

The Draft National Whistleblowing Standards

Part 7

Governance: Board requirements for external services

May 2019

Requirement to meet the Standards

1. This part of the Standards sets out Board responsibilities for the services they provide indirectly – through primary care, contracted services, Integration Joint Boards (IJBs), and in conjunction with higher education institutions and voluntary sector providers.
2. Further information on the requirements for these various service providers are available in Parts 9-12 of the Standards.

Board oversight

3. NHS Boards must have effective mechanisms for oversight of the concerns raised about their own services. They must also have systems in place to ensure that they are aware of concerns that are raised about the services they fund or support through alternative delivery routes.
4. This means that Boards must ensure that all services delivered by them or on their behalf have appropriate procedures in place for their staff, students, contractors, volunteers and others to access a whistleblowing procedure that is in line with these Standards.
5. They must also ensure that they receive quarterly reports from all those organisations that deliver services on their behalf. In particular, Boards will be expected to compile reports on concerns raised with primary care providers and contracted services.
6. Boards must review these quarterly reports and follow up on any issues that they raise. They must also take a considered approach to what these reports say about the culture of speaking up within the organisation and beyond. This is particularly important in relation to primary care services, where a lack of reporting of any concerns may indicate difficulties for staff in raising concerns.

Ensuring compliance through contracts

7. As set out above, it is the NHS Board's responsibility to ensure that primary care and other contracted service providers have procedures in place that are in line with these Standards. This must form a part of all contracts or service level agreements with contracted service providers.
8. Boards must have mechanisms for ensuring compliance with these requirements, including the requirement to report concerns handling information to the Board on a quarterly basis when necessary.
9. Boards must have a confidential contact, which staff from primary care and contracted providers can contact if they do not feel able to raise their concerns internally. Many of these services may choose to have arrangements within their organisation or jointly with other providers (for example a cluster of GP

practices), which have reciprocal arrangements for providing an external point of contact. However, staff in small organisations may still seek someone with greater independence, which can be provided by the Board's contact.

10. This confidential contact must be able to receive whistleblowing concerns and provide information and support to the person raising a concern. They must also be familiar with routes for progressing such concerns, either within the Board or at the local level, so they can discuss options with the person raising the concern.

Boards and Integration Joint Boards

11. Each Integration Joint Board (IJB) must develop an agreement which sets out how staff employed by both the Board and the local authority can raise concerns about services that are the responsibility of either the Board or the local authority.
12. This agreement must ensure that concerns about NHS services can be considered through the Standards. While good practice would suggest that a similar approach is taken to local authority services, these cannot be reviewed by the INWO, but are more likely to be appropriate for consideration by the Care Inspectorate.
13. The Board must satisfy itself that:
 - 13.1. Concerns raised within the Health and Social care Partnership (HSCP) are recorded and reported in line with the Standards;
 - 13.2. Arrangements are in place for quarterly reporting of concerns raised by staff to the IJB itself;
 - 13.3. An annual report is published, reflecting the concerns that have been raised within the HSCP, performance in handling these concerns and lessons learned.
14. Further information is provided in the Part 9 of the Standards, for IJBs.

Working with higher education institutions

Enabling students to raise concerns

15. Students and trainees work in a range of settings, and cover many disciplines. Students must be able to raise concerns and have access to support services, in line with the Standards.
16. Students must also be encouraged to raise concerns with an appropriate manager within the service they are working in. Feeling confident and able to do this is an important part of their training. They must also have access to the

Board's confidential contact or whistleblowing ambassador. However, it is acknowledged that students are, mostly, inexperienced and particularly at risk of detriment in relation to their course marks. For this reason, it is important that they also have access to an alternative route for raising concerns.

17. In order to achieve this, Higher Education Institutions (HEIs) courses must identify an appropriate contact for any student group that will be working in a hospital. This could be a course coordinator or similar. Their role will be to provide information and support to any students raising concerns with them.

Higher Education Institution staff in the NHS

18. Many NHS Boards have departments where staff from HEIs work alongside NHS staff, and their educational and health care roles normally overlap. These workers are as likely as anyone else to identify an issue within an NHS service which needs to be addressed for the benefit of patient safety, efficient service delivery or good governance. It is therefore important that, in relation to whistleblowing, they should have equal access to this procedure and to the support they need in raising their concern.
19. On occasion, these staff may wish to raise a concern with a supervisor or line manager who is outside the NHS. However, while they may be well placed to provide support for the individual, they may not be well placed to take forward appropriate service changes. On this basis, HEI staff should be encouraged to raise concerns with an appropriate manager within the department they are working in. They must also have access to the Board's confidential contact.
20. It must still be possible for the individual's line manager to raise the concern on their behalf, as an advocate. If this is the approach they wish to take, it may be important for the Board to consider why this person does not feel safe to raise the concern directly themselves.

Working with voluntary sector providers

21. Voluntary organisations work within the NHS in a number of ways, most common of which are:
 - 21.1. Provision of additional services, paid for by the voluntary sector, e.g. Macmillan nurses;
 - 21.2. Provision of services contracted by the NHS, e.g. delivery of nursing care at home; and
 - 21.3. Volunteers working within an NHS setting, e.g. ward visitors.
22. All these groups may find there are issues which concern them about how work is being carried out in an NHS service, so all must be able to access this

procedure, and have access to the support and protection provided by these Standards.

23. People working for voluntary organisations contracted to provide a service for the NHS are included through contractual arrangements, in line with all other contracted services.
24. People working (either paid or voluntarily) for voluntary services that are additional to NHS services, but work alongside them, must be able to raise any concern they have with the most appropriate local manager. They must also be able to have access to the Board's confidential contact and to any support they need in relation to raising the concern.
25. These workers may prefer to raise their concern with a representative from the voluntary organisation (particularly volunteers, who may not feel able to raise concerns directly). It is expected that each voluntary organisation that works within an NHS setting will have at least one member of staff who is informed and able to support their volunteer or colleague through this procedure. They can act as an advocate if the individual does not feel able to raise the concern themselves. NHS managers must facilitate such raising of concerns and be open to the learning opportunities they provide.

Providing a confidential contact

26. Details of the role of the confidential contact or whistleblowing ambassador are provided in Part 5 of these Standards. In relation to their role with external service providers, the confidential contacts must be aware of the Board's obligation to receive concerns and provide support to anyone working within or alongside a service provided by the Board. They must welcome such concerns and actively encourage them when promoting the raising of concerns.
27. Confidential contacts are encouraged to develop relations with representatives from HEIs and voluntary sector providers, to develop a mutual understanding of their roles, and so if issues do arise, communication is easier.
28. Boards may choose to have several confidential contacts, and it may be appropriate to have one specifically for these groups, and another to work with primary care and contracted services, to encourage the raising of concerns in these areas.