

**INDEPENDENT
NATIONAL
WHISTLEBLOWING
OFFICER**



People Centred | Improvement Focused

The National Whistleblowing Standards

Part 2

The procedure and when to use it

APRIL 2021


Definitions

What is whistleblowing?

1. **Whistleblowing** is defined in the Public Services Reform (the Scottish Public Services Ombudsman) (Healthcare Whistleblowing) Order 2020 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.
2. This includes an issue that:
 - 2.1. has happened, is happening or is likely to happen; and
 - 2.2. affects the public, other staff or the NHS provider (the organisation) itself.
3. People also often talk about 'raising concerns' or 'speaking up'. These terms can also refer to whistleblowing. The issue just needs to meet the definition above, whatever language is being used to describe it.
4. 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:
 - 4.1. patient-safety issues;
 - 4.2. patient-care issues;
 - 4.3. poor practice;
 - 4.4. unsafe working conditions;
 - 4.5. fraud (theft, corruption, bribery or embezzlement);
 - 4.6. changing or falsifying information about performance;
 - 4.7. breaking any legal obligation;
 - 4.8. abusing authority; or
 - 4.9. deliberately trying to cover up any of the above.
5. A whistleblowing concern is different to a grievance. A grievance is typically a personal complaint about an individual's own employment situation. There is more information about raising concerns and bullying and harassment in Annex B.
6. Healthcare professionals may have a professional duty to report concerns. Managers and all staff (including students and volunteers) must be aware of this, as it can affect how and when concerns are raised. However, the processes for handling concerns should be the same for any concern raised.

Who can raise a concern?

7. **Anyone** who provides services for the NHS can raise a concern, including current (and former) employees, agency workers (and others on short or insecure contracts such as locums and bank staff), contractors (including third-sector service providers), trainees and students, volunteers, and anyone working alongside NHS staff, such as those in health and social-care partnerships. A person raising a concern has usually witnessed an event, but they may have no direct personal involvement in the issue they are raising.
 8. If the person does not want to use this procedure, see the section on confidentiality at paragraph 58 for more information.
 9. More than one person can raise the same concern, either individually or together. Anyone receiving a concern must make sure they understand who wants to achieve what, and whether everyone wants to be kept informed and updated on the progress of any investigation.
 10. It is important for everyone involved in this procedure to be aware that some people may feel at greater risk than others as a result of raising a concern. For example:
 - 10.1. employees whose employment may be less secure, such as agency staff or those who need a visa to work in the UK;
 - 10.2. students and others who are due to be assessed on their work; or
 - 10.3. people from any of the recognised equalities groups.
 11. Some people may consider themselves to be more likely to be treated unfairly as a result of raising a concern, particularly if they are in more than one of the above groups. It is particularly important to make sure people are aware of the support available through this procedure, and that any concerns they raise are treated seriously.
 12. If the person is raising a concern about a service that is not their employer, for example, a district nurse working in a GP service, a locum pharmacist working for an agency, or a care assistant working within an HSCP service, they must be able to raise concerns either direct with their employer or within the service itself, and they must have full access to the National Whistleblowing Standards (these Standards).
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How to raise a concern

13. These Standards are designed to work with, not repeat or replicate, NHS processes and procedures that staff use every day to report what is happening in local areas. These processes and procedures are called 'business as usual' in the Standards.
14. People may report or mention issues through business as usual processes which could meet the whistleblowing definition. To avoid duplication and confusion, the procedure set out in these Standards should normally only be used if:
 - 14.1. no other procedure or processes are being used;
 - 14.2. an existing procedure or process has been used but has not resulted in the outcome the person raising the concern expected; or
 - 14.3. the person asks for the whistleblowing procedure to be used.
15. See below for more information about moving from business as usual to this procedure for raising concerns.
16. People should raise concerns within six months of first becoming aware of the issue the concern relates to. For more information on this, see Part 3 of the Standards.

Support and protection through the procedure

17. Nobody should be treated unfairly as a result of raising a concern, having a whistleblowing allegation made against them, or co-operating with any investigation. If staff are victimised as a result of being involved in a whistleblowing case, this must be treated as a disciplinary matter.

Support for the person raising a concern

18. It can be stressful and isolating to raise a concern, but when someone does raise a concern, they are trusting the organisation and giving it an opportunity to put right a wrongdoing or reduce risk. The organisation must repay this trust by protecting the person throughout the process and making sure they do not suffer any harm as a result of speaking up.
19. Anyone receiving a concern must:
 - 19.1. thank the person for raising the concern;
 - 19.2. listen to them carefully;
 - 19.3. take the concern seriously; and
 - 19.4. reassure them that:
 - the concern will be handled sensitively;
 - they have done the right thing by raising the concern; and
 - they will not be treated badly, even if no risks are identified.

