

NHS Ayrshire & Arran

Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 16 August 2021
Title:	Whistleblowing Report – Quarter 1 April to 30 June 2021
Responsible Director:	Jenny Wilson, Interim Nurse Director
Report Author:	Karen Callaghan, Corporate Governance Coordinator

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. This report provides an update on implementation across the organisation further to the report to the NHS Board on the 29 March 2021.

It is a requirement of the Standards to report whistleblowing performance to the NHS Board. This paper provides the first quarterly report since the Standards were introduced on 1 April 2021. Board members are asked to note the implementation update and discuss the report on organisational activity in relation to whistleblowing concerns raised in Quarter 1 (April to June 2021).

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.

The Standards also require that Boards publish an annual report setting out performance in handling whistleblowing concerns. The annual report will summarise and build 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. The first annual report will be provided in 2022 and will align with the quarterly report for Quarter 4.

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.

This first quarterly report provides information in accordance with the requirements of the Standards. This provides information on our performance for Quarter 1 (April – June 2021).

2.3 Assessment

2.3.1 Implementation progress

Since the report to Board on 29 March 2021 work has continued via the Whistleblowing Oversight Group (WBOG) to implement the Standards across all sectors. At their meeting on 22 July 2021 WBOG considered progress and the implementation plan was signed off as complete. The Whistleblowing Implementation Group was stood down at the end of March and the Corporate Governance team worked closely with individual sector leads to ensure that arrangements were in place for all those to whom The Standards apply and that robust governance processes are in place to facilitate quarterly Whistleblowing reporting.

WBOG acknowledged that some gaps remain in relation to national links for students with NES and NHS Board to NHS Board service level agreements (SLAs), however, the Board can be assured that from 1 April 2021 any person who is delivering an NHS service has access to raise a concern and this has been communicated to all groups.

The communication plan has ensured that there is awareness across the organisation of the Standards through a series of 7 minute briefs and a leaflet on how to raise a concern. Good feedback has been received on how communications have been delivered enabling both digital access and information to support team meetings and face to face discussions.

The national Turas training modules were rolled out across the organisation from March 2021. This included modules for staff, with additional modules for managers. Managers were also invited to facilitated sessions to provide an opportunity for discussion and questions. Feedback on the content of the training modules has been positive and managers welcomed the information and scenarios given. Comment was received that managers would be more confident if they received a concern and would know where to go for help and advice.

Facilitated sessions for managers will continue to be offered through 2021 by the Corporate Governance team.

2.3.2 Whistleblowing organisational activity

Appendix 1 provides details of Whistleblowing concerns raised across the organisation by staff and those who provide services on behalf of NHS Ayrshire & Arran. This demonstrates our performance in the national key indicators as required by the INWO and includes key areas of Whistleblowing handling, as well as highlighting outcomes and providing more detail on Whistleblowing themes. Over time, this approach will illustrate trends and more importantly, allow us to evidence necessary improvement and learning in response to the trends and themes demonstrated.

The report at Appendix 1 provides performance information on:

- Whistleblowing concerns raised
- Learning, changes or improvements to service or procedures
- Experience of individual raising concern/s
- Level of staff perceptions, awareness and training
- Whistleblowing themes, trends and patterns

2.3.3 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.

2.3.4 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.

2.3.5 Financial

There is no financial impact.

2.3.6 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.

2.3.7 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.

2.3.8 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.

2.3.9 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.

2.3.10 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 22 July 2021
- Staff Governance Committee on 3 August 2021

2.4 Recommendation

For discussion. The Board are asked to note the implementation update and discuss the performance report in relation to concerns raised in Quarter 1 (April – June 2021).

3. List of appendices

- Appendix 1 - Whistleblowing Report for Quarter 1 April to June 2021.

Appendix 1 - Whistleblowing Report - Quarter 1 April to June 2021

1. Introduction

This report provides details of Whistleblowing concerns raised across the organisation by staff and those who provide services on behalf of NHS Ayrshire & Arran. This report will demonstrate our performance in the national key indicators as required by the INWO and includes key areas of Whistleblowing handling, as well as highlighting outcomes and providing more detail on Whistleblowing themes. Over time, this approach will illustrate trends in and more importantly, allow us to evidence necessary improvement and learning in response to the trends and themes demonstrated.

As this is the first quarterly report Board members will note the numbers are very small.

2. Whistleblowing handling performance

2.1 Whistleblowing concerns received

Table 1 below shows the total number of concerns received in the quarter through the whistleblowing process.

Total no of concerns received	Appropriate for WB	Stage 1	Stage 2	Comments
4	2	0	2	1 = more appropriate for HR or other procedure 1 = Anonymous concern

Table 1

Of the four concerns received in Quarter 1, two were not appropriate for the whistleblowing process. Feedback was provided to those raising the concerns to either direct to the appropriate policy, or in regard to the anonymous concern to seek engagement and advise that although this could not be managed through the whistleblowing process the concerns raised would be investigated.

Under our local processes all anonymous concerns will be considered for investigation and reported to the organisation as appropriate. Under the Standards anonymous concerns cannot be considered under the whistleblowing process.

