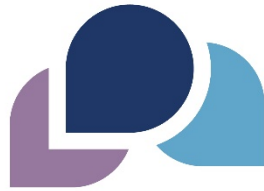


**INDEPENDENT  
NATIONAL  
WHISTLEBLOWING  
OFFICER**



**People Centred | Improvement Focused**

# **Facilitator's Notes**

**HR signposting case study  
for Confidential Contacts**



## Overview and preparation

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This case study is designed to be used as an induction or skills refresh for a group of Confidential Contacts. There is an accompanying PowerPoint presentation for the session and two handouts that can be printed or distributed by email.

This session can be delivered by anyone with knowledge of the whistleblowing process – for example, this could include the Whistleblowing Lead or an experienced Confidential Contact.

You should allow 30 to 60 minutes to work through the case study with the group.

Please read the case study in full before facilitating the session. You will need to be familiar with the progression of the case in order to steer the discussion but it is important that members of the group have not seen the full case study before the session. The full case study can be found at [appendix one](#).

### **Use the checklist below to ensure you are ready to deliver the session:**

- Do you have the mock up email handout ready to distribute?
- Have you read the facilitator's notes in full?
- Have you familiarised yourself with the case study and the questions?
- Do you have pens and paper if you are running the session in person?
- Do you have access to the [National Whistleblowing Standards](#) if the group wish to refer to them?
- Do you have the post-session handout ready to distribute?
- Do you have any relevant internal signposting information available to share with participants (e.g. details for HR, counselling services, links to policies etc.)?

During the session, the scenario will be delivered in three parts with an opportunity for discussion after each. The discussion will be focused around a set list of questions. This note includes guidance on the answers to the questions but these should be used to guide the discussion, rather than read aloud. This session is designed to be interactive with all participants actively discussing their thoughts on the scenario and the questions posed.



The aims of the case study discussion are for Confidential Contacts to:

- Explore and share their thoughts on the case study
- Think about how to prepare for and respond to contacts
- Consider what internal and external signposting options are available
- Increase their familiarity with the National Whistleblowing Standards

## Running the session

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The following section will take you through each of the slides of the PowerPoint presentation:

**Slide 1: Confidential Contact case study session** - intro slide.

**Slide 2: you have mail** – refer participants to the first handout and ask them to take a few minutes to read the email from the whistleblower. This is an overview of the email, which you can read or explain to the group:

*You receive an email from the whistleblower. The email advises that the member of staff works in a ward and has concerns about their Senior Charge Nurse. The email requests that you contact them.*

**Slide 3: discussion part one** – a list of questions is included on the slide and should be used to prompt discussion. Some answers to the questions are included below and can be used to guide and inform the discussion. The answers are not intended to be simply read to the group.

### 1. What are your first thoughts?

The email offers very limited information. You might be asking if this behaviour relates to how the Senior Charge Nurse is line managing or if it is behaviour which impacts on patient safety?

### 2. How do you respond to the email?

Confidential Contacts should acknowledge the email and ask when the whistleblower would be available to discuss further. Will you meet in person, virtually or by phone? Are there any reasonable adjustments required? Do you log or record contacts?



### **3. How will you prepare for your conversation with the Whistleblower?**

Think about what you need to prepare ahead of your conversation with the whistleblower. Depending on their preference, do you have a quiet space for the conversation? If you are meeting in person, do you have a box of tissues?

There are a range of simple considerations when thinking about the first meeting – what are yours?

### **4. What questions do you have for the Whistleblower?**

The whistleblower has not given any information about what their concerns are, so you will need to ensure that you understand the nature of their concern. These questions could help you determine if their concern can be raised under the Standards. The whistleblower may understandably be concerned about confidentiality, it is therefore important to take the time to explain and give reassurance. Depending on the information received, what signposting is appropriate? You will have your own questions but some examples include:

- I understand your concern is about the Senior Charge Nurse's behaviour in your ward. Can you tell me what these concerns are?
- Can you tell me what's happened so far?
- Are you familiar with the whistleblowing process?
- Can you tell me have you raised your concerns with anyone else, for example HR?

### **5. What information do you think you might need to pass on to the person?**

As it is unclear what the concerns are about and they could relate to HR or to patient safety, you might like to prepare information on the bullying and harassment policy, or contact details for the HR department as well as information on the Standards. The Standards include a section on the difference between HR and whistleblowing concerns, which may be helpful during your conversation as well: [The difference between a grievance and a concern | INWO \(spsso.org.uk\)](https://www.spsso.org.uk/inwo/the-difference-between-a-grievance-and-a-concern)

Do you know how to access the signposting materials that you might need? How about contact details for trade unions or other support options?

