INDEPENDENT NATIONAL WHISTLEBLOWING OFFICER

NHS Highland

NHS Highland
Annual Whistleblowing Report

April 2021 – March 2022

September 2022

Listening, learning & living our values

Contents

Listening, learning & living our values

NHS Highland Whistleblowing Standards 2021/22 Infographic

10,500 colleagues

Key Geographical areas include Caithness, Sutherland, Skye, Lochaber, Inverness, Helensburgh, and Oban

14 concerns raised, **5** of these were whistleblowing.

3 of these were concluded by end of March 2022.

- 1 Stage 1
- 4 Stage 2
- 4 Safety and Quality
- 1 System Pressures

Bert, our Whistleblowing Non-Exec, travelled

1,158 miles

from Campbeltown to Caithness.

18 one-to-one conversations for advice

19 team and individual briefings

3 completed training for line managers

25 completed training for senior managers

104 completed the overview module

2 all-colleague Ask Me Anything Sessions in April 2021 and February 2022, with 4 further weekly update posts.

Partner Survey Results

on Whistleblowing Awareness

Aware of Standards

Aware of Responsibilities

Aware of Where to Get More Info

from 248 responses

Executive Summary

This is NHS Highland's first annual Whistleblowing report, following the launch of the Whistleblowing Standards in April 2021. Over this year, we've had **14 concerns raised**, 5 of which were taken forward under the Standards and 3 of which have completed.

The attached report sets out how we've gone about promoting the standards and managing concerns and also includes some case studies and additional data and how we had an Internal Audit to ensure we had implemented them as best we could.

We've welcomed the Standards as another way to invite challenge and address concerns as a learning organisation. Moving forward, this is built into our 2022-7 Strategy and we have included details of how this is embedded in our 2022/3 Annual Delivery Plan.

Across the year, our Executive Lead has been personally involved in oversight of all cases and in the promotion of the standards, supported by our Whistleblowing Non Executive Champion has been proactive in visiting our huge board area and promoting the Standards to our colleagues. Using our Independent Speak Up Guardians to be the Confidential Contacts ensures independence and builds trust.

We have been able to use the Standards to address some longstanding challenges, but we've also had areas for development which we continue to address, including ensuring timely resolution and that people don't confuse the Standards with HR processes.

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Our history and context

NHS Highland has had a turbulent few years following on from the incidents raised by Whistleblowers, that led to the **Sturrock Review in 2018.** We are fortunate that Culture and Speaking Up has been firmly on our agenda ever since and welcomed the creation and launch of the Whistleblowing Standards to further support this agenda.

It has been particularly important for us to **engage with our colleagues and partners** on what Whistleblowing is and is not, given that history, to ensure that the primary focus is on the risk of harm or wrongdoing in relation to the services we deliver, it is not specifically about bullying or inappropriate behaviour which on an individual level is addressed through our people processes, unless our failure to address issues (as in 2018) is creating that risk of harm or wrongdoing

We recognise that the issues of the past have impacted on the trust and confidence that our colleagues have in us, in our willingness and ability to address concerns effectively, and so ensuring we have a level of independence within our processes has been a key factor in our approach to implementing the Standards.

We also have in place our own **Independent Speak Up Guardian Service** which can support colleagues on a wider range of issues, including concerns about behaviours and relationships and individual employment situations, which ensures all concerns can be addressed with clear escalation routes as part of our contract with the service. The Guardians also play a key support and contact role in the Whistleblowing Standards, which ensures our processes and insights are joined up

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Our Whistleblowing Approach

We've set out a lot of detail on our approach to the Whistleblowing Standards in our Quarterly reports, and ther[illegible] links to these further on. Some of the key elements of our approach within NHS Highland are:

