

## **Brief report from NHS Improvement's secondary care whistleblower employment support scheme launch 22 September 2017**

40 places were advertised by NHSI.

10 whistleblowers attended.

8 whistleblowers were from the English NHS.

One of the 8 whistleblowers was currently on NHS England's pilot employment support scheme.

The other 7 whistleblowers were from secondary care, 6 of whom are currently unwaged.

At the launch, NHSI clarified that more than 10 whistleblowers may be accepted for its pilot scheme.

NHSI has advised that if fewer than 20 'Expressions of Interest' are received, all will be invited to submit an application.

If more than 20 expressions of interest are received, NHSI will select 20 cases for forwarding to the application process.

However, NHSI had not implemented fair criteria for prioritising cases as advised, other than duration of unemployment.

NHSI has now agreed to urgently revise its process so that cases will be sifted with regards to a wider range of criteria and needs.<sup>i</sup>

No pool of interested employers willing to provide trial employment has been established yet and no clear target date was given by NHSI for establishment.

The coordinating NHSI scheme manager stated that culture change takes time and NHSI will 'build up' to asking employers to consider offering employment opportunities.

Concern was expressed about the implied timescale given the pressing practical needs facing whistleblowers.

The NHS England manager present at the launch indicated that NHS England's work on an employer pool is linked to NHSI's work & therefore at the same stage.

NHSI has made contact with trust and approximately 25 employers have expressed initial 'interest' in NHSI's scheme:

- 2 in London and environs
- 1 in East of England
- All the rest were concentrated in the midlands and north
- None in the west.

(Four of the eight whistleblowers who attended the launch were from the south west).

NHSI declined to say at this stage which trusts had expressed interest.

Daz Greenop of Liverpool John Moores University who has been commissioned by NHS England to evaluate its pilot, briefly presented.

No detailed written evaluation criteria or instruments have been shared yet, but have been requested in separate correspondence.

Whistleblowers stressed the importance that the evaluation should be grounded in the original recommendations of the Freedom To Speak Up Review<sup>ii</sup> and that issues of sampling should be considered – did NHS England identify all whistleblowers who had been harmed and needed the service?

The importance of advertising the scheme properly in the national press, to help ensure that all whistleblowers who need to know about the scheme are informed, was again discussed.

The scheme remains in evolution and the usefulness of coaching services, currently purchased by NHS England from Working Transitions, was discussed.

This was particularly given some of the feedback from whistleblowers in NHS England's pilot scheme.

NHSI acknowledged that it was important to tailor packages to individual need and expressed willingness in principle to consider going beyond the minimum expectations set out in Francis's report of re-employment only in the NHS.

The advantages of allowing whistleblowers direct control of their modest personal budgets, as opposed to budgets being dissipated through middle men who provide coaching services that may not be needed or who charge a handling fee, were discussed.

**Link for information and application documents for NHSI's secondary care whistleblower employment support scheme:**

<https://improvement.nhs.uk/resources/freedom-to-speak-up-whistleblowers-support-scheme/>

**Expressions of interest must be received by 4 October 2017**

**Full applications must be received by 31 October 2017**

[NB The 'expression of interest' form will now be revised as above. NHSI has advised that it will contact any applicants who have already submitted expressions of interest using the original form and offer them the opportunity to add any further relevant information].

Dr Minh Alexander 23 September 2017

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## REFERENCES

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<sup>i</sup> Email 23 September 2013 to Maria Robson NHS Improvement Head of Trust Resourcing

Dear Maria,

**NHS Improvement process for prioritisation of cases for the pilot phase of the whistleblower employment support scheme**

Thanks for the flexibility in agreeing to amend the 'Expression of Interest' form.

A brief note as discussed to summarise what I feel are the main practical issues.

The current 'Expression of Interest' form features duration of unemployment as the main means of sifting cases in the event that the number of applicants exceeds NHSI's limit.

Duration of unemployment is an important marker of need but not the only factor that should be considered when prioritising cases.

For example, older whistleblowers nearer to retirement age may be able to withstand the financial consequences of unemployment and blacklisting better than younger people with small children. They often have more secure housing, savings and are able to plan based on the knowledge of a pension to come. The same whistleblowing experience for younger whistleblowers can have more devastating effects.

People with disabilities may be more disadvantaged and face special challenges.

There may also be some critical career path factors that NHSI may wish to consider – such as whether someone is in imminent danger of losing their licence to practice because they have been deprived of the opportunity to revalidate.

Moreover, people have different coping styles, and not everyone will volunteer the fact that they may be seriously struggling. For some, being in debt for the first time in their lives may be a very humiliating experience and hard to articulate. Some active facilitation may be helpful.

It is also important not to make assumptions based on broad characteristics such as age. For example, WASPI women may be an exception. Some

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people may also have had atypical career paths, or special personal circumstances, and may be equally vulnerable to unemployment and blacklisting at a later career stage as younger people.

I appreciate that it is difficult to design a form that captures all parameters, but you could add a few questions about key factors, such as whether the applicant has dependants to support, and a free text box that asks people to tell you if there are any other special circumstances that should be considered.

Lastly, I should have mentioned that I was informed that NHS England recently simply picked up the phone on behalf of a secondary care whistleblower, helping to secure that person a job. NHS England was copied into this correspondence and has not contradicted this report.

I think that this sort of help is ultimately what whistleblowers really need the most.

With best wishes,

Minh

Dr Minh Alexander

ii The original Freedom To Speak Up Review recommendations:

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*“7.3.8 Beyond that, I believe that there is an **urgent** need for an employment support scheme for NHS staff and former staff who are having difficulty finding employment in the NHS who can demonstrate that this is related to having made protected disclosures and that there are no outstanding issues of justifiable and significant concern relating to their performance. This should be devised and run jointly by NHS England, the NHS Trust Development Authority and Monitor. As a minimum, it should provide:*

- remedial training or work experience for registered healthcare professionals who have been away from the workplace for long periods of time**

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- ***advice and assistance in relation to applications for appropriate employment in the NHS***
  - ***the development of a ‘pool’ of NHS employers prepared to offer trial employment to persons being supported through the scheme***
  - ***guidance to employers to encourage them to consider a history of having raised concerns as a positive characteristic in a potential employee.***

*7.3.9 All NHS organisations should support such a scheme. Doing so would send a clear signal to their staff, and to staff across the NHS that they are willing to value people who are brave enough to raise concerns. Organisations that do should be given appropriate recognition”*

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*“Good practice – Supporting staff back into employment*

- *Employers:*
  - *seek to reinstate staff who have spoken up, offering training, mediation and support where necessary*
  - *make clear that they welcome job applications from people who have raised concerns at work to improve patient safety*
  - *consider a history of having raised concerns as a positive characteristic in a potential employee.*
- *Organisations actively support and participate in the employment support scheme (once set up) for NHS staff and former staff having difficulty finding employment in the NHS as a result of making a protected disclosure and about whom there are no outstanding issues of justifiable and significant concern relating to their performance.”*

#### **Page 211, Actions for individual organisations:**

*“12.1 NHS England, NHS TDA and Monitor should jointly devise and establish a support scheme for NHS workers and former NHS workers*

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*whose performance is sound who can demonstrate that they are having difficulty finding employment in the NHS as result of having made protected disclosures.*

*12.2 All NHS organisations should actively support a scheme to help current and former NHS workers whose performance is sound to find alternative employment in the NHS.”*