20. In some cases, it will be enough to thank the person raising the concern, and provide regular feedback on any resulting investigation. In other cases, the person may need more specialist support. Anyone receiving concerns must ask what support the person raising the matter may need and how this can be provided, when they first raise the concern. If support needs are identified, the appropriate resources must be provided wherever possible, and the person must be given contact details for support providers.
21. The support that is available may include:
 - 21.1. access to a confidential contact who can provide information and advice on the procedure for raising concerns, as well as support during the process;
 - 21.2. counselling or psychological support services for people suffering from stress because they are involved in this procedure;
 - 21.3. occupational health services which take account of the stress involved in raising a concern; and
 - 21.4. considering, with the person who has raised a concern, a range of actions to reduce any consequences they are facing (or think they may face) as a result of raising the concern. These actions may include making changes at work or putting in place temporary arrangements to reduce risk.
22. 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 or colleague. If it is a friend, relative or colleague, their role is to support the person raising the concern rather than to represent them or respond on their behalf. Union representatives can be more involved in discussions, although it is best if the person raising the concern openly shares the information they have. It is worth noting that the person providing support may also face some risks through being involved in the process. The person the concern was raised with should discuss this with them, and provide appropriate support.



Employer's duty of care

23. Employers have a duty of care to their employees and must take all reasonable steps to protect their health, safety and well-being. They must do everything that is reasonable in the circumstances to keep their employees safe from harm. They also have a moral and ethical duty not to cause, or fail to prevent, physical or psychological injury.
24. Under their duty of care, employers may have to:
 - 24.1. ensure, so far as is reasonably practicable, a safe work environment; and
 - 24.2. provide adequate training so that employees can safely carry out their designated role.
25. Employees also have a responsibility to take reasonable care for their own health and safety at work. For example, they should be able to refuse to do work that would be unsafe for them, without fearing disciplinary action. An employee also has a duty to take reasonable care for the health and safety of other employees who may be affected by their acts or omissions at work.
26. In the context of raising concerns, this means that the organisation should have systems in place to protect anyone who raises a concern from detriment.
27. If it becomes clear that a person who has raised a concern is being (or may be) treated unfairly or victimised, managers must take action. This may include informal action or formal disciplinary procedures. In most cases, removing the person who has raised a

concern from their workplace, either by relocating or suspending them, is not an appropriate response, as this reinforces the attitude that it is risky to raise concerns and shows that the organisation does not support people to speak up.