- Provision of a **dedicated phone line for Whistleblowing concerns**, accessible to all in scope of the standards, staffed by our Independent Speak Up Guardians.
- **Independent Speak Up Guardians** as our confidential contacts, again available to all in scope of the standards, not just our employees
- **Recording and tracking of all concerns** via the Guardians, irrespective of where they are raised
- **Ability to refer non Whistleblowing concerns** into our other confidential channels for follow up
- **Visible leadership and promotion** of the Whistleblowing Standards from our Executive team and our Whistleblowing Non Executive with encouragement being given to colleagues to raise concerns
- **Oversight and review of all Whistleblowing activity and decisions by the Executive Lead**, with each case taken forward under the guidance of relevant Executive Director
- **An implementation group to oversee the ongoing promotion of the Standards**, which has representation from our key areas, as well as our council partners, contract managers, estates and procurement, GP sub committee, Primary care, staffside, communications, to ensure we are reaching all those who may be in scope of the standards

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Our Whistleblowing Approach

NHS Highland have taken a different approach to the confidential contact, as we know that whether based on experience or perception, many of our colleagues do not feel confident to speak up. We want the Standards to be effective and for colleagues to trust in the process and so putting our **independent Guardians** as the confidential contacts felt the right way to proceed.

There is a **dedicated number, as well as email addresses**, to make contact and these are widely promoted across the board area, internally and externally, and through our partners and third parties. We've also included these in press releases and articles on social media and posters.

The other factor in choosing our Guardians to be independent confidential contacts meant that for issues that are not Whistleblowing, **the Guardians can support the colleagues through the Speak Up service** and so everything can be followed up. It is important to stress that **the role the Guardian Service play is** about making contact, providing support, recording data and follow ups and providing reporting on this, they do not make any decisions about how or whether cases are taken forward, that is the responsibility of the Exec Lead, who they make contact with as soon as a case is received.

Whilst ongoing promotion of the Standards will always be needed, the fact that within our first few weeks they had received contacts from members of the public, independent GPs and colleagues across our huge geography and many roles and professions, **demonstrated the reach we'd achieved.** We also surveyed our partners in January 2022 and **72% knew about the Standards**, with **60% understanding their role** and **65% knowing where to get more information**.

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Our Communication & Engagement approach

- ✓ We held **briefings for Board, Exec directors and Senior Managers** ahead of the launch and they played a key role in the cascade to their teams through their leadership structures. We also briefed the **Area Partnership Forum, Staff Governance Committee, Argyll & Bute IJB** and **Clinical and Care Governance committee**, **Corporate Services Management Meeting** amongst others.
- ✓ Posters, FAQs and information for teams shared prior to launch, under our **Speak Up, Listen Up campaign. Press release and social media campaign** in April 2021, follow up focus article in local press in February 2022 and 2 radio interviews. **Our Guardian Service** engage with colleagues, teams and sites on their **Speak Up service** and also their WB role.
- ✓ Whistleblowing featured in **4 of our weekly update emails** to all colleagues in this year and we've held **2 Ask Me Anything** sessions for all colleagues on Whistle-Blowing in April 2021, and February 2022 and Whistle-blowing features in our **Speak Up and Support** posters around all key sites
- ✓ We've had significant input from our **Non Exec Whistleblowing Champion** who carried out **12 days** of visits to **14 locations** from Campbeltown to Caithness in the first year, involving **4 ferry trips** and over **1,100 miles.** He also held **19 team / individual briefings** and had **18 1:1 meetings** with colleagues seeking advice
- ✓ Our **Whistleblowing Implementation group** meets monthly to connects internal and external key stakeholders and to work through ongoing actions to promote the standards across all those eligible to use them.

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NHS Highland Whistleblowing Process

- The Guardians will take the details of the concern and then liaise with Fiona Hogg, as the Board Lead, who will review the concern and agree how it is to be taken forward.
- Concerns which are believed to be Whistleblowing are dealt with at a senior level, to ensure these can be quickly and effectively looked into and any learnings agreed and implemented without delay
- Fiona will discuss with Senior Management / SME's who is best placed to manage the concern and the stage of the concern. This can either be Stage 1 (addressed informally and quickly within 5 days) or Stage 2 (more complex, should be completed in 20 days, or updates given every 20 days)
- Fiona maintains oversight of all cases throughout the process and liaises with the INWO as appropriate. She also provides advice to the managers hearing the cases as required.
- Where a case is not believed to be Whistleblowing, following discussion with relevant SME's as appropriate, Fiona will provide a detailed explanation as to why this is the case, which is provided to the complainant in writing, via the Guardians as the Confidential Contact
- This will include details of how to contact the INWO if not happy with our response, and details of possible alternative ways of addressing their concern
- If the matter is one which the Guardian's can address in their Speak Up role (rather than the WB Confidential Contact role), they will also offer that support directly to the complainant
- The Guardians record the data about our WB concerns and cases and ensure they are followed up, so need to be copied into all correspondence.