**Slide 4: what happened?** – take the group through the next part of the scenario. There is quite a lot to read, so you could read it out while the group take notes on the key information, as this may help with the next part of the discussion. The process of



taking notes could be good practice for a call or meeting with a whistleblower, where you can often be presented with a lot of information:

*[The facilitator reads the following text aloud:]*

*You acknowledge the email and arrange a suitable time to call/meet with the whistleblower. You also record their contact details on the contact form.*

*You meet/call the whistleblower and explain your role as Confidential Contact and ask them to explain the situation to you. You discuss the concerns in more detail and they tell you:*

- *They feel that they are being subjected to harassment by their Senior Charge Nurse.*
- *They explain that this stems from an incident in which a student nurse had raised concerns about the expiry date of medication stored in the fridge. The Senior Charge Nurse had dismissed the student's concerns and stated that there was no time for an audit of the fridge medication.*
- *The whistleblower witnessed this conversation and was seen comforting the student nurse when they became upset following the discussion with the Senior Charge Nurse.*
- *The student nurse has since left. However, the Senior Charge Nurse has made several comments about the student nurse, saying that they were oversensitive and making mountains out of molehills. The whistleblower defended the student nurse saying that they felt they had done the right thing to raise their concerns.*
- *It was after this conversation that the behaviour of the Senior Charge Nurse changed, they now often speak over the whistleblower or contradict them during meetings. They also frequently question their record keeping when it has never been an issue before.*
- *The Senior Charge Nurse has also started following the whistleblower around the ward. This behaviour is different from the way that other nurses are managed.*
- *The pressure of the scrutiny is causing the whistleblower a great deal of stress and they are struggling to sleep and eat normally, which is impacting on their work and putting a strain on their family life.*
- *The whistleblower is worried that this will happen to someone else and wants it to stop before they are signed off on sick leave.*

*You seek clarification from the person on what it is they want to take forward. You ask if the issues with outdated medication are continuing or if it is the behaviours of the manager that the person wants to raise?*

*The person says that they did not see the outdated medication themselves and have not seen anything to suggest that it is an ongoing problem. They are more concerned about the way they are being treated for standing up for a colleague.*



**Slide 5: what have we learned?** - this slide provides a recap of the main learning points from this scenario.

**Slide 6: what do we know so far?** – this slide outlines the main facts of the case so far.

**Slide 7: discussion part two** – further questions for discussion are outlined on the slide. As before, the questions and answers below should be used to prompt and guide discussion (rather than read aloud):

**1. Do you understand the concerns raised?**

It is important that you and the whistleblower have a shared understanding of the concerns they want to raise, so that you can signpost where appropriate and explain where other processes may be suitable (e.g. if it becomes clear that the issues are about an individual employment situation). In this case, it appears that the person does not have concerns that meet the whistleblowing definition but they do wish to pursue something that is suitable for HR. It is important to ensure that you understand whether or not the whistleblower wants to access the Standards and exactly what the concerns are that they are trying to raise. You can always ask more questions if needed.

**2. Do you know what supports are in place for this member of staff given that they have disclosed the impact this is having on their physical and mental health?**

Do you know what support options are already available in your Board? What are they? This could include counselling services, occupational health services, chaplaincy, trade unions etc. If you are unsure ask the Whistleblowing Lead or the HR department. It would be helpful to gather this information so that you are prepared to signpost but you can always follow up with information by email afterwards as well.

**3. Does this concern seem appropriate for the Whistleblowing Standards?**

It is important to remember that it is not the role of the Confidential Contact to make a decision on behalf of the Board about whether or not something can be considered under the whistleblowing procedure. However, you can discuss the difference between HR and whistleblowing concerns and provide signposting that you think is appropriate.

In this case the person has been clear that they do not wish to pursue the issue about medications and are more concerned about the bullying behaviour of the



Senior Charge Nurse. This means it is suitable for HR procedures rather than whistleblowing and you can explain this with reference to the Standards.

#### 4. **What if there were still patient safety risks but the person did not want to pursue them?**

This scenario is relatively straightforward but you may find yourself in a situation where you have been given information about a potential risk but the person decides not to raise a whistleblowing concern. It might be helpful to think through what you could do in a scenario like that:

- **Is immediate action required to ensure staff/patient safety?**  
If you receive a concern that you think presents an imminent threat to patient or staff safety, do you know what your Board would expect you to do? Do you have someone senior to seek advice from? In some cases, where there is a health and safety component, you may feel worried about whether you should do something with the information.
- **Consider referring the concern quickly or as an anonymous concern**  
If the whistleblower has agreed to access the Standards, then it is a case of referring the issue on as quickly as possible. The Board should consider if any immediate action is necessary. If the whistleblower does **not** want to access the Standards, you can inform them that you will refer the information to the Board as an anonymous concern. This way the Board have the opportunity to address the risks but the whistleblower will not have any involvement.

It is important for the whistleblower to know that the information referred on as part of an anonymous concern will not identify them in any way. However, if they chose not to access the Standards, they will not be covered by the protections and processes outlined. This means they will not know of the outcome, will not have protection from detriment and cannot escalate concerns to the INWO.

