

Whistleblowing Investigation Frequently Asked Questions

1. Will the outcome of the Whistleblowing Investigation be shared with anyone else?

It is important that as an organisation NHS Lothian is open and transparent about any whistleblowing concerns raised and any learning/improvement actions resulting from the investigation. Generally following a whistleblowing investigation there will be a communication to the team affected, acknowledging that a concern has been raised, the themes coming out of the investigation and actions/learning being taken forward. This may not be in a single communication but a series of communications. Transparency does not mean sharing every single detail, it is however important that we provide the context for the decisions that we make. Sometimes if findings and actions relate to a named individual it may not be appropriate to share specific details as we are required to follow the principles of good information governance and confidentiality. The identity of the whistleblower(s) and any witnesses will always be protected.

2. I am concerned about conflict of interest between the investigator having connections or following areas/ teams/ individuals linked to areas under investigation on social media. What should I do?

If you have any concerns about a perceived conflict of interest, then this should be raised with the Whistleblowing Programme and Liaison Manager. Following people/areas on social media may not directly mean a conflict of interest.

3. Can I ask for a different investigator?

In identifying investigators, we look to ensure there is balance in the investigation team of both professional and managerial knowledge. It would not be normal practice for investigators once identified to be changed, however in exceptional circumstances this is something which could be reviewed. If you have concerns these should be raised via the Whistleblowing Programme and Liaison Manager.

4. Why does it take a long time to provide me with the transcript/minutes of recorded meetings if they are available immediately, why is there a delay?

Meeting notes are formally typed and shared with the whistleblower and witnesses. It is not normal practice to share the Team's recording or transcript. In terms of the investigation protocol the aim would be to get notes out within 14 days of any meeting taking place. Should you not have received your meeting notes within this timescale you should make contact the investigators.

5. Why have the investigators not spoken to the people I identified in as needing to be contacted, when I met with them to discuss my concerns?

When reviewing the information provided by the whistleblower, investigators would make a judgement as to whom they wish to speak. This will be based on the agreed heads of concerns and the information they believe is required to conduct a balanced and proportionate investigation.

In some instances, potential witnesses identified by the whistleblower may not wish to take part in the investigation or take part but do not wish to disclose their experience/views.

During the investigation process further witnesses may be identified. Due to the confidentiality of the process, both the whistleblower and witnesses are advised not to discuss the investigation.

6. Who can I take with me to the investigation?

Anyone raising a concern may want to have someone to support them at meetings, or throughout the process. This could be a union representative, friend, relative, colleague or Speak Up Advocate/Ambassador. If it is friend, relative, colleague or Speak Up Advocate/Ambassador, their role is to support the person raising the concern rather than to represent them or respond on their behalf.

7. Am I asked for my permission to share my identity with additional people at every stage of the process e.g., admin/note takers?

Yes, on receipt of concerns you will be advised who your identity will be shared with, initially this will be the Whistleblowing Programme and Liaison Manager, or in their absence the Deputy Director of HR. Once investigators have been identified, the Whistleblowing Programme and Liaison Manager will confirm you are content, for the purposes of progressing the investigation that your identity is shared with the investigators. At the same time, you will be asked, for the purposes of issuing the outcome letter, that your identity can be shared with the Commissioner, and their PA/EA. Should your identity need to be shared further, you will be contacted to seek permission.

If investigators are being supported during the investigation by admin support/note takers. They will seek permission from the whistleblower or those being interviewed during as part of the investigation, that identities can be shared.

8. What is the role of the whistleblowing champion?

Each NHS board has a whistleblowing champion who monitors and supports the effective delivery of the organisation's whistleblowing policy. This role has been developed by the Scottish Government and complements the work of the Independent National Whistleblowing Officer (INWO).

The whistleblowing champion role is predominantly one of assurance and scrutiny to help NHS boards comply with their responsibilities in relation to whistleblowing.

The whistleblowing champion provides critical oversight, ensures NHS Lothian is handling whistleblowing concerns appropriately, in accordance with the Standards. The whistleblowing champion can raise any issues of concern with the NHS Lothian Board as appropriate, either in relation to the implementation of the Standards, patterns in reporting of concerns or in relation to specific cases.

Beyond the services delivered directly by the NHS board, the whistleblowing champion will have responsibility for ensuring that the organisation has appropriate systems in place to ensure that services delivered indirectly, including primary care services, contracted services and those delivered by HSCPs, are meeting the requirements of the Standards. In particular, they may need to work with colleagues in IJBs to clarify expectations and requirements in relation to raising concerns.

9. How is the whistleblowing champion involved in this process?

The Whistleblowing Champion monitors and supports the delivery of the whistleblowing policy and process. The Whistleblowing Champion is not part of the process for receiving concerns and cannot accept concerns from staff or offer advice and support on individual whistleblowing cases. Neither can they undertake an investigation into concerns raised by staff, students or volunteers.

A monthly performance monitoring meeting takes place with the Whistleblowing Champion, Executive Lead and the Whistleblowing and Liaison Manager to provide an anonymised overview of cases and performance against the standards.

At the conclusion of an investigation, if the whistleblower wishes, and on confirmation that their identity can be shared, the Whistleblowing Champion offers to meet with the whistleblower. The purpose of the meeting is to seek feedback on how the process felt for the whistleblower and to learn from feedback about how NHS Lothian might improve its whistleblowing policy, processes and treatment of those raising concerns.

10. What are the timescales for the action plan and am I expected to be involved in this?

From receipt of the investigation outcome services are given 4 weeks within which to produce the action plan and submit to the Commissioner. Normally at this stage as the identity of the whistleblower is not known to the service, they will not have been asked directly to be involved in the production of the action plan. On occasions it may be appropriate for the whistleblower to be involved in the development of the action plan, this can only happen with the express agreement of the whistleblower.

11. If people ask me if I am a whistleblower, what do I say?

This is a personal decision and should be balanced on what benefits or disadvantages you might feel about letting someone else know. You do not have to disclose this. It is a decision which needs to be made on an individual basis.

12. I am concerned there is an immediate risk, will this not be dealt with until the end of the investigation?

On receipt of a stage 2 concern the Commissioner (a member of the Executive Leadership team) is asked to identify if there are any immediate patient or staff safety issues which require to be addressed, as a result of the concern(s) being raised. In addition to this the investigators can at any time during the investigation escalate patient or staff safety concerns to the Commissioner.