Legal protection for those raising concerns

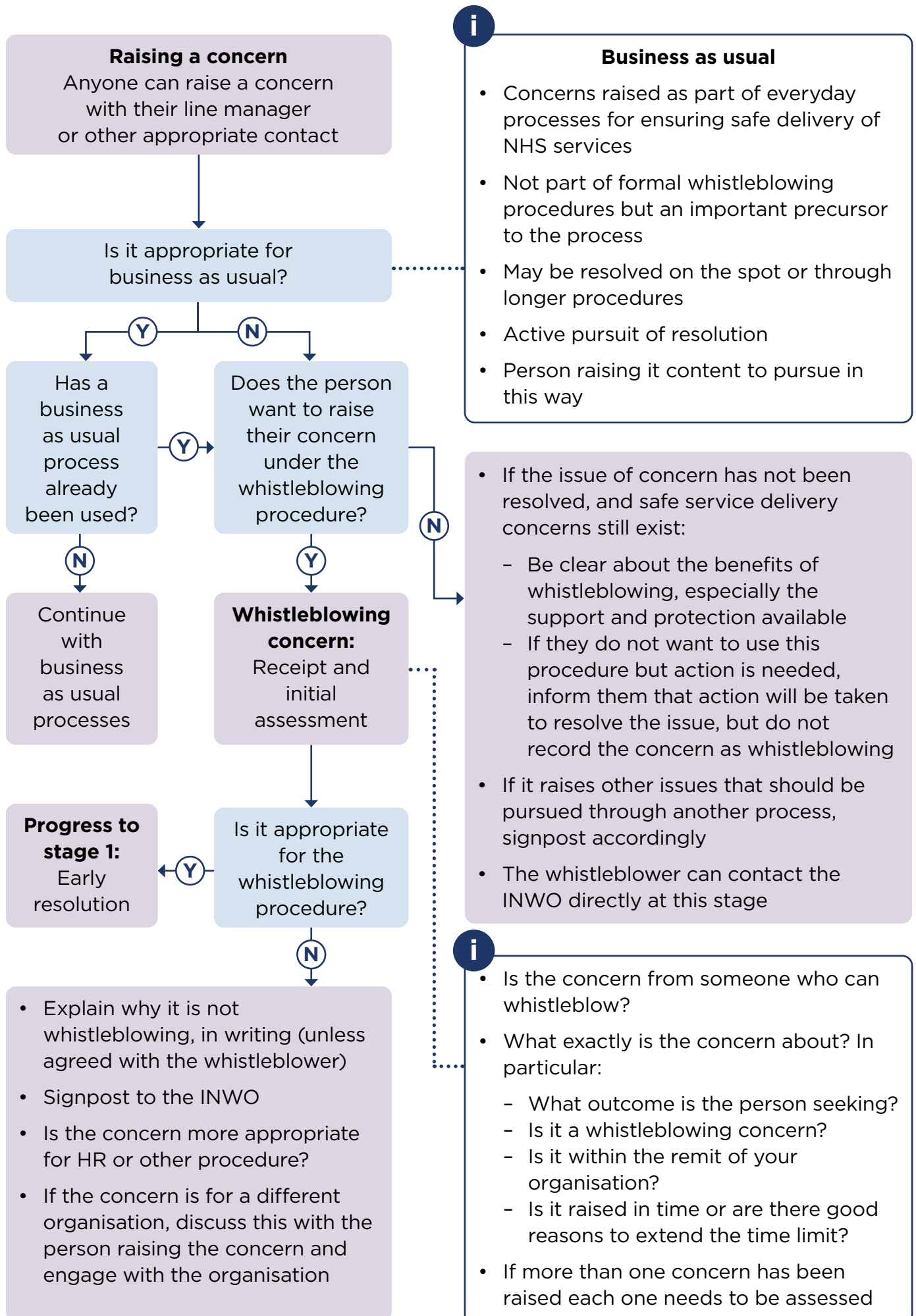
28. The Public Interest Disclosure Act 1998 (PIDA) is often called the 'whistleblowing law'. It is there to protect all 'workers' (as defined in the Employment Rights Act 1996 – this classification is broader than, but includes all employees), who have made a 'protected disclosure' from being treated unfairly as a result of raising a concern. Protection against discrimination on the grounds of being a whistleblower, or appearing to be a whistleblower, is also given to applicants for work with some NHS employers (including NHS boards).
29. A concern is considered a 'protected disclosure' when it meets this legal test: the person raising it must **reasonably believe** that it is in the public interest to raise a concern, and that the information available shows that the following has happened, is happening or is likely to happen. For example:
 - 29.1. a criminal offence
 - 29.2. an act that creates a risk to health and safety
 - 29.3. an act that damages the environment
 - 29.4. a miscarriage of justice
 - 29.5. a breach of any other legal obligation not being met
 - 29.6. concealment of any of the above being covered up

30. A full list is available in the legislation here: <http://www.legislation.gov.uk/ukpga/1998/23/section/1>
31. It is important to note that making a 'protected disclosure' does not mean that the concern must be raised or investigated in a certain way. It provides legal protection for workers who suffer detriment **after** raising concerns. If a worker is unfairly dismissed or treated unfairly as a result of raising a concern, they can claim compensation under PIDA at an employment tribunal.
32. PIDA encourages workers to make the 'protected disclosure' to their employer first, if possible. However, this is not essential as it recognises that workers may have good reason for raising a protected disclosure outside their workplace (either before or after reporting the concern to their employer). PIDA lists the 'prescribed persons' with whom workers can raise a concern with, beyond their own employer, and still have their employment protected.
33. The Independent National Whistleblowing Officer (INWO) [is being added] to the list of organisations, so NHS employees [will be] able to raise their concerns direct. The INWO will approach each case on the basis that it is better for the organisation involved to identify the learning and improvements that are needed. However, they can agree to accept concerns direct if they do not feel it is reasonable to expect the person to use their employer's whistleblowing procedure. They will decide whether to do this case by case, but could take into account, for example, whether the organisation is very small or the issue involves very senior staff. In limited circumstances the INWO may be able to help make sure concerns are dealt with appropriately. This may include monitoring the progress of an investigation.

