

## EQUALITY IMPACT ASSESSMENT

This is a legal document stating you have fully considered the impact on the protected characteristics and is open to scrutiny by service users/external partners/Equality and Human Rights Commission

If you require advice on the completion of this EQIA, contact [elaine.savory@aapct.scot.nhs.uk](mailto:elaine.savory@aapct.scot.nhs.uk)

'Policy' is used as a generic term covering policies, strategies, functions, service changes, guidance documents, other

<b>Name of Policy</b>	Whistleblowing Standards		
<b>Names and role of Review Team:</b>	Karen Callaghan, Whistleblowing Co-ordinator Shona McCulloch, Head of Corporate Governance Elaine Savory, Equality and Diversity Adviser	<b>Date(s) of assessment:</b>	9 February 2021

<b>SECTION ONE</b>	<b>AIMS OF THE POLICY</b>
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1.1. Is this a new or existing Policy : \_\_\_New\_\_\_\_\_

Please state which:    Policy     Strategy     Function     Service Change     Guidance     Other X Standards

1.2 What is the scope of this EQIA?

NHS A&A wide     Service specific     Discipline specific     Other (please detail) X

**Other** - Agency workers, students, trainees, volunteers, HSCP health services, service provided by primary care providers or contractors, including third party contractors.

1.3a. What is the aim?

The development of the National Whistleblowing Standards is being undertaken to set out how NHS services must handle concerns. An individual can raise a whistleblowing concern when this relates to speaking up in the public interest about an NHS Service, where an act or omission has created or may create risk of harm or wrongdoing. This could be linked to issues such as patient safety or care, fraud, poor practice, unsafe working conditions, falsifying information, abuse of authority or breaking a legal obligation.

They will be applicable for staff, agency workers, students, trainees and volunteers across all NHS services, including HSCP health services and those provided on behalf of the NHS by primary care providers or contractors. They apply to all regardless of whether full-time, part-time, self-employed, or employed through an agency.

The Standards should be used for any worker to raise a qualifying disclosure under the Public Interest Disclosure Act 1998. The Standards are available to all employees, workers and ex-employees of the organisation who have concerns about misconduct or wrongdoing.

Many staff will have concerns about what is happening at work. Usually these are easily resolved. However, when the concern feels serious because it is about a possible danger, professional misconduct or financial malpractice that might affect patients, colleagues, or NHS Ayrshire & Arran itself, it can be difficult to know what to do. If a member of staff feels that something is of concern, and they feel that it is something which they think NHS Ayrshire & Arran should know about or look into, they should use this procedure.

#### **1.3b. What is the objectives?**

- Access to several routes for raising concerns;
- Access to a standardised 2 stage process;
- Access to support for all those involved in an issue of concern;
- Clear requirements for recording, reporting and monitoring of concerns.

#### **1.3c. What is the intended outcomes?**

- To create a culture of openness and psychological safety where staff and those who provide services for the NHS feel able to speak up.
- To identify and demonstrate learning and improvement and share best practice
- To provide good-quality outcomes through a thorough but proportionate investigation
- To ensure that every voice is heard
- To enable and empowered those who provide NHS services to raise concerns about harm or wrong-doing.

#### **1.4. Who are the stakeholders?**

- NHS Ayrshire & Arran staff including agency workers, students, trainees, volunteers, HSCP health services, service provided by primary care providers or contractors, including third sector.
- Patients
- Carers

#### **1.5. How have the stakeholders been involved in the development of this policy?**

Engagement:

- Full public consultation on the draft Standards, with requests for comments on all elements of the Standards, including the section highlighting vulnerabilities of ethnic minority groups;
- 3 day-long workshops including whistleblowers from the NHS, organized by the Scottish Government, including discussions around vulnerabilities and the need to provide support to different people for different reasons;
- Training with the National Guardians Office in England, including consideration of particular vulnerabilities of different groups to detriment at work;
- Meetings with stakeholders from across the sector, including representatives from different professional representative bodies, student and volunteer representatives;
- Full involvement with Scottish Government consultation on proposals for policy changes to bullying and harassment, including full range of representatives from staff side and NHS management.

