

**Speaking Up - National Whistleblowing Guidance
for Nursing and Midwifery Students
on NHS Placements in Scotland**

National Strategic Group for Practice Learning	Version 3.1
Date of publication: June 2024	Review date: June 2026

Speaking Up - National Whistleblowing Guidance for Nursing and Midwifery Students on NHS Placements in Scotland

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), 2019a). In considering the interests of others, this National Whistleblowing Guidance should be read together with the NMC Raising Concerns (NMC, 2019a), the NMC Code (NMC, 2018) and Duty of Candour (NMC/General Medical Council, 2022) which set out the broad principles to help students feel confident and supported 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 and updated 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 Scottish Approved Education Institutions (AEIs), Health Boards, NHS Education for Scotland (NES) and the Independent National Whistleblowing Officer (INWO). The SLWG members are listed in Appendix 1.

1.2 Aim and 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 National Health Service (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 national 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). 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. Tables (see section 4.0) are included which aim to make clear the steps to be taken and support available, 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, 2019a). 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. This guidance focuses on:

- helping staff and students raise concerns as early as possible
- 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 has 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

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, 2019a). 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 (INWO, 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 (INWO, 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 define a grievance as *“a personal complaint about an individual’s own employment situation”* (INWO, 2020, p.12). According to the NMC (2019a) 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. A vignette describing a grievance is in Appendix 3, example 1.

While, as a student you are not employed, the principle remains and there are mechanisms by which you can raise a grievance. 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 that are having an unfavourable influence on your learning

If you have experienced any of the above, you are encouraged to initially raise your grievance with your practice supervisor (PS) or practice assessor (PA), or senior nurse/midwife/manager in your practice learning environment (PLE). If required you should follow your university 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 this guidance is designed to take you through how you can raise a whistleblowing concern, the options available to you and how you can access support. Complaints about your university and any aspects of the programme they offer, including practice-based learning, should be raised via the university's complaints procedures.

2.3 Role definitions

Terms used for roles involved in supporting you are provided below:

Practice supervisor	This is your nominated person within your PLE who will supervise and support you in practice.
Practice assessor	This is your assessor in practice who will also supervise, support and assess you in practice
Senior charge nurse/ midwife (SCN/SCM); nurse team leader/ lead nurse/team lead	This is a nurse/midwife manager who has overall responsibility for ensuring the quality of care in an environment/service/directorate
University representative	This is the student's first point-of-contact when on placement, for example, personal or practice tutor, academic lecturer, or studies advisor.
Course advocate	Each course/programme that provides placements for students must have a named person who can act as an advocate and take the concern to the NHS Board on the student's behalf. This is the named course advocate.
Confidential contact <i>See also Speak-up Ambassador or Advocate</i>	Any organisation that provides NHS services must provide access to an impartial confidential contact. This person is normally independent of the normal management structures and has the capacity and capability to be an initial point-of-contact for staff who want to raise concerns.

<p>Speak-up ambassador/ Advocate</p> <p><i>See also Confidential Contact</i></p>	<p>Some organisations also have ‘Speak-up Ambassadors or Advocates’. This is a confidential contact within the organisation that people can raise concerns with.</p>
---	--

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, 2019a, 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 Confidential Contact/Speak-up Ambassador promptly.

Please also refer to Appendix 3 for student vignettes which may clarify your thinking and the table 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 most 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 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. There will be minimal involvement on your part other than raising the concern and awaiting a response. The table in section 4.0 (see p.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 and you are encouraged to undertake this as a face-to-face discussion with your nominated practice supervisor/practice assessor or service manager. In cases where this is not possible you should have the discussion with the senior member of nursing /midwifery staff on duty. This discussion may resolve your concern. A vignette detailing a ‘business as usual’ is provided in Appendix 3, example 2 (see p. 21). However, if this discussion does not resolve your concern, you may decide to raise it as a whistleblowing concern with support from your university representative or course advocate.

3.2 Raising a whistleblowing concern

As a nursing or midwifery student, you could take two routes:

- you can raise the concern directly within the NHS board
- you can request that your course advocate raise the concern on your behalf. *If you choose to have the concern raised on your behalf, this can be done confidentially.*

The [National Whistleblowing Standards](#) set 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. There are two stages to the process, which the health board must deliver, and the INWO can act as an independent review process if this is required.