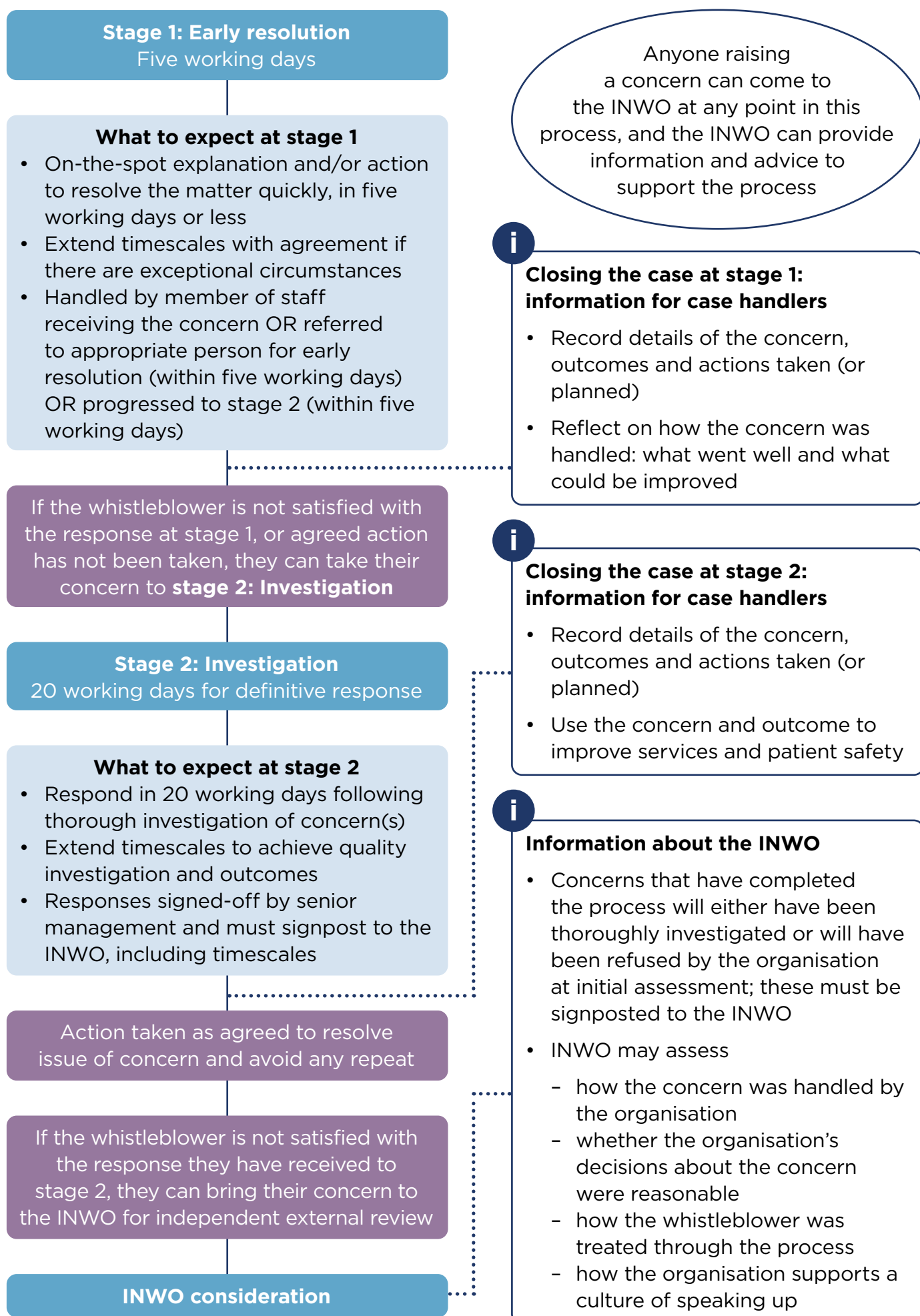
Overview of the procedure for raising concerns

34. The procedure for raising concerns aims to provide a quick, simple and streamlined process for making sure concerns are dealt with early and locally by capable, well-trained staff. It also includes actions to make sure people who raise a concern receive any support they may need, so that the process allows people to share information safely.
35. This overview summarises the main points, and provides further information to explain each stage.

Accessing the Standards



Stage 1 and 2 overview



36. NHS boards and other NHS service providers must have arrangements in place to make sure the organisation supports people who raise a concern, takes all appropriate actions, and records and regularly reports on these concerns. They must also show they have learnt from any concerns that have been raised by putting in place service improvements, and share this learning with their staff and stakeholders.
- 39.1. reporting short staffing on DATIX (a system used for recording a range of incidents and reports by NHS boards), and action being taken to deal with this;
- 39.2. raising an issue during a team meeting or handover, leading to an investigation or action (or both); or
- 39.3. an issue being investigated through an existing safe-practice review or audit.

