

# NHS Ayrshire & Arran



<b>Meeting:</b>	<b>Ayrshire and Arran NHS Board</b>
<b>Meeting date:</b>	<b>Monday 12 August 2024</b>
<b>Title:</b>	<b>Whistleblowing Report – Quarter 1, April - 30 June 2024</b>
<b>Responsible Director:</b>	<b>Jennifer Wilson, Nurse Director</b>
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## 1. Purpose

This is presented to the NHS Board for:

- Discussion

This paper relates to:

- Government policy/directive

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

## 2. Report summary

### 2.1 Situation

The National Whistleblowing Standards and Once for Scotland Whistleblowing policy (the Standards) were introduced on 1 April 2021. NHS Board Members are asked to discuss the report on organisational activity in relation to Whistleblowing concerns raised in 2024/25 Quarter 1 (April - 30 June 2024).

### 2.2 Background

The National Whistleblowing Standards (the Standards) set out how the Independent National Whistleblowing Officer (INWO) expects all NHS Boards to manage, record and report whistleblowing concerns. It is a requirement of the Standards that whistleblowing data is reported quarterly to the NHS Board and under our local governance arrangements to NHS Board.

The Standards also require that Boards publish an annual report setting out performance in handling whistleblowing concerns. The annual report summarises and builds on the quarterly reports produced by the board, including performance against the requirements of the Standards, Key Performance Indicators (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.

In NHS Ayrshire & Arran the agreed governance route for reporting on whistleblowing is to Staff Governance Committee and then to the NHS Board. The NHS Board report will be shared with Integration Joint Boards following the NHS Board meeting.

## 2.3 Assessment

**2.3.1** In Quarter 1 (Q1) one concern received via the Speak Up Mailbox. The complainant wishes to remain anonymous. The concerns related to a Primary Care Contractor. The concern was acknowledged by email and provided information on raising concerns anonymously, the protection afforded by the Standards and how to contact the Confidential Contacts. Reassurance was also given that should they decide to remain anonymous the concerns will be highlighted to the Director responsible for Primary Care to be investigated.

As the concern received in Q1 was not taken forward as Whistleblowing it is not possible to provide a detailed report, and therefore an update on recent whistleblowing activity to support the Standards is provided below.

**2.3.2** Improvement plans: Table 1 reports the status of improvement plans from whistleblowing concerns raised in 2022-23 and 2023-24. One improvement plan was closed in Q1 with the approval of the Commissioning Director, the three remaining plans are in progress. Improvement plans are monitored through the relevant department's governance group as agreed with the Commissioning Director, with feedback on closure to the Whistleblowing Oversight Group. Progress is monitored by the Corporate Governance Coordinator.

Year		Numbers of Improvement Plans		Number of Learning Plans	
		In Progress	Closed	In Progress	Closed
2022-23	3	2	1	-	-
2023-24	1	1	0	-	-

Table 1

**2.3.3** Training update: Monthly reports continue to be produced to monitor completion of the Turas Whistleblowing eLearning modules. As at 30 June 2024, 43% of all staff had completed the Turas Whistleblowing e-Learning modules. Communication continues to be shared through Daily Digest and eNews that it is mandatory for line managers and leaders to complete the relevant Turas whistleblowing module.

	Total Complete		Increase	Total No of staff	% staff completed
	31/03/2024	30/06/2024			
An overview (Staff)	3712	3929	217	10627	37%
For Line Managers	179	199	20	980	66%
For Senior Managers	443	446	3		

Table 2

Monthly reports continue to be produced to monitor completion of the Turas Whistleblowing eLearning modules.

**2.3.4** Communications: We continue to issue communications across the organisation to remind staff about whistleblowing, the Standards and how to raise a Whistleblowing concern. This is supported by our Communication Team through Daily Digest and

eNews. We are working on the Annual Whistleblowing Newsletter which will be shared across the organisation.

An offer has been extended to Directors for a member of our whistleblowing team to attend any upcoming directorate team meetings. The purpose of the session will be to provide an overview of the whistleblowing standards, to raise awareness among staff, with focus on any specific aspects of the process that may be of interest or concern.

- 2.3.5** Speak up week: Preparations are ongoing for this year Speak Up Week, which take place from 30 September – 4 October. This year's theme is Enabling Speaking Up. To support the prep for the week a Short Life Working Group (SLWG) has been formed which includes representation from our confidential contacts, speak up advocates and colleagues from Communications and Engagement Teams.

