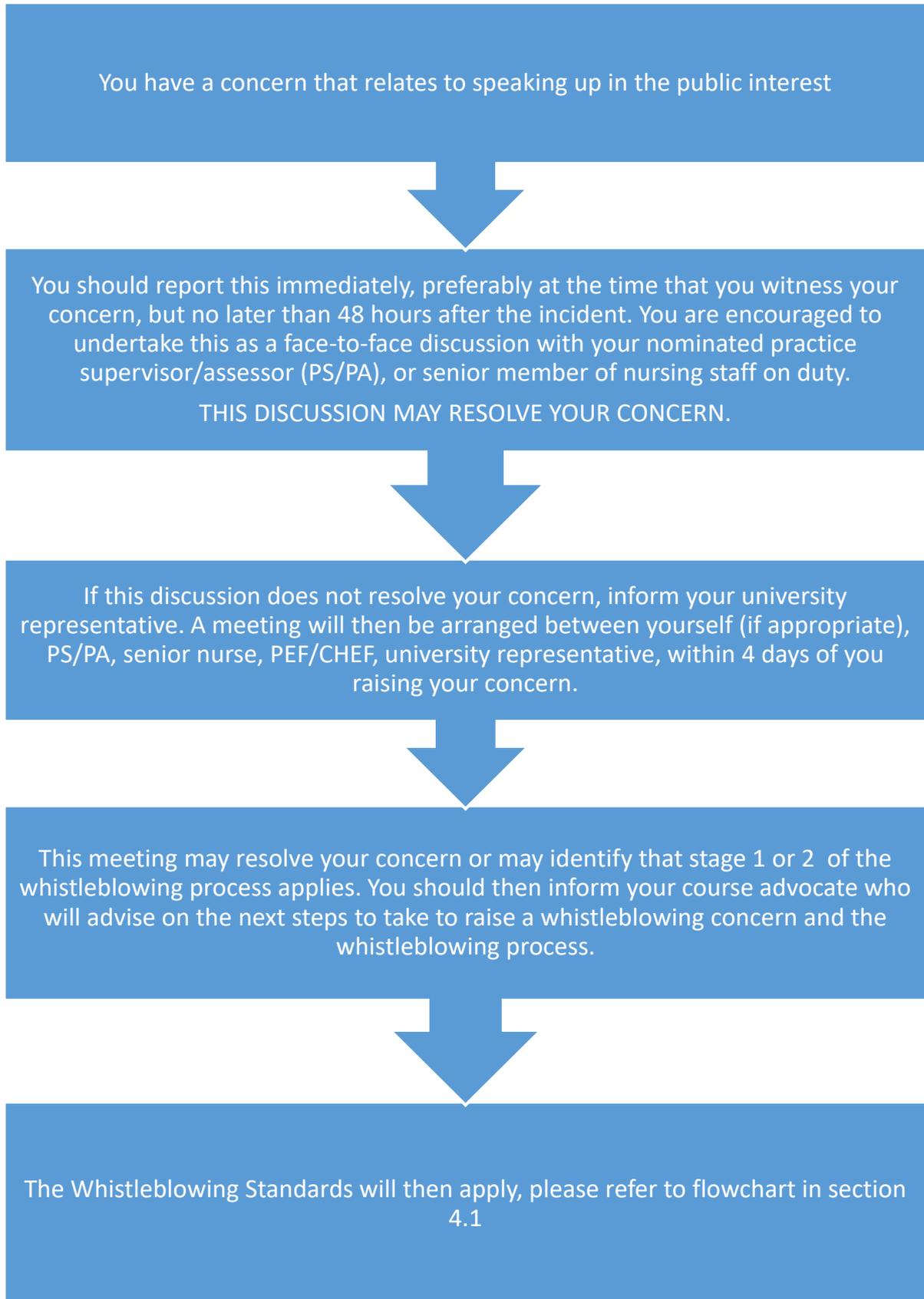
There may be occasions where you may be unsure whether to raise your whistleblowing concern either at stage 1 or stage 2 with your practice supervisor, practice assessor or the service manager. If so, in addition to the routes normally available to NHS staff, you can also raise your whistleblowing concern/s with a course advocate. Every programme that provides practice learning experiences in NHS services must have a named person (such as the course coordinator), who can act as an advocate. It may be that after speaking with the course advocate the information and advice provided is enough to enable you to raise the whistleblowing concern within the service.