Involvement:

The consultation on the draft Standards was open to the public, and was shared specifically with a wide range of whistleblowers and charities that represent whistleblowers.

The Standards' Steering and Working Groups included whistleblowers and representatives from Protect (a charity representing whistleblowers), as well as NHS HR representatives and union representatives.

**1.6 Examination of Available Data and Consultation** - Data could include: consultations, surveys, databases, focus groups, in-depth interviews, pilot projects, reviews of complaints made, user feedback, academic or professional publications, reports etc)

This is a National Directive, the National Once for Scotland Whistleblowing Standards have been agreed by Scottish Government and the Scottish Public Services Ombudsman (SPSO).

A Whistleblowing oversight and Implementation group were formed to oversee, the implementation and support the roll out of the Standards.

**Name any experts or relevant groups / bodies you should approach (or have approached) to explore their views on the issues.**

This is a National Directive, the National Once for Scotland Whistleblowing Standards have been agreed by Scottish Government and the Scottish Public Services Ombudsman (SPSO).

**What do we know from existing in-house quantitative and qualitative data, research, consultations, focus groups and analysis?**

A Whistleblowing oversight and Implementation group were formed to oversee, the implementation and support the roll out of the Standards.

**What do we know from existing external quantitative and qualitative data, research, consultations, focus groups and analysis?**

This is a National Directive, the National Once for Scotland Whistleblowing Standards have been agreed by Scottish Government and the Scottish Public Services Ombudsman (SPSO).

**1.7. What resource implications are linked to this policy?**

Implementation and delivery of the standards will be met from within existing resources.

Independent National Whistleblowing Officer - <https://inwo.spsso.org.uk/>

National Whistleblowing Standards - <https://inwo.spsso.org.uk/national-whistleblowing-standards>

Once for Scotland – Whistleblowing policy - <https://workforce.nhs.scot/policies/whistleblowing-policy/>

<b>SECTION TWO</b>	<b>IMPACT ASSESSMENT</b>
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Complete the following table, giving reasons or comments where:

The Programme could have a positive impact by contributing to the general duty by –

- Eliminating unlawful discrimination
- Promoting equal opportunities
- Promoting relations within the equality group

The Programme could have an adverse impact by disadvantaging any of the equality groups. Particular attention should be given to unlawful direct and indirect discrimination.

If any potential impact on any of these groups has been identified, please give details - including if impact is anticipated to be positive or negative.

**If negative impacts are identified, the action plan template in Appendix C must be completed.**

<b>Equality Target Groups – please note, this could also refer to staff</b>
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	Positive impact	Adverse impact	Neutral impact	Reason or comment for impact rating
<b>2.0 All</b>				The National Whistleblowing Standards aim to provide protection against a range of potential negative impacts on staff, and discrimination is included. It encourages managers to be aware of the potential for discrimination to be used to intimidate and victimize staff that raise concerns. It also requires NHS service providers to support people that raise concerns, to listen and take them seriously, and to act on them promptly. Alongside this, providers are required to provide support for those that raise concerns, in ways that meet the needs of their staff. Taken together, this should reduce the potential for discrimination against those from equalities groups, and encourage them to raise concerns when they see issues of concern.

<p><b>2.1. Age</b></p> <ul style="list-style-type: none"> <li>• Children and young people</li> <li>• Adults</li> <li>• Older People</li> </ul>			X	<p><b>See Section 2.0 All Children and Young People</b></p> <p>These standards are aimed at anyone who works for, or is contracted to work for, NHS Ayrshire &amp; Arran. Therefore, this would not be applicable to people under the age of 16.</p> <p><b>Adults</b></p> <p>The standards are applicable to all and age would not have a differential impact on being able to access the standards.</p> <p><b>Older People</b></p> <p>The standards are applicable to all working age people who work for or are contracted to work on behalf of NHS Ayrshire &amp; Arran.</p>
<p><b>2.2. Disability</b> (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment, mental health)</p>	X			<p>The standards are applicable to all. Where there is a reasonable adjustment, NHS Ayrshire &amp; Ayrshire will provide the necessary adjustments including access to BSL interpreters where needed. NHS Ayrshire &amp; Arran's existing processes will be followed for this.</p>
<p><b>2.3. Gender Reassignment</b></p>			X	<p>The standards are applicable to all and someone undergoing gender re-assignment would still have access and no differential impacts have been identified.</p>
<p><b>2.4 Marriage and Civil partnership</b></p>			X	<p>The standards are applicable to all and someone who is married or in a civil partnership would still have access and no differential impacts have been identified.</p>
<p><b>2.5 Pregnancy and Maternity</b></p>			X	<p>The standards are applicable to all and someone who is pregnant or recently pregnant would still have access and no differential impacts have been identified.</p>