Our communication and engagement team colleagues will support the dissemination of information prior to and during Speak Up Week via the Daily Digest, eNews and Social Media. This will include the programme of communications and events planned by the INWO.

As we continue to build on the success of previous years, we plan to visit various sites, during the week, to engage with staff face to face, to increase the number of Ask Me Anything sessions held on teams and offer online learning sessions. As part of this year's campaign Directors will be asked to sign up to the Speak Up Pledge. Hopefully directors will be able to come along and support the onsite visits during Speak Up Week.

- 2.3.6** INWO Stage 3 Learning and Improvement Reports: The INWO receives complaints from whistleblowers who are unhappy with how their whistleblowing concerns have been investigated and responded to in Boards. The INWO investigate each case independently and reports on the findings, outcomes and learnings. These reports are then shared with Boards via the INWO monthly Bulletin and published on the [INWO website](#). Locally these reports are reviewed when published to benchmark our processes and to identify if there are areas where we can learn and improve our local practice to ensure best practice. Published INWO recommendations in Q1:

INWO recommendations:

- Ensure that the investigation takes full account of the information being shared by the person who raised the concern.
  - In NHS AA investigations meet the complainant to discuss the concerns, ensuring the main concerns are understood and agreed prior to undertaking a whistleblowing investigation. Terms of Reference (ToR) are agreed by the complainant and investigator for all WB investigations. While we have a process in place, it is recognised this needs to be firm up to ensure the ToR is in place and agreed with the complainant and returned to the Corporate Governance Coordinator. This is being done in the majority of cases.
- Ensure those involved in the whistleblowing process are provided information on how and where to access support.
  - At all stages of NHS AA Whistleblowing process information on accessing support, across the organisation, is provided verbally and in email and

letter correspondence with those involved in the process. It is also provide to anyone who contacts the Speak Up mailbox seeking advice.

No other recommendation were relevant to NHS AA.

### **2.3.7 Quality**

Procedures for raising concerns should provide good-quality outcomes through a thorough but proportionate investigation. The approach to handling whistleblowing concerns ensures that learning and improvement is progressed for upheld whistleblowing concerns and are shared across all relevant services.

### **2.3.8 Workforce**

The Standards support our ambition for an open and honest organisational culture where staff have the confidence to speak up and all voices are heard. This is focused through our organisational Values of 'Caring, Safe and Respectful' and promoting a culture of psychological safety.

### **2.3.9 Financial**

There is no financial impact.

### **2.3.10 Risk assessment/management**

If staff do not have confidence in the fairness of the procedures through which their concerns are raised, or do not feel assured that concerns raised will be acted upon, there is a risk that they will not raise valid concerns about quality, safety or malpractice. The opportunity to investigate and address these concerns will have been lost, with potentially adverse impact on quality, safety and effectiveness of services.

There is also a wider risk to organisational integrity and reputation, if staff do not believe they will be listened to and do not feel senior leaders in NHS Ayrshire & Arran are fulfilling the organisation's Values of 'Caring, Safe and Respectful' and promoting a culture of Psychological Safety.

### **2.3.11 Equality and diversity, including health inequalities**

A local Equality Impact Assessment (EQIA) for the Standards is in place and published on our [public facing web](#). This assesses the impact of the Whistleblowing Standards on staff and those who provide services on behalf of the NHS with protected characteristics.

### **2.3.12 Other impacts**

- **Best value:** Governance and accountability and Performance management. The delivery of an effective process for whistleblowing concerns will support the Board's commitment to safe, effective and person-centred care. Effective handling of concerns supports the delivery of the Healthcare Quality Strategy.
- **Compliance with Corporate Objectives** - Create compassionate partnerships between patients, their families and those delivering health and care services which respect individual needs and values; and result in the people using our services having a positive experience of care to get the outcome they expect.

### **2.3.13 Communication, involvement, engagement and consultation**

There is no requirement for formal engagement with external stakeholders in relation to the formulation of this paper. There has been wide communication of the Standards across the organisation.

### **2.3.14 Route to the meeting**

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Whistleblowing Oversight Group on 11 July 2024
- Staff Governance Committee on 1 August 2024.

### **2.4 Recommendation**

The NHS Board Members are asked to discuss the paper for Quarter 1 (April – 30 June 2024).