However, if you feel that it is not appropriate in the circumstances, or if you do not feel confident that this would achieve the right outcomes for you, you can use the course advocate to take the whistleblowing concern to the board or primary care service on your behalf. You can also choose whether you wish to remain anonymous to the board or service provider. If you choose to be anonymous, all communication will go through the course advocate. This includes any enquiries for further information, updates and a final response at the end of the process.

As well as access to university representative and/or course advocate for information and advice, you are also entitled to all the same resources as other staff within the NHS including:

- the board's confidential contact for raising whistleblowing concerns, or other confidential speak up contact
- the INWO (phone 0800 008 6112 or email INWO@spsos.gov.scot), who can provide information and advice about how a whistleblowing concern should be handled, and can provide support through the process
- union representatives
- professional bodies.

4.0 RAISING CONCERNS THROUGH EXISTING PROCESSES - BUSINESS AS USUAL



4.1 WHISTLEBLOWING FLOWCHART

STAGE 1: EARLY RESOLUTION

- On-the-spot explanation and/or action to resolve the matter quickly, in 5 days or less.
- Extended timescales with agreement if there are exceptional circumstances.
- Handled by an appropriate person for early resolution OR progressed to stage 2 (within 5 working days)

The Stage 1 discussion will involve agreeing what outcomes the person raising the concern is hoping to achieve; what action the organisation is taking to put things right, including any immediate actions to reduce risk to patient safety; and whether the person who raised the concern needs support

As a student, your concern can be raised with your practice supervisor, practice assessor or the service manager. You should also let your university representative know. Refer to the information in section 5 for student support in raising a concern

If this does not resolve your concern, or for more complex issues:

STAGE 2: INVESTIGATION: Is your concern related to any of the following?

- Contains issues that are complex and need detailed investigation
- Relates to serious, high-risk, or high-profile issues, or
- You do not want it to be considered at stage 1 because you believe a full investigation is needed.

Yes

Your concern can be raised with your practice supervisor, practice assessor, practice education facilitator or the service manager. You should also inform your university representative; this will then be escalated through university processes.

You will receive a written response to the concerns raised within 3 working days. You can then expect updates to any investigation every 20 days until this is concluded. You will be expected to provide evidence for any investigation, such as a written statement.

When any investigation is concluded you will receive a written response detailing the process of investigation and any findings and actions that have been taken. They should also outline how this will be prevented from happening again

You may want to consider reflective debriefs with your practice supervisor/ assessor and university representatives to identify your own learning

Yes

Has your issue been resolved?

No

The INWO can provide an external review of any whistleblowing concerns raised in the NHS in Scotland. If you remain dissatisfied with an NHS organisation after its process has concluded, you can ask the INWO to look into your concern.

If you do not think that you will be able to achieve the right outcomes, you may ask a course advocate (usually your course coordinator) to advocate on your behalf

As well as access to a university representative for information and advice you are entitled to all the same resources as other staff within the NHS, including:

- the board's confidential contact for raising concerns, or other confidential speak up contact
- the INWO (phone 0800 008 6112 or email INWO@sps.gov.scot), who can provide information and advice about how a concern should be handled, and can provide support through the process
- union representatives
- professional bodies

5.0 STUDENT SUPPORT FOR RAISING A WHISTLEBLOWING CONCERN

5.1 GETTING INFORMATION OR ADVICE

We recognise that it might not be easy for you to raise a concern; you may not be sure what to do or the process may seem quite daunting. However, the health and wellbeing of the people in your care must always be your main concern. You are encouraged to raise concerns with your nominated practice supervisor or assessor. Raising a concern early can prevent minor issues becoming serious ones, and so protect the public from harm and improve standards of care (NMC, 2019).

When you raise a concern, you should expect to be listened to, taken seriously and reassured that the concern will be handled sensitively and you will not be treated badly, even if no risks are identified. Both the university and practice learning experience provider are committed to: ensuring that you receive appropriate support; are kept informed of developments in a timely manner; and receive confirmation that your concerns are acknowledged and have been addressed (INWO, 2020).