An important part of the process is the support and protection given to anyone who raises a concern. As a student, your university representative will be best placed to provide you with the support you need. They will be familiar with the kinds of situations students have to deal with and will be fully aware of all the support options that are available to students, which may not be the same as those for staff. For this reason, it is recommended that you engage with your university representative, even if you have raised your concern directly with someone from your practice placement or with the NHS board's confidential contact.

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.

3.3 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 p. 22). If you are raising a concern directly, you should consider who to report it to. This could be:

- your practice supervisor or practice assessor or senior nurse/midwife on duty
- your university representative or course advocate
- NHS Confidential Contact (the NHS will have these contact details available)

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 usually 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, or the course advocate raising the issue on your behalf, 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. 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 as soon as possible thereafter. There would need to be good reason for any significant delay, such as a business as usual process took time to complete, and was anticipated to resolve the issue. The INWO Standards have a time limit of six months from when the concern was first noticed, for this to be raised within the organisation. The organisation can extend this time limit if there is good reason to do so, for example, if the issue is still ongoing or if business as usual procedures have led to an extended delay.

There will also be a collaborative discussion about whether the practice learning environment in question remains appropriate for you. If a concern is raised on the student's behalf by a course advocate, the course advocate would discuss this with the student and agree an action plan or approach the NHS board to ensure confidentiality.

3.4 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

Alternatively, concerns that have not been resolved at stage 1, i.e., where there are still concerns that risks have not been addressed, can also be referred on for an investigation at stage 2.

A vignette detailing a stage 2 investigation is provided in Appendix 3, example 4 (see p. 23). Please refer to section 5 which details the support available.

For a stage 2 concern, the following process and timelines apply:

- the NHS Board 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 twenty working days, unless it needs to extend this time limit
- if the NHS Board 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 twenty working days (and then at least every twenty working days after that)
- the NHS Board should provide updates every twenty 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 university and NHS Board should offer support to those involved during this period to ensure no detriment to the student

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 (or the course advocate) how the investigation will be carried out and what your role in it will be. This may involve a written statement and there may be further requirements of which you (directly or via the course advocate) will be informed. You will be provided with support from your course advocate to complete any statements required and will be allowed representation at any meetings. Appendix 4 (see p. 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.

3.5 Independent review - Independent national whistleblowing officer (INWO)

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

There are four aspects of a whistleblowing concern that the INWO can investigate, which are:

- how the NHS Board has responded to the concern raised, applied the INWO Standards and investigated the issues raised
- whether the NHS Board's decisions and actions relating to the concern were reasonable in the circumstances
- how the NHS Board treated the whistleblower and other people involved, including telling them about any relevant Human Resources procedures
- the NHS Board's wider approach to learning from concerns, including how it supports and encourages a culture of speaking up to improve patient safety and service delivery

The INWO cannot normally look at whistleblowing concerns:

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

4.0 Raising concerns through existing processes – Business as usual

Step 1:

You have a concern that relates to speaking up in the public interest.

Step 2:

You should report this immediately, preferably at the time that you witness your concern. You are encouraged to undertake this as a face-to-face discussion with your nominated practice supervisor/ practice assessor, or senior member of nursing/midwifery staff on duty.

This discussion may resolve your concern.

Step 3:

If this discussion does not resolve your concern, you may decide to raise it as a whistleblowing concern with support from your university representative or course advocate.

4.1 Whistleblowing

The Whistleblowing Process

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. If you prefer, you can ask a course advocate (usually a course coordinator) to advocate on your behalf.

As well as access to a university representative 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 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

Stage 1: Early Resolution

This is for cases that can be resolved in five days or less with an on-the-spot explanation or quick action.

The timescale can be extended in exceptional circumstances.

The organisation should agree with you the outcomes you are seeking, explain the action it is taking to put things right including any immediate actions to reduce risk to patient safety, and check whether they need support.

Stage 2: Investigation

If stage 1 response does not resolve your concern, or your concern is more serious or complex, it will need to be investigated at stage 2.

The organisation should acknowledge your concerns within three working days. You can then expect updates to any investigation every twenty 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.