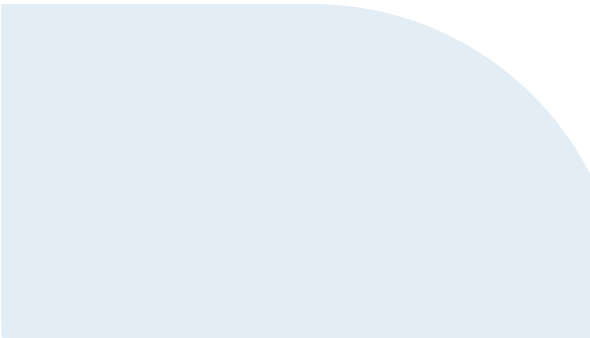
Initial actions

37. All concerns are important to the organisation, and must be acted on to provide safe and effective care and treatment.
38. The *Accessing the Standards* flow diagram above works through whether a concern is appropriate for this procedure. The section below gives more information about how to make that decision.
40. It's not possible for these Standards to apply to every action that is taken through business as usual processes. These Standards will only apply if the person raising the concern asks for it to be handled under this procedure.
41. However, people who raise a concern should not necessarily need to know these Standards. Managers should identify issues which would be appropriate to handle under these Standards, and tell the person about the procedure. This might apply, for example, if the person is worried about their concern not being acted on or if they are worried they might be victimised by colleagues or management as a result of raising the concern.

Raising concerns through existing processes (business as usual)

39. 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:
42. Organisations should have service standards in place for their various business as usual processes. Whatever the issue and however it is raised, the organisation is expected to respond appropriately to concerns, and must not tolerate victimisation of anyone who raises a concern. How the person is treated through business as usual processes, and the organisation's response to the concern, can form part of any subsequent investigation by the INWO.

Who to raise a concern with

43. There should always be several options for raising concerns.
 - 43.1. people can raise a concern with their line manager or team leader;
 - 43.2. they can raise their concern with a more senior manager if circumstances mean this is more appropriate;
 - 43.3. organisations should have a confidential contact that people can raise concerns with (in some places there may also be speak-up ambassadors or advocates);
 - 43.4. large organisations should also provide a single phone number and email address for raising concerns.
 44. Whoever receives it, each concern must be taken seriously and handled in line with the Standards.
 45. Any organisation that provides NHS services in Scotland must provide access to a confidential contact. This could be a contact within the board, with another service provider, or through an independent service with which the organisation has a contract.
 46. Each board must have clear arrangements in place so people know who to approach if they have any concerns about senior management or board members (see Part 4 of the Standards). These arrangements must be agreed with the whistleblowing champion, and must be available to staff, including through their confidential contact.
 47. Anyone who wants to raise a concern about senior management must be able to discuss the most appropriate course of action with the board's confidential contact or other speak-up representative. They will be able to suggest the appropriate action to take, or pass on the concern, based on their assessment of the situation and the approach the person would prefer to take.
 48. The arrangements within primary care (see Part 7 of the Standards), and for students (see Part 9) and volunteers (see Part 10), may be slightly different.
 49. Concerns about fraud within the NHS can be raised directly with NHS Counter Fraud Services (CFS). There is more information about this service at <https://cfs.scot.nhs.uk/>. However, if someone with a concern about fraud wants to ensure access to these Standards they should first raise it with their confidential contact, or other appropriate manager. Details of any potential fraud must be passed onto the board's fraud liaison officer within two working days (in line with existing arrangements between the CFS and NHS boards). The fraud liaison officer will pass on these concerns to NHS CFS.
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Getting information or advice

50. Information and advice about what options are available, whether it is appropriate to deal with a concern under this procedure, or what to expect, are available from:
 - 50.1. the board's confidential contact for raising concerns or other speak-up representative;
 - 50.2. the INWO (phone 0800 008 6112 or email INWO@spsos.gov.scot) who can provide information and advice about how a concern should be handled, and can provide support through the process;
 - 50.3. union representatives;
 - 50.4. professional bodies;
 - 50.5. university representatives (for students);
 - 50.6. NHS Education Scotland (for trainee doctors and dentists); and
 - 50.7. volunteer coordinators (for volunteers)
51. Anyone raising a concern may also be able to get support from other organisations, such as:
 - their employer's occupational health service;
 - employee assistance programme;
 - chaplaincy services; and
 - Protect.
52. See Annex A for contact details for several relevant agencies.