5.2 ADDITIONAL SUPPORT

You will be supported throughout the process and have access to support from your university and the NHS Board. This support may include:

- Your named university representative
- Your named course advocate
- The named NHS board confidential contact
- University pastoral support/counselling/psychological support services, including occupational health

There is a module available which you must undertake to enable you to learn about the National Whistleblowing Standards (the Standards) and the role of the Independent National Whistleblowing Officer (INWO). This module is available at: <https://learn.nes.nhs.scot/40284/national-whistleblowing-standards-training>.

5.3 WHAT HAPPENS AFTER I RAISE A CONCERN?

If you raise a concern in good faith, but it is not confirmed by the investigation, no action will be taken against you. However, if a full investigation reveals that a concern was knowingly based on inaccurate information in order to create difficulties for a colleague then this will be dealt with via your university Fitness to Practice Policy and Procedures (INWO, 2020).

After you raise a concern, your university representative, in collaboration with practice partners, may discuss with you whether it is appropriate to continue in your practice learning experience. If it is deemed inappropriate for you to continue in your PLE, you may be asked to attend another PLE for the remainder of your time. You can expect a response from the investigation into your concern however, for reasons of confidentiality of proceedings; you may not be party to the full details (INWO, 2020).

5.4 LEARNING FROM RAISING A CONCERN

One of the main aims of the new whistleblowing process is to learn from staff concerns (INWO, 2020). As a developing professional, reflecting on your practice is highly valuable and following the reporting of a whistleblowing concern, participating in debriefing is recommended. This may take the form of reflecting on your experience with your nominated practice supervisor/assessor or university representative, or as a self-reflection. Remember if writing about your experience in your reflective journal or e-portfolio, anonymity must be preserved.

5.5 CONFIDENTIALITY AND DATA PROTECTION

Confidentiality must be maintained as far as possible in all aspects of the procedure for raising concerns. Your details must not be shared with anyone who does not need to know them. Your practice supervisor/ assessor/ university representative or course advocate must discuss with you how your details will be used and stored (INWO, 2020).

6.0 REFERENCES & FURTHER READING

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Social care institute for excellence, 2020. *Safeguarding adults* [online]. [Viewed 18/3/21]. Available from: <https://www.scie.org.uk/safeguarding/adults/introduction/what-is>

Strachan, E., Ion, R. & Roxburgh, M. 2019. *Raising Concerns: Student Guidance. A National Approach for Students, Practice Learning Experience Providers and Higher Education Institutions in Scotland*. Glasgow: National Strategic Group for Practice Learning.

APPENDIX 1: SLWG MEMBERSHIP

Evelyn Strachan (Chair)	Lead for Practice Learning/Lecturer, Glasgow Caledonian University
Sam Abdulla	Lead for Practice Quality Assurance and Enhancement, Edinburgh Napier University
Dr Kathleen Duffy	Head of Programme Practice Education & Pre-registration, NHS Education for Scotland
Debra Heron	Lead Practice Education Facilitator, NHS Ayrshire & Arran
Fiona McKinnon	Staff Tutor for Nursing, The Open University
Gillian Taylor	Strategic Lead for Practice Learning/Lead PEF, NHS Lothian

Grateful thanks are also extended to the critical readers of this new national whistleblowing guidance who reviewed the final draft version and offered their valuable feedback.

APPENDIX 2: GLOSSARY

Abuse/Neglect

This includes physical, sexual, psychological, discriminatory, organisational or financial abuse as well as domestic violence, modern slavery, self-neglect or neglect and acts of omission (NMC, 2019).

Business as Usual

People regularly identify risks or harm, and speak up to get them dealt with. This is usually very successful, with no repercussions for the person raising the concern. This is 'business as usual' and describes everyday processes or actions that deal with an issue or concern, including formal processes for identifying and improving patient safety. Some examples would be: reporting short staffing on your NHS Board's incident reporting system, e.g. DATIX or Safeguard IR1, and action being taken to deal with this; raising an issue during a team meeting or handover, leading to an investigation or action (or both); or an issue being investigated through an existing safe-practice review or audit (INWO 2021).

Complaint

A complaint is generally made to your employer and is where you are complaining about how you personally have been treated at work. For complaints, you should follow your employer's complaints and grievance procedure (NMC, 2019).

Confidential Contact

Any organisation that provides NHS services must provide access to an impartial confidential contact. This person is normally independent of normal management structures and has the capacity and capability to be an initial point of contact for staff who want to raise concerns.