**Slide 8: what happened?** – take the group through the next part of the scenario.

As before, there is quite a lot to read, so you could read it out while the group take notes on the key information. Again, this provides good practice for a call or meeting with a whistleblower:



*[The facilitator reads the following text aloud]*

*You explain the definition of whistleblowing and that if there was an ongoing issue with outdated medication, this would be appropriate for the whistleblowing procedure. However, you acknowledge that this is not the focus of the whistleblower's concerns and, based on what you have been told, it does not sound like an ongoing patient safety issue. You explain that in this case, the behaviour of the manager seems to relate to an individual employment situation, which means it should be dealt with through an HR process, rather than as a whistleblowing issue. You explain the difference between HR issues and whistleblowing as they are outlined in the Standards. You agree to provide information on the Bullying and Harassment Policy, so that they can take it forward.*

*You explain to the whistleblower that you are concerned about the impact that this has had on them, and you provide them with appropriate signposting to services which may be able to assist and support the person with the HR process, including signposting to the trade union. You explain the role of the Confidential Contact and offer to send on information about the Standards as well, just in case they notice further issues with the medication and decide to progress these concerns under the Standards.*

**Slide 9: what have we learned?** – this slide provides a recap of the main learning points from this scenario.

**Slide 10: what has been agreed?** – this slide includes the main actions/next steps that have been agreed between the whistleblower and the Confidential Contact.

**Slide 11: discussion part three** – further questions for discussion are outlined on the slide. This section is an open discussion and opportunity for Confidential Contacts to reflect on what they have learned and what, if anything, they need to do next (e.g. find more information about support options):

- How did it feel to work through this example?
- Would you have done anything differently?
- Did you find it difficult to assess whether this was HR or whistleblowing (or both)?
- Are there any takeaway actions for you?

**Slide 12: thank you** – this slide thanks participants and prompts them to refer to a post-session handout with takeaway points and links to helpful information. The handout is available as a separate document for facilitators to distribute.





## Appendix One

### HR signposting – full case study

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#### *Part one*

You receive an email from the whistleblower. The email advises that the member of staff works in a ward and has concerns about their Senior Charge Nurse. The email requests that you contact them.

#### *Part two*

You acknowledge the email and arrange a suitable time to call/meet with the whistleblower. You also record their contact details on the contact form.

You meet/call the whistleblower and explain your role as Confidential Contact and ask them to explain the situation to you. You discuss the concerns in more detail and they tell you:

- They feel that they are being subjected to harassment by their Senior Charge Nurse.
- They explain that this stems from an incident in which a student nurse had raised concerns about the expiry date of medication stored in the fridge. The Senior Charge Nurse had dismissed the student's concerns and stated that there was no time for an audit of the fridge medication.
- The whistleblower witnessed this conversation and was seen comforting the student nurse when they became upset following the discussion with the Senior Charge Nurse.
- The student nurse has since left. However, the Senior Charge Nurse has made several comments about the student nurse, saying that they were oversensitive and making mountains out of molehills. The whistleblower defended the student nurse saying that they felt they had done the right thing to raise their concerns.
- It was after this conversation that the behaviour of the Senior Charge Nurse changed, they now often speak over the whistleblower or contradict them during meetings. They also frequently question their record keeping when it has never been an issue before.
- The Senior Charge Nurse has also started following the whistleblower around the ward. This behaviour is different from the way that other nurses are managed.



- The pressure of the scrutiny is causing the whistleblower a great deal of stress and they are struggling to sleep and eat normally, which is impacting on their work and putting a strain on their family life.
- The whistleblower is worried that this will happen to someone else and wants it to stop before they are signed off on sick leave.

You seek clarification from the person on what it is they want to take forward. You ask if the issues with outdated medication are continuing or if it is the behaviours of the manager that the person wants to raise?

The person says that they did not see the outdated medication themselves and have not seen anything to suggest that it is an ongoing problem. They are more concerned about the way they are being treated for standing up for a colleague.

### *Part three*

You explain the definition of whistleblowing and that if there was an ongoing issue with outdated medication, this would be appropriate for the whistleblowing procedure. However, you acknowledge that this is not the focus of the whistleblower's concerns and, based on what you have been told, it does not sound like an ongoing patient safety issue. You explain that in this case, the behaviour of the manager seems to relate to an individual employment situation, which means it should be dealt with through an HR process, rather than as a whistleblowing issue. You explain the difference between HR issues and whistleblowing as they are outlined in the Standards. You agree to provide information on the Bullying and Harassment Policy, so that they can take it forward.

You explain to the whistleblower that you are concerned about the impact that this has had on them, and you provide them with appropriate signposting to services which may be able to assist and support the person with the HR process, including signposting to the trade union. You explain the role of the Confidential Contact and offer to send on information about the Standards as well, just in case they notice further issues with the medication and decide to progress these concerns under the Standards.