<b>2.6 Race/Ethnicity</b>			X	The standards are applicable to all and someone from a minority ethnic groups would still have access and no differential impacts have been identified.
<b>2.7 Religion/Faith</b>			X	The standards are applicable to all and someone those from religious communities would still have access and no differential impacts have been identified.
<b>2.8 Sex (male/female)</b>			X	The standards are applicable to all sexes (male/female) and they would still have access and no differential impacts have been identified.
<b>2.9 Sexual Orientation</b> <ul style="list-style-type: none"> <li>• Lesbians</li> <li>• Gay men</li> <li>• Bisexuals</li> </ul>			X	The standards are applicable to all and someone who identifies as LGB would still have access and no differential impacts have been identified.
<b>2.10 Carers</b>			X	The standards are applicable to all and someone who is a carer would still have access and no differential impacts have been identified.
<b>2.10 Homeless</b>	X			The standards are applicable to all and someone who is homeless would have access and no differential impacts have been identified. However we are aware in the current climate of the financial impact on staff. Therefore staff who are affected would be able to access and raise concerns from the workplace.
<b>2.12 Involved in criminal justice system</b>			X	The standards are applicable to all and someone who is involved in the criminal justice system would have access and no differential impacts have been identified.

<b>2.13 Literacy</b>	X			The standards are applicable to all and someone with literacy issues would have access and no differential impacts have been identified. Where there is a reasonable adjustment, NHS Ayrshire & Ayrshire will provide the necessary support where needed. For example support could be provided by a line manager, Speak Up Advocate, colleague or trade union representative.
<b>2.14 Rural Areas</b>			X	The standards are applicable to all and someone who lives in a rural areas would have access and no differential impacts have been identified.
<b>2.15 Staff</b> <ul style="list-style-type: none"> <li>• Working conditions</li> <li>• Knowledge, skills and learning required</li> <li>• Location</li> <li>• Any other relevant factors</li> </ul>			X	The standards are applicable to all staff and they would have access and no differential impacts have been identified.  This if for staff who are providing NHS services and mitigating actions would be identified in the above.

**2.16. What is the socio-economic impact of this policy / service change? (The [Fairer Scotland Duty](#) places responsibility on Health Boards to actively consider how they can reduce inequalities of outcomes caused by socio-economic disadvantage when making strategic decisions)**

	Positive	Adverse	Neutral	Rationale/Evidence
<b>Low income / poverty</b>			X	The standards are applicable to all staff and there would be no socio-economic impact, as there is no requirement to have personal internet or phone access. These are accessible in the work place to all who provide NHS services.
<b>Living in deprived areas</b>			X	
<b>Living in deprived communities of interest</b>			X	
<b>Employment (paid or unpaid)</b>			X	



<b>SECTION THREE CROSSCUTTING ISSUES</b>				
<b>What impact will the proposal have on lifestyles? For example, will the changes affect:</b>				
	<b>Positive impact</b>	<b>Adverse impact</b>	<b>No impact</b>	<b>Reason or comment for impact rating</b>
<b>3.1 Diet and nutrition?</b>	X			Where there are any concerns there is a clear supported path available to raise issues, this will have a positive impact on the mental and physical wellbeing of staff. Where staff feel empowered to raise concerns, therefore creating a culture of openness and psychological safety where staff feel able to speak up. We have a set of arrangements based on advocacy and support for staff through our Speak up Advocates and a range of channels staff can use to raise concerns within the Board.
<b>3.2 Exercise and physical activity?</b>	X			
<b>3.3 Substance use: tobacco, alcohol or drugs?</b>	X			
<b>3.4 Risk taking behaviour?</b>	X			

<b>SECTION FOUR CROSSCUTTING ISSUES</b>				
<b>Will the proposal have an impact on the physical environment? For example, will there be impacts on:</b>				
	<b>Positive impact</b>	<b>Adverse impact</b>	<b>No impact</b>	<b>Reason or comment for impact rating</b>
<b>4.1 Living conditions?</b>			X	There will be no direct impact on staff living conditions. The Standards are applicable to staff delivering NHS services within Care and Residential Homes and they would have access and no differential impacts have been identified.