Stage 3: Independent External Review

If you are unhappy with the way in which your concern has been handled, the organisation should signpost you to the INWO. This is the final stage for whistleblowing concerns about the NHS in Scotland. The INWO can decide to look at:

- how the concern was handled by the organisation
- whether the organisation's decision about the concern were reasonable
- how you were treated through the process
- how the organisation supports a culture of speaking up

You must bring your concern to the INWO within twelve months of the date you became aware of the matter you want to bring to the INWO.

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 in the first instance, if you feel able to do so. Raising a concern early can prevent minor issues becoming serious ones, and so protect the public from harm and improve standards of care (NMC, 2019a).

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
- receive confirmation that your concerns are acknowledged and have been addressed (INWO, 2020)

If you are thinking of raising a whistleblowing concern, you are encouraged to access information and support to discuss your concerns. There are different support mechanisms available which may include:

- your named university representative
- your named course advocate
- the named NHS board confidential contact or Speak-up Ambassador/Advocate
- a service manager or team leader
- a more senior manager if circumstances mean this is more appropriate

5.2 The role of the course advocate

In addition to the routes normally available to NHS staff, you can also raise your whistleblowing concern with your university course advocate. Every university programme that provides practice-based learning in NHS services must have a named person who can act as an advocate. Your university representative will be able to provide information on who your course advocate is, if that information is not known to you at the time you wish to raise

a concern. It may be that after speaking with the course advocate, that information provided is enough to enable you to raise the concern within the service.

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 you can use the course advocate to take the concern to the NHS board on your behalf. You can also choose whether you wish to remain anonymous to the NHS board. 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:

- NHS Board's Confidential Contact for raising whistleblowing concerns, or other confidential speak-up contact
- 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 or Professional Body representatives
- Nursing and Midwifery Council available at: <https://www.nmc.org.uk/concerns-nurses-midwives/make-a-referral>

6.0 References and further reading

- Blair, W. 2019. Supporting whistleblowers. *Kai Tiaki Nursing New Zealand*. **25** (8), pp. 42.
- Fisher, M. & Kiernan, M. 2019. Student nurses' lived experiences of patient safety and raising concerns. *Nurse Education Today* [online]. **77** (2019), pp. 1-5. [viewed 11/3/21]. Available from: <https://doi.org/10.1016/j.nedt.2019.02.015>
- Hanson, J. & McAllister, M. 2017. Preparation for workplace adversity: Student narratives as a stimulus for learning. *Nurse Education in Practice*, **25** (2017), pp.89 – 95.
- Independent national whistleblowing officer, 2020. *The National Whistleblowing Standards*. INWO; Edinburgh.
- Ion, R., Smith, K. & Dickens, G., 2017. Nursing and midwifery students' encounters with poor clinical practice: A systematic review. *Nurse Education in Practice* [online]. **23**, pp. 67-75. [viewed 11/3/21]. Available from: <https://doi-org.gcu.idm.oclc.org/10.1016/j.nepr.2017.02.010>
- Milligan, F., Wareing, M., Preston-Shoot, M., Pappas, Y., Randhawa, G., 2017. *Supporting nursing, midwifery and allied health professional students to raise concerns with the quality of care. A systematic literature review* [online]. Council of Deans of Health. [viewed 11/3/21]. Available from: <https://councilofdeans.org.uk/wp-content/uploads/2016/07/CoDH-lit-review-students-raising-concerns-FINAL-with-covers.pdf>
- Nursing and Midwifery Council/General Medical Council, 2022. *Openness and honesty when things go wrong: the professional duty of candour* [online]. [Viewed 21/6/22]. Available from: <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/openness-and-honesty-professional-duty-of-candour.pdf>
- Nursing and Midwifery Council, 2018a. *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates* [online]. London: NMC. [viewed 17/3/21]. Available from: <https://www.nmc.org.uk/standards/code/read-the-code-online/>.
- Nursing and Midwifery Council, 2018b. *Future nurse: Standards of proficiency for registered nurses*. [online]. London: NMC. [viewed 10/08/22]. Available from: <https://www.nmc.org.uk/standards/standards-for-nurses/standards-of-proficiency-for-registered-nurses/>
- Nursing and Midwifery Council, 2018c. *Standards framework for nursing and midwifery education*. [online]. London: NMC. [viewed 10/08/22]. Available from: <https://www.nmc.org.uk/globalassets/sitedocuments/standards-of-proficiency/standards-framework-for-nursing-and-midwifery-education/education-framework.pdf>
- Nursing and Midwifery Council, 2019a. *Raising Concerns: Guidance for nurses, midwives and nursing associates*. [online]. London: NMC. [viewed 18/3/21]. Available from: <https://www.nmc.org.uk/standards/guidance/raising-concerns-guidance-for-nurses-and-midwives/read-raising-concerns-online/>
- Nursing and Midwifery Council, 2019b. *Standards of proficiency for midwives*. [online]. London: NMC. [viewed 10/08/22]. Available from: <https://www.nmc.org.uk/standards/standards-for-midwives/standards-of-proficiency-for-midwives/>

Nursing and Midwifery Council, 2020. *Speaking up Caring with Confidence: The Code in Action*. [online]. [Viewed 21/6/22]. Available from: [Speaking up - The Nursing and Midwifery Council \(nmc.org.uk\)](https://www.nmc.org.uk/speaking-up)

Schwappach, D. & Richard, A. 2018. Speak up-related climate and its association with healthcare workers' speaking up and withholding voice behaviours: a cross-sectional survey in Switzerland. *BMJ Qual Saf.* **27**, pp. 827 – 835.

Sholl, S., Scheffler, G., Monrouxe, L.V. et al. 2019. Understanding the healthcare workplace learning culture through safety and dignity narratives: a UK qualitative study of multiple stakeholders' perspectives. *BMJ Open* [online]. **9**: e025615. [viewed 12/3/21]. Available from: doi:10.1136/bmjopen-2018-025615

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: Short life working group membership version 3

Evelyn Strachan (Chair)	Academic Lead for Practice Learning/Senior Lecturer, Glasgow Caledonian University
Janine Stewart	Senior Educator for Practice Education and Pre-registration, NHS Education for Scotland
Debra Heron	Lead Practice Education Facilitator, NHS Ayrshire & Arran
Rhona McInnes	Staff Tutor (Nursing), The Open University
John Sinclair	Lead Practice Education Facilitator, NHS Highland
Francesca Richards	Team Manager, Independent National Whistleblowing Officer

The group extends its gratitude to Dr Kathy Duffy (V1) and Sam Abdulla (V2) for their valuable input into previous versions of this student whistleblowing guidance.

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, 2019a).

Approved education institution (AEI)

Both AEI and university are used interchangeably within this guidance document.

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, 2020).

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, 2019a).

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.

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, 2019a).

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 (Social care institute for excellence, 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).

Whistleblowing 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 whistleblowing course advocate.

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 when you check back several days later no action has been taken.

What should you do?

Contact your university representative or course advocate

What happens next?

The university representative or course advocate contacts an appropriate person within the health board – the ward’s senior charge nurse.

They discuss your concern (you can attend if you want to). This discussion includes whether the concern should be considered through further business as usual or as a whistleblowing concern. You request that it is considered as whistleblowing, as you want to ensure your practice assessment is not affected and you feel you need support with this. A **stage 1 whistleblowing concern is opened**.

The senior 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 senior 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 senior 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 informed about the next stage in the whistleblowing standards if you do not think that your concern has been resolved. This will be confirmed in writing, unless you tell them you are happy not to receive it in writing.

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

Student vignettes

Example 4 - Investigation

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 a senior member of the clinical team.

What happens next?

Following a conversation with the senior member of staff, you are not happy with their response.

What next?

You have ongoing 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 course advocate for support and advice. You discuss your concerns, and on reflection, you decide to raise this concern as a whistleblowing concern, so that you will get support and protection. You complete the template proforma for student concerns. With your agreement, your course advocate liaises with your university representative (so you can get the support you need).

On the basis of the information you have provided in the form, the course advocate takes your concerns to the board's whistleblowing lead for consideration. They confirm that it meets the definition of whistleblowing. **Given the breadth of concerns you have raised, it will take longer than 5 days to look into, so they have decided it should be investigated at Stage 2 of the whistleblowing process.** The course advocate updates you on this decision and ensure you have the support you need from your university representative.

Once an investigator has been chosen, they contact you directly to discuss what has happened. They say you can have someone to support you at that meeting, so you ask your university representative to accompany you.

When the investigator concludes their investigation, you are given a full explanation of what has been found during the investigation and what action will be taken to improve patient care.

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 another 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 table 4.1 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:
<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>			
Student Name: Contact Number: Contact Email:	Date: Time:		

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"/>		

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)			