Course advocate

Each course/programme that provides placements to students must have a named person who can act as an advocate and take the concern to the board or primary care service on the student's behalf. This is the named course advocate.

Grievance

A grievance is generally a personal complaint about an individual's own employment situation (INWO, 2020).

Raising Concerns

This is where you are worried generally about an issue, wrongdoing or risk which affects others. This may include where you are worried about patient safety, staff conduct, care delivery, health service resources, the health of a colleague, misuse or lack of available equipment, or financial malpractice. This term can also refer to whistleblowing so long as it meets the definition of whistleblowing (NMC, 2019).

Risks (in a healthcare setting)

This includes: patient safety issues; patient care issues; poor practice; unsafe working conditions; fraud; changing or falsifying information about performance; breaking any legal

obligation; abusing authority; or deliberately trying to cover up any of the above (INWO, 2020, p. 12).

Safeguarding

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect (SCIE, 2020). It is about protecting the health and wellbeing of those in your care and making sure that people in your care's views, wishes, feelings and beliefs are respected when agreeing an action.

Speak-up Ambassador/Advocate

This is a confidential contact within the organisation that people can raise concerns with.

University Representative:

This will be the students usual first point of contact when on placement; for example, personal tutor, academic lecturer, studies advisor. Each university will decide who this is and students informed accordingly.

Whistleblowing

This is 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 raises a concern that relates to speaking up, in the public interest, about an act or omission has created, or may create, a risk of harm or wrongdoing (Scottish Public Services Ombudsman, 2020, cited in INWO, 2020, p12).

APPENDIX 3: STUDENT VIGNETTES (Examples 1 – 4)

Example 1 – Personal Grievance

You started a new practice learning experience three days ago and have not had any induction or orientation to your learning environment nor been assigned a nominated practice supervisor and/or practice assessor.

What should you do?

- Discuss your concerns with the Senior Charge Nurse/Midwife or the manager of the practice learning environment.

Do you think this is a whistleblowing concern?

No, this is an example of a **personal grievance** related to your individual learning experience and as such should be escalated as above. The local Practice Education Facilitator (PEF) or Care Home Education Facilitator (CHEF) can also support you with this personal grievance. You can also discuss with your nominated AEI contact. There are agreed Practice Learning Support Protocols, or equivalent guidance, that may be used to help you with this personal grievance.

STUDENT VIGNETTES

Example 2 - Business as usual

During your shift as a student nurse or midwife you witness what you believe to be poor patient care involving a patient wearing contaminated clothing.

What should you do?

- Speak up and immediately raise your concern with your practice supervisor or practice assessor or a senior member of the clinical team.

This allows context to be added to your concern. The patient may be in pain and have received analgesia which has not yet had time to reach therapeutic levels prior to personal care being offered or the patient may be distressed and, following a risk assessment, a professional judgement has been reached to delay personal care until a family member can be present - an intervention that is identified within the patient's care plan.

Can you identify how raising this timeously has added additional context to your concern?

Raising a concern early with staff directly involved with patient care can result in learning for you and provide you with a more holistic perspective on aspects of patient care.

STUDENT VIGNETTES

Example 3 – Early resolution

During your shift you notice that some of the medicines in the ward fridge are out of date.

You raise this concern with the charge nurse as part of business as usual. The charge nurse says there is no time for a full audit of the fridge medication at this time, and no more action is taken.

What should you do?

- You then contact your university representative. A meeting is arranged between yourself (if appropriate), PS/PA, senior nurse, PEF/CHEF, and university representative.

At the meeting your whistleblowing concern is discussed and the charge nurse proposes that they use the whistleblowing process to investigate your concern; noting the benefits of this in terms of protection and support for you. You agree and a **stage 1 whistleblowing concern is opened**.

The charge nurse looks into what has broken down with the normal procedures and reports back to you within the 5-day period. They find that that new staff have not been fully trained in the ward procedure for checking fridge medication and, due to the absence of some longer serving staff in recent weeks, this oversight had not been remedied. The charge nurse identifies the staff in need of training and decides an audit of the fridge is also appropriate. They suggest that you become involved in this audit for development purposes.

The charge nurse provides a full explanation of their findings to you, and details what has been done to ensure it doesn't happen again. You are also referred to the next stage 2 of the procedure if you do not think that this concern has been resolved.