<b>4.2 Working conditions?</b>	X			Providing an environment where staff feel empowered to raise concerns, creating a culture of openness and psychological safety where staff feel able to speak up will have a positive impact.
<b>4.3 Pollution or climate change?</b>			X	There will be no impact as the standards do not relate to pollution or climate change.

**Will the proposal affect access to and experience of services? For example:**

	<b>Positive impact</b>	<b>Adverse impact</b>	<b>No impact</b>	<b>Reason or comment for impact rating</b>
<b>Health care</b>	X			Those who provide services within healthcare will be empowered to raise concerns. This will identify and demonstrate areas of learning and improvement through investigation. Producing good quality outcomes and sharing of best practice.
<b>Social Services</b>	X			Those who provide services within social services will be empowered to raise concerns. This will identify and demonstrate areas of learning and improvement through investigation. Producing good quality outcomes and sharing of best practice.
<b>Education</b>	X			Those who provide services within education will be empowered to raise concerns. This will identify and demonstrate areas of learning and improvement through investigation. Producing good quality outcomes and sharing of best practice.
<b>Transport</b>			X	Not affected by the Standards
<b>Housing</b>			X	Not affected by the Standards

**SECTION FIVE**

**MONITORING**

**How will the outcomes be monitored?**

Reports will be collated quarterly and presented to Staff Governance Committee, NHS Ayrshire & Arran's Board members and the Integrated Joint Board (IJB) of the Health and Social Care Partnerships (HSCPs). An annual report will be produced which will summarise and build on the quarterly reports produced by the board, including performance against the requirements of the Standards, KPIs, the issues that have been raised and the actions that have been or will be taken to improve services as a result of concerns.

**What monitoring arrangements are in place?**

The Datix system is used to record Whistleblowing concerns and the information required follows the guidance and the KPIs as required by the Standards. Quarterly reports will be created using the information held on the Datix system including performance against the requirements of the Standards and KPIs in line with guidance provide in the National Whistleblowing Standards.

**Who will monitor?**

Corporate Governance, Staff Governance Committee and NHS Ayrshire & Arrans Board members.

**What criteria will you use to measure progress towards the outcomes?**

Performance against the requirements of the Standards and KPIs.

Data required for the quarterly reports is based on these key performance indicators (KPIs)

- a statement outlining learning, changes or improvements to services or procedures as a result of consideration of whistleblowing concerns;
- a statement to report the experiences of all those involved in the whistleblowing procedure (where this can be provided without compromising confidentiality);
- a statement to report on levels of staff perceptions, awareness and training;
- the total number of concerns received;
- concerns closed at stage 1 and stage 2 of the whistleblowing procedure as a percentage of all concerns closed;
- concerns upheld, partially upheld and not upheld at each stage of the whistleblowing procedure as a percentage of all concerns closed in full at each stage;
- the average time in working days for a full response to concerns at each stage of the whistleblowing procedure
- the number and percentage of concerns at each stage which were closed in full within the set timescales of 5 and 20 working days;
- the number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1; and
- the number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2.

**PUBLICATION**

Public bodies covered by equalities legislation must be able to show that they have paid due regard to meeting the Public Sector Equality Duty (PSED). This should be set out clearly and accessibly, and signed off by an appropriate member of the organisation.

Once completed, send this completed EQIA to the **Equality & Diversity Adviser**

**Authorised by**

**Title**

**Signature**

**Date**

## Identified Negative Impact Assessment Action Plan

Name of EQIA:

Date	Issue	Action Required	Lead (Name, title, and contact details)	Timescale	Resource Implications	Comments

Further Notes:

Signed:

Date:

