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## NHS STAFF GOVERNANCE

Thank you for your letter of 28 September seeking further information on the matters we discussed at the Committee.

### **Whistleblowing Alert and Advice Services for NHS Scotland (AALS)**

Since its launch on 2 April 2013 to 31 January 2017, a total of 309 cases have been raised with the AALS (formerly NHSScotland Confidential Alert Line). Due to the independent and confidential nature of the service, the Scottish Government does not hold a breakdown of the total number of cases by Health Board. Figures are provided in 6 monthly periods then published online at the link below. Please note that the last 6 monthly report is due to be published shortly and will contain the figures until 31 July 2017.

#### [Whistleblowing Alert and Advice Services](#)

The Committee has asked whether there is a 'feedback loop' provided by the service. It is important to note that not all callers to the AALS service leave their contact details for feedback – during the last six month reporting period only nine of the 15 callers provided contact details. It would be helpful to explain that the advice offered by PCaW will be dependent on a range of factors such as the nature of the concern and whether it has been raised previously. PCaW will often encourage whistleblowers to raise the concern with their employer in the first instance as it gives the employer the opportunity to respond and take action on the concern. The nature of advice could for example be about where to raise a concern within a Board, what policy and support options are available, or for advice on legal protections. With this in mind some of the callers who use the service will do so for initial advice, and then raise the concern direct with the Health Board, with no expectation of further contact from PCaW. Where an individual is not comfortable raising the concern with their employer, PCaW can do so on their behalf, or refer the matter to an appropriate scrutiny body - this can only be done with the express consent of the individual.

Where an individual has asked PCaW to raise a concern on their behalf, with either a health board or a scrutiny body - and left contact details - PCaW will follow-up with the individual and/or organisations concerned so that there is an appropriate feedback loop.

The Committee may wish to be aware that to date 9 cases have been raised directly by PCaW with Healthcare Improvement Scotland (HIS) and two full investigation reports have been published on the HIS website. This figure only includes direct referrals from PCaW to HIS. HIS has confirmed that an additional 20 cases have been raised with them by NHS staff since 1 April 2013 in their capacity as a prescribed body under the Public Interest Disclosure Act. It is likely that some of these individuals pursued their concern with HIS directly following initial advice from PCaW.

The value of the service cannot simply be measured by numbers of calls received. We ask PCaW to obtain feedback from callers who use the service and leave their contact details. In the first exercise (report dated 1 Feb -31 July 15) all five respondents indicated the advice was clear and easy to understand, with four indicating the advice was helpful. Only two respondents provided information on the second feedback exercise (report dated 1 Feb – 31 July 16), one providing positive feedback, and one providing negative feedback. This information is available via the above link. We continue to work with PCaW to encourage more individuals to provide feedback on the service and the PCaW is currently conducting a further exercise so that the service can continue to learn from the comments of those that use it.

We want to ensure this service continues to build confidence and trust, and is broader than the advice line aspect. For example in April 2017 three national Whistleblowing training sessions were delivered by PCaW for designated Whistleblowing Contacts and other relevant NHSScotland staff, building on sessions run in 2014 and 2015. Under the new contract we have placed an increased focus on resources, training and support for staff and managers. PCaW have designed a further round of promotional materials to promote the service to staff and will be issued to Boards. This includes a blog which Health Boards can use on intranet sites and social media.

## **Staff Survey**

In answer to your questions about the previous NHSScotland Staff Survey, we expect Health Boards to take action, in partnership, to address any local issues identified by staff survey results and any other local initiatives. The Staff Governance Standard Monitoring Framework requires Health Boards to monitor progress across their organisations and provide the Scottish Government with assurance that action is being taken and progress being made. This included taking action on issues identified through the previous staff survey results.

We also expected an action plan to be agreed by Health Boards Partnership Forums and Staff Governance Committees and for this to be reflected in each Board's Staff Governance Action Plans. Health Boards were then required to provide a summary of progress in an annual national return to the Scottish Government. This results in a feedback exercise and also informs the Annual Review process through which the Scottish Government holds Health Boards to account. The Scottish Government Staff Governance website provides a range of areas of good practice under the five strands of staff governance that have been shared following this process and in response to staff feedback from surveys. We are continuing to add to this section of the website.

<http://www.staffgovernance.scot.nhs.uk/monitoring-employee-experience/staff-governance-standard-monitoring/staff-governance-standard-monitoring-good-practice/>

## iMatter

You have asked how iMatter will improve outcomes. As I mentioned at the Committee I believe iMatter is in the process of transforming our approach to staff experience. We have gone from a context of poor levels of engagement under the previous staff survey to current iMatter response rates of over 60%. Key to this is the increased role for individuals and teams in providing feedback and influencing decision making. Teams can develop local team action plans based on areas identified in the reports. This empowers and enables individuals to improve their staff experience and in the longer term should contribute to enhanced patient/client experience.

The attached team stories from NHS Greater Glasgow and Clyde, NHS Grampian and NHS Lanarkshire provide a few examples which demonstrate the impact and improvements iMatter is making in different service areas:



It may be helpful for me to explain that iMatter will be fully implemented by the end of the year. Information is aggregated from each Team, Directorate and Board and will generate the Health & Social Care Staff Experience Report representing the national information. This is due to be published in February 2018, incorporating all 22 Health Boards as well as the staff from the 23 Health and Social Care Partnerships who have chosen to participate in this method of measuring staff experience.

## National Staff Experience for 2017

As you will be aware, I agreed with the Scottish Workforce and Staff Governance (SWAG) recommendation that the previous national annual Staff Survey be discontinued and that national staff experience be measured using the iMatter questionnaire supplemented by a short Dignity at Work Survey.

The Dignity at Work Survey will give staff the opportunity express their views about dignity at work issues in their organisation. These areas are not currently covered by iMatter and include: bullying and harassment, discrimination, abuse and violence from patients and the public, resourcing and whistleblowing. These are areas not deemed suitable for inclusion in the current iMatter questionnaire process and subsequent Team reports and discussions.

The survey will run from 6-27 November 2017. The Health and Social Care Staff Experience Report referred to earlier will include the national results for iMatter for 2017 complemented by the results of the Dignity at Work Survey to provide a national overview of staff experience. The Dignity at Work Survey questions reflect those previously asked in the Staff Survey and will allow Boards to compare results to questions in key areas from previous years.

Following the publication of the National Report an independent evaluation will take place to inform how Staff Experience is measured in the future.

## **Staff Governance**

The monitoring of the implementation of the Staff Governance Standard is set to continue. A review of this is currently underway in partnership with trade unions and Health Board management with a view to refreshing our approach at a local and national level and given the changes in measuring staff experience over the last year. The aim is to ensure that the process is streamlined, adding value, and, driving improvement in the context of the work on iMatter and wider emerging policy landscape.

I trust the above is helpful in setting out the Scottish Government's position, in relation to the subjects you have raised.

**SHONA ROBISON**