This is an example of moving from business as usual into the whistleblowing standards.

STUDENT VIGNETTES

Example 4 - Investigation

This example uses the same scenario as example 2.

During your shift as a student nurse or midwife you witness what you believe to be poor patient care involving a patient wearing contaminated clothing.

What should you do?

- Immediately raise your whistleblowing concern with your practice supervisor or practice assessor or a senior member of the clinical team.

You approach your practice supervisor with your concern however following their explanation you still have concerns about patient care. You have also noticed several other patients wearing contaminated clothing and there seems to be a high incidence of moisture related skin damage in patients.

You then contact your university representative. A meeting is arranged between yourself (if appropriate), PS/PA, senior nurse, PEF/CHEF, and university representative. The outcome of this meeting is that stage 2 of the whistleblowing process applies. You should then inform your course advocate who will advise you about your role the whistleblowing process.

This is an example of raising a whistleblowing concern and Stage 2 investigation.

APPENDIX 4: STATEMENT DETAILS

According to INWO (2020), it is important to record the following, including any whistleblowing concerns raised anonymously. The following is an extract from INWO (2020), Part 5, standard 12, p. 61 regarding what to record.

1. The student's name and preferred contact details
2. The nature of the whistleblowing concern raised
3. If the whistleblowing concern is being raised on behalf of another person, that consent has been given to do so
4. The role of the person raising the whistleblowing concern (e.g. course advocate)
5. The date the whistleblowing concern was received
6. The date the whistleblowing concern occurred
7. How the whistleblowing concern was received (e.g. email, verbal, telephone)
8. Service area to which the whistleblowing concern refers
9. Whether the whistleblowing concern includes an element of bullying and harassment and/or other HR issue
10. Whether the whistleblowing concern raises issues of patient safety
11. Whether the student has already experienced detriment as a result of raising this whistleblowing concern
12. The date the whistleblowing concern was closed at the early resolution stage (where appropriate)
13. The date the whistleblowing concern was escalated to the investigation stage (where appropriate)
14. The date the whistleblowing concern was closed at the investigation stage (where appropriate)
15. The outcome of the investigation at each stage
16. The findings in relation to safety concerns and potential harm
17. The findings in relation to concerns of fraud or administrative failures, and
18. Actions taken to remedy any findings

A template reporting form is provided on the next page, see over.

Raising a whistleblowing concern in practice – Template Reporting Form

The student reporting client wellbeing/safety or risk of harm as per the INWO student flowchart should complete the following documentation with the support of a university representative.

Details of the Concern (to be completed by student)	Practice Learning Environment:	Date of Whistleblowing Concern:	Date of report
<p><i>Please explain what you saw and/or heard including dates, times and any witnesses (names). Please provide as many factual details as you can</i></p>			
<p>Student Name:</p> <p>Contact Number:</p> <p>Contact Email:</p>	<p>Date:</p> <p>Time:</p>		

Raising a whistleblowing concern in practice – Template Reporting Form

Investigation of Concern (To be completed by University Representative)			
Concern received (University Representative)	Name:	Role:	Date:
How was the concern raised?	Verbally <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Other <input type="checkbox"/> If other please specify:		
Does the concern relate to patient safety	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does the concern relate to bullying/harassment	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Has the student been adversely affected by raising this concern	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Has the student consented to this concern being shared	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does the student wish to remain anonymous through this process	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Raising a whistleblowing concern in practice – Template Reporting Form

Business as usual (To be completed by University Representative)			
Resolved through business as usual processes?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If No then proceed to Stage 1			
Stage 1: Early Resolution (To be completed by University Representative)			
If concern is not resolved through business as usual - concern passed to NHS contact or course advocate	Name of NHS contact/ course advocate:	Role:	Date:
Action(s)			
Resolved through NHS early resolution?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If No then proceed to Stage 2			
Stage 2: Investigation (To be completed by University Representative)			
If concern is not resolved at stage 1, or is too complex and is referred straight to stage 2	Name	Role	Date
Action(s)			
Feedback to student (To be completed by University Representative)			
Student has been advised of resolution: Yes / No (please delete as appropriate)	Name of individual providing feedback	Role	Date
Referred to Independent National Whistleblowing Officer? Yes / No (please delete as appropriate)			