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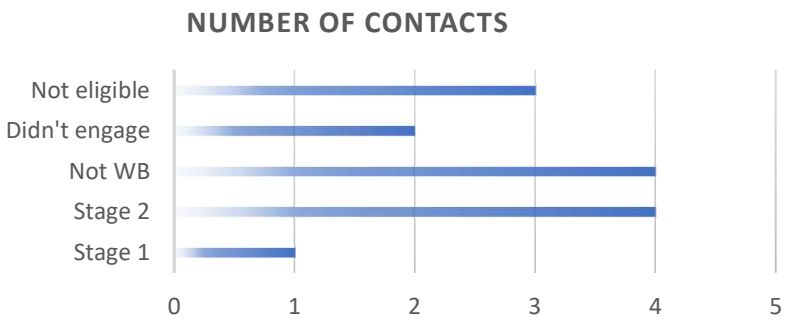
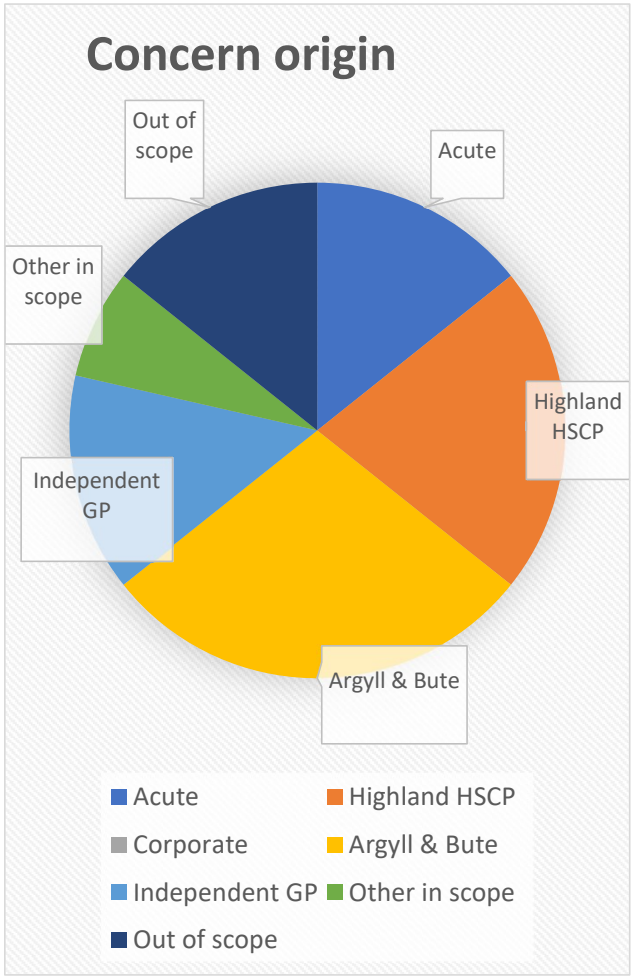
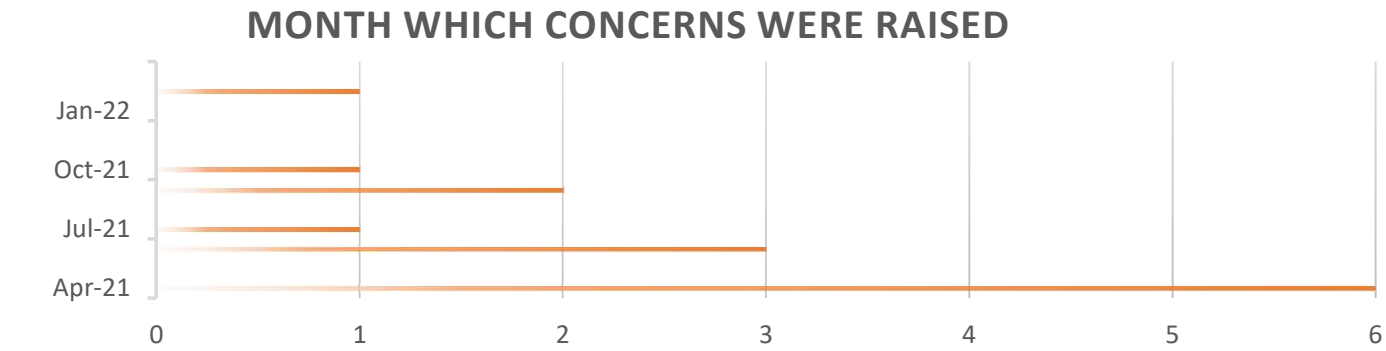
April 2021 to March 2022 – Whistleblowing Concerns raised