Initial discussion

53. Once a concern has been raised (in writing, in person or by phone), there needs to be some discussion about whether the concern can be handled under this procedure. This should include:
 - 53.1. considering whether the issue fits the definition of a concern suitable for this procedure;
 - 53.2. considering whether the issue is being handled through business as usual;
 - 53.3. considering whether the person **wants** the issue to be handled through this procedure, and receive the support and protection that is available through it;
 - 53.4. directing the person to any other appropriate procedures (for example, HR procedures);
 - 53.5. considering issues relating to confidentiality; and
 - 53.6. considering what support would be helpful for the person.
54. If the person does not want to use this procedure, they can raise their concern without giving their name (see the section on anonymous and unnamed concerns below). The organisation can choose how to investigate the concern, but good practice would be to follow the whistleblowing principles, and investigate the concern in line with the Standards, particularly if existing business as usual procedures have not been able to deal with the issue successfully.

55. If the organisation decides a concern cannot be handled under this procedure (for some or all of the issues raised), even if the person raising the concern has asked for this procedure to be used, it must record this decision and tell the person how to refer the matter to the INWO. Both sides must agree whether a written response is needed, and this agreement must also be recorded. If possible, the organisation should tell the person face-to-face or over the phone that it won't be following this procedure. It is important to record full and accurate details of the decision not to consider the concern through this procedure, and to make sure that the person understands this decision. If there is information that the organisation cannot share with the person, it should explain why.
56. If the organisation is not responsible for the issue of concern, the person receiving the concern should signpost to the appropriate organisation, or contact the INWO directly to make sure the concern is passed on and acted on appropriately. Remember to keep the person's details confidential.

Immediate threat to safety

57. If someone raises a concern that needs immediate action to avoid any further risk to patient safety, **action must be taken**. This is likely to involve referring the matter to an appropriate senior manager, but it will depend on the situation. The person raising the concern must also be told that this will happen, and why. Any confidentiality concerns must be taken into account and discussions should cover all the same issues as the initial discussion (above).

Confidentiality and anonymity

58. **Confidentiality** refers to the requirement not to disclose information about the person raising a concern, unless the law says that it can or must be disclosed. This includes anyone else involved in the process, such as other witnesses.
59. **Anonymity** refers to a situation when nobody knows the identity of the member of staff who raised the concern.

Confidentiality and data protection

60. Confidentiality **must** be maintained as far as possible in all aspects of the procedure for raising concerns. Staff need to know that their identity will not be shared with anyone other than the people they have agreed can know it, unless the law says that it can or must be. **The name of the person raising the concern must not be routinely or automatically shared at any point, either during the investigation or afterwards.** There are, however, times when information about the person raising a concern will become clear to others, or when it will be necessary to share this information in order to put things right or continue with an investigation.
61. It is important that all aspects of confidentiality are discussed when the person first raises the concern, as not doing so may lead to the organisation breaking data-protection law. The person should be given clear information by the person

that is applying the Standards and processing their personal data (or personal information) about what might or will happen to this data and about the lawful basis for processing it.

62. The discussion should include:

- 62.1. recording the concern, and who will have access to this information;
- 62.2. who the concern will be shared with and why;
- 62.3. who the person raising the concern is happy for their identity to be shared with, and in what circumstances;
- 62.4. who else might need to know their identity and why;
- 62.5. if there is a high risk that their identity could become clear to others, are there ways of reducing that risk; and
- 62.6. what action could be taken to limit the number of people who are made aware of the concern, while still taking appropriate action.

63. It is important that all of the issues raised in the investigation are treated confidentially unless there is a lawful basis or requirement for sharing information with others.

64. To protect the identity of the person raising the concern, managers and clinical leads should look for ways to investigate the concern without making others suspicious. For example, making the investigation appear like carrying out business as usual or a random spot check.

65. There is more information in Part 5 of the Standards – *Governance*:

from recording to learning lessons, on the organisation's responsibilities in relation to data protection and information sharing.

Anonymous and unnamed concerns

66. An anonymous concern is one that has been shared with the organisation in such a way that **nobody** knows who provided the information.

67. Alternatively, someone may raise a concern with the organisation but not be willing to have their name or personal details recorded. This is known as an 'unnamed concern' (someone is aware of their identity, so it is not completely anonymous).

68. While the organisation must respect the person's request for their concern to be unnamed, it must also make it clear to the person that if their name is not recorded, their concern **cannot** be handled under the Standards and they cannot refer the matter to the INWO.