2.2 Concerns closed

Table 2 provides the numbers of concerns closed at Stage 1 and Stage 2 of the procedure as a percentage of all concerns closed.

WB concerns Q1	Nos closed	Nos ongoing	% closed against all received
Stage 1	0	-	-
Stage 2	2	1	50%

Table 2

2.3 Concerns outcomes

Table 3 records concerns upheld, partially upheld and not upheld at each stage of the whistleblowing procedures as a percentage of all concerns closed in full at each stage.

Concern	Not Upheld	Partially Upheld	Fully Upheld
Stage 1	-	-	-
Stage 2	100% (1)		

Table 3

2.4 Responding to concerns

Table 4 provides the average time in working days for a full response to concerns at each stage of the whistleblowing procedure

Concern	Nos received	Average time to full response
Stage 1	0	-
Stage 2	2	1 closed at time of report: 59 days

Table 4

It is important to note that of the two concerns received in Q1 only one has been concluded. One has an investigation ongoing. Although the average number of days to respond seems lengthy this is impacted by the low numbers received. Both of the Stage 2 concerns received in Q1 have agreed an extension (as appropriate under the Standards) and hence there is a longer time to full response.

Table 5 below shows the number and percentage of concerns at each stage which were closed in full within the set timescales of 5 and 20 working days. This reflects the extensions agreed.

	Nos received	% closed in 5 working days		Nos received	% closed in 20 working days
Stage 1	0	-	Stage 2	2	0%

Table 5

Table 6 shows the concerns where an extension was authorised

Concern	Nos received	Extension authorised	As % of all concerns
Stage 1	0	-	-
Stage 2	2	2	100%

Table 6

Extensions have been agreed both Stage 2 investigations received in quarter 1. This was to allow adequate time for the required detailed investigations to be held. This was discussed and agreed with those who raised the concerns.

3. Learning, changes or improvements to service or procedures

Concern	Nos received	Learning/improvement or action plan
Stage 1	0	-
Stage 2	2	0 (only 1 closed at time of report)

Table 7

No learning/improvement or actions plans have been developed from the concerns received in Q1 as yet. The single Stage 2 concern which has been closed during Q1 has an improvement plan in development. Any learning, changes or improvements from the concerns received will be considered when completing an investigation and responding to the person raising the concern. This will consider whether this is a local improvement/

learning or to be shared more widely across the organisation. This will be agreed with the lead Confidential Contact and the appropriate management team.

It is recognised that this will build as we learn from whistleblowing concerns received and a robust learning process is developed over the next year.

4. Experience of individuals raising concern/s

This section reports the experiences of all those involved in the whistleblowing procedure (where this can be provided without compromising confidentiality)

As this is the first quarterly report, there is no feedback as yet from individuals raising concerns and this will be included in future reports. A process to gather feedback from those involved in the whistleblowing process is being considered and will reflect the need for confidentiality of those raising concerns.

5. Level of staff perception, awareness and training

There has been a wide-ranging communication exercise across the organisation from early in 2021. This focused on providing 7 minute briefs and sharing these widely across the organisation, via 700+ managers, for use in team meetings, noticeboards and shared work spaces. Communication also via Daily Digest and weekly e-News has continued.

Whistleblowing training has been rolled out across the organisation using the national Turas modules with good uptake, to date 1014 staff and 308 managers have accessed. Managers have been targeted via facilitated sessions. Facilitated sessions will continue to be offered through the year and monthly communications will continue.

Feedback from staff to date has been positive and comments from managers' facilitated sessions indicated that staff and managers were aware of the new process under the Standards.

We are considering how to engage with staff to gauge levels of awareness going forward.

6. Whistleblowing themes, trends and patterns

This section provides information on themes from whistleblowing concerns being raised and will aid identification of any shared root causes, and to progress learning and improvement in a targeted manner.

From the small number of concerns received in Q1 it is not possible to highlight trends and patterns as yet and this will be available in future reports.

The categories/classification for whistleblowing concerns are listed below for information:

- Patient Safety
- Patient Care
- Poor Practice
- Unsafe Working Conditions
- Fraud
- Changing or Falsifying information on performance
- Breach/Breaking any legal obligation

- Abusing authority
- Concealment of any of the above

7. Independent National Whistleblowing Officer referrals and investigations

A clear indicator of the satisfaction of those who raise concerns can be derived from the number of concerns that are escalated to the Independent National Whistleblowing Officer (INWO). At this current time, there have been no referrals to the INWO.

8. Conclusion

The Whistleblowing Standards were introduced on 1 April 2021 and have been implemented successfully across NHS Ayrshire & Arran and our partners.

It is not possible at this point to evidence any themes or trends in reporting or if higher numbers of concerns are being raised than there were through the previous whistleblowing policy and this will become more evident in the coming year.

The Whistleblowing Oversight Group will continue to meet through 2021-2022 to provide oversight as we move beyond implementation to normal working in regard to whistleblowing, recognising that this is a learning process and that processes may require to be changed or developed as we learn from the concerns raised and how these are managed.

The Board members are asked to note the work that has been undertaken and the current performance for whistleblowing concerns received.