	Stage 1	Stage 2	Not WB	Didn't engage	Not eligible
Contacts	1	4	4	2	3

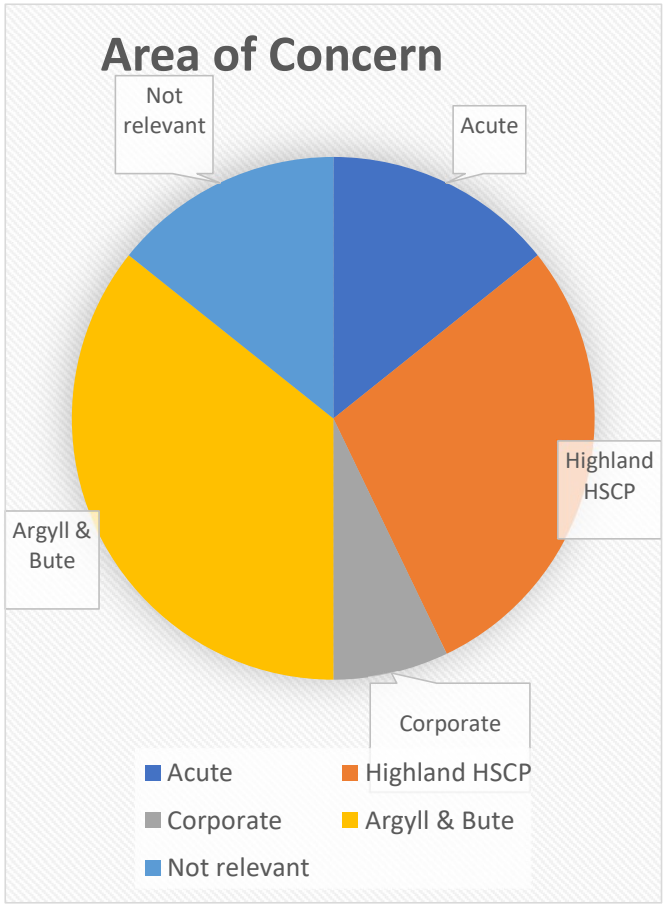
This data sets out all concerns received, irrespective of whether they were found to be Whistleblowing. It shows concerns were higher at the start but have continued throughout and came from a range of sources and areas.

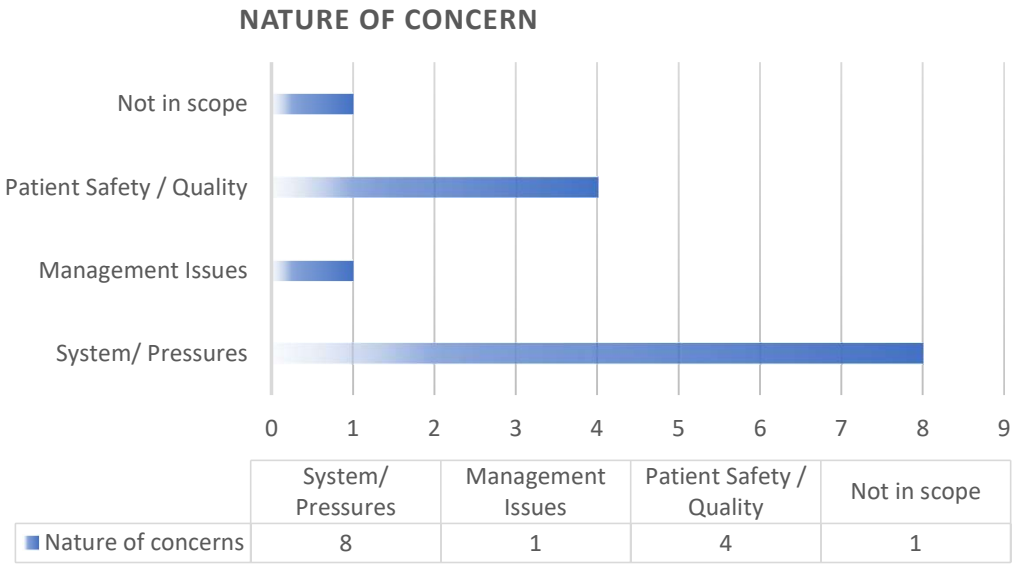




	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Concerns raised	6	0	3	1	0	2	1	0	0	0	1	0

April 2021 to March 2022 – Whistleblowing Concerns raised

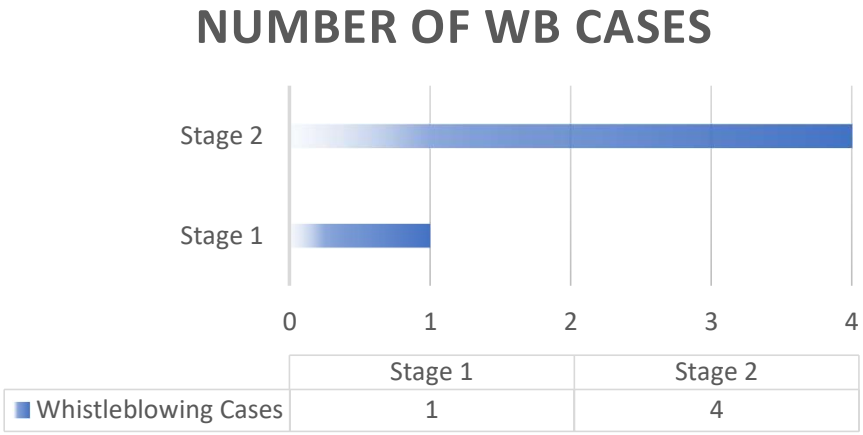




	System/ Pressures	Management Issues	Patient Safety / Quality	Not in scope
Nature of concerns	8	1	4	1

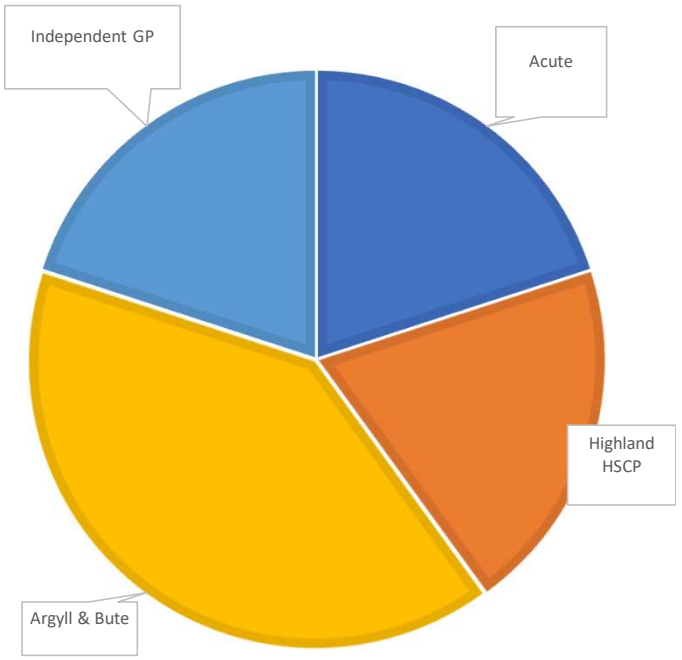
This data also covers all concerns received, irrespective of whether they were found to be Whistleblowing. It shows concerns were received about all areas of NHS Highland, with a slightly higher number in our HSCPs. It also shows concerns were raised mainly systems and pressures or safety and quality.