69. The organisation should make it clear to all staff that they will not have the same level of protection if they raise an anonymous or unnamed concern as they would if their details were shared and recorded confidentially. Raising an anonymous or unnamed concern limits:

- 69.1. the legal protections available to the person raising it;
- 69.2. the organisation's ability to provide feedback and offer support; and
- 69.3. the person's ability to ask the INWO to consider the matter.

- 70. If other staff guess the identity of the person who has raised concerns, that person may be at risk of unfair treatment if they don't have the protection or support these Standards provide.
- 71. Raising an anonymous or unnamed concern may also mean the concern cannot be investigated and handled effectively, as there may be significant gaps in the information needed for the investigation.
- 72. If an anonymous or unnamed concern is raised, managers should record as much information as possible and carry out an appropriate investigation. The organisation can choose how to investigate the concern, and sometimes will need to take immediate action to reduce risks. Good practice would be to follow the whistleblowing principles and investigate the concern in line with the Standards, particularly if existing business as usual procedures have already been attempted.
- 73. Although it is good practice, the organisation is not **required** to follow these Standards.

The difference between a grievance and a concern

- 74. A person raising a concern is usually a witness and may have no direct personal involvement in the concern they are raising. They are simply trying to tell management about the risks they have identified. These concerns usually affect other people; they are not **only** about matters that have a personal effect on the person raising the concern.
- 75. When a person raises a grievance or makes an allegation about being subject to bullying or harassment, this relates to their own employment situation, employment rights or how **they** have been treated.
- 76. Examples of a grievance include if the person:
 - 76.1. is not satisfied with their pay and working conditions;
 - 76.2. disagrees with their terms of employment or workplace rules;
 - 76.3. claims they are being treated unfairly at work;
 - 76.4. claims they are being bullied or harassed; or
 - 76.5. has a disagreement with a colleague.
- 77. See Annex B for examples of whistleblowing, grievances or bullying and harassment.
- 78. Sometimes a person may raise issues which contain both whistleblowing and grievance concerns. These issues need to be dealt with separately through the appropriate policies or procedures.

79. **If someone raises a combination of grievance and whistleblowing issues, the organisation must discuss all their concerns with them, and must tell them about all the options available to them, including services that may be able to support them.**
80. If a concern of public interest or patient safety is raised through a grievance procedure, the organisation must ask the person if they want the concern to be raised through these Standards, with the protection they provide.
81. Issues relating to employment rights may also have a wider public interest (for example, if poor working conditions are having a damaging effect on the service provided). If it is not clear whether an issue is a grievance or a whistleblowing concern, the manager (or confidential contact) should find out what the person raising the concern wants to achieve (for example, a solution for them personally or a solution for patients, the organisation or the public). It may be that, whatever outcome the person is hoping for, in the interests of providing a safe service, the public interest issue needs to be considered and investigated. The concern **must not** be recorded as whistleblowing if the person raising it does not want it to be.

Claims of unfair treatment

82. If someone raises a concern and, at the same time, claims they have been treated unfairly as a result of raising this concern through business as usual, the initial discussion must identify what outcomes the person would like to achieve. The organisation must also direct them to any appropriate HR procedures to make sure this can be handled appropriately. It is also particularly important to make sure appropriate support is in place to prevent any further unfair treatment. If the organisation does not do this, it would be failing to meet its duty of care to its employee.

Concerns raised maliciously

83. Every concern should be considered fully and properly, whatever others may say about why it has been raised. However, if a full investigation reveals that a concern was knowingly based on inaccurate information in order to create difficulties for a colleague, the organisation should take appropriate disciplinary action against the person who raised the concern.

Annex A: Contact details for support agencies, regulators and professional bodies

Allied Health Professions Federation

Phone: 0131 226 5250

Email: admin.ahpfs@ahpf.org.uk

Website: www.ahpf.org.uk/Contact.htm

British Dental Association

Phone: 01786 476040

Email: enquiries@bda.org

Website: www.bda.org/contact-us

British Medical Association

Phone: 0300 123 1233

Website: www.bma.org.uk/contact-bma

Care Inspectorate

Phone: 0345 600 9527

Email: enquiries@careinspectorate.com

Website: www.careinspectorate.com/index.php/contact-us

Dental Defence Union

Phone: 0800 374 626

Website: www.theddu.com/

General Dental Council (currently unable to provide support to their registrants)

Phone: 020 7167 6000

Website: www.gdc-uk.org/contact-us

General Medical Council (currently unable to provide support to their registrants)

Phone: 0161 923 6602

Email: gmc@gmc-uk.org

Website: www.gmc-uk.org/contact-us

General Pharmaceutical Council

Phone: 020 3713 8000

Website: www.pharmacyregulation.org/

General Optical Council

Phone: 020 7580 3898

Website: www.optical.org/

Health and Care Professions Council

Phone: 0300 500 6184

Website: www.hcpc-uk.org/contact-us/

Healthcare Improvement Scotland

Phone: 0131 623 4602

Email: hcis.respondingtoconcerns@nhs.net

Website: www.healthcareimprovement.scotland.org/our_work/governance_and_assurance/responding_to_concerns.aspx

INWO Advice and information Line

Phone: 0800 008 6112

Email: INWO@sps.gov.scot

Web: <https://inwo.sps.gov.scot/>

Medical and Dental Defence Union of Scotland

Phone: 0333 043 444

Website: www.mddus.com/

Medical Defence Union

Phone: 0800 716 646

Website: www.themdu.com/

Medical Protection Society

Phone: 0800 136 759

Website: www.medicalprotection.org/uk/home

Mental Welfare Commission for Scotland

Phone: 0131 313 8777

Email: enquiries@mwscot.org.uk

Website: www.mwscot.org.uk/contact-us

NHS Education Scotland

Phone: 0131 656 3200

Website: www.nes.scot.nhs.uk/contact-us.aspx

NHS Scotland Counter Fraud Services

Phone: 01506 705200

Website: www.cfs.scot.nhs.uk/contact-us.aspx

Nursing and Midwifery Council

Phone: 020 7637 7181

Website: www.nmc.org.uk/contact-us/

Optometry Scotland

Phone: 0141 202 0610

Email: info@optometriscotland.org.uk

Website: www.optometriscotland.org.uk/contact-us/contact-us

Office Of The Uk Information Commissioner – Scotland

Phone: 0303 123 1115

Email: Scotland@ico.org.uk

Website: www.ico.org

Protect

Phone: 020 3117 2520

Website: www.protect-advice.org.uk/contact-us/

Email: whistle@protect-advice.org.uk

Royal College of Nursing Scotland

Phone: 0345 772 6100

Website: www.rcn.org.uk/scotland/about/contact

Royal College of Anaesthetists

Phone: 020 7092 1500

Website: www.rcoa.ac.uk/

Royal College of Emergency Medicine

Phone: 020 7404 1999

Website: www.rcem.ac.uk/

Royal College of General Practitioners

Phone: 020 3188 7400

Website: www.rcgp.org.uk/

Royal College of Obstetricians and Gynaecology

Phone; 020 7772 6200

Website: www.rcog.org.uk/

Royal College of Ophthalmologists

Website: www.rcophth.ac.uk/

Royal College of Paediatrics and Child Health

Phone: 020 7092 6000

Website: www.rcpch.ac.uk/

Royal College of Pathologists

Phone: 020 7451 6700

Website: www.rcpath.org/

Royal College of Physicians of Edinburgh

Website: www.rcpe.ac.uk/

Royal College of Physicians and surgeons of Glasgow

Phone: 0141 221 6072

Website: www.rcpsg.ac.uk/

Royal College of Psychiatrists

Phone: 020 7235 2351

Website: www.rcpsych.ac.uk/

Royal College of Radiologists

Phone: 020 7405 1282

Website: www.rcr.ac.uk/

Royal College of Surgeons of Edinburgh

Phone: 0131 527 1600

Website: www.rcsed.ac.uk/

Royal Pharmaceutical Society

Phone: 0131 556 4386

Website: www.rpharms.com/about-us/contact-us

Scotland Deanery

Phone: 0131 65 3200

Website: www.scotlanddeanery.nhs.scot/contact/

Scottish Social Services Council

Phone: 0345 60 30 891

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Annex B: Examples to help to distinguish between whistleblowing and a grievance or bullying and harassment issues

The following examples will help with deciding if the issue raised should be handled under this procedure or under the grievance or bullying and harassment procedure.

Whistleblowing	Grievance or bullying and harassment
Key test: The issue is in the public interest.	Key test: The issue relates solely to an individual and so is a matter of personal interest.
Examples	Examples
Management persistently pressurises the team into dangerous overtime conditions.	I haven't been granted my flexible-working request.
A person's dangerous working practices are leading to the risk of a serious incident.	I have been inappropriately shouted at by a senior manager in relation to an action that I took at work.
Working practices or actions may be a risk to others. [Note: Or it is suspected that there is something inappropriate happening in an area which could be a risk to the public, but there is not substantial evidence.]	I am not happy with the way my manager spoke to me when they discovered I was not following the correct health and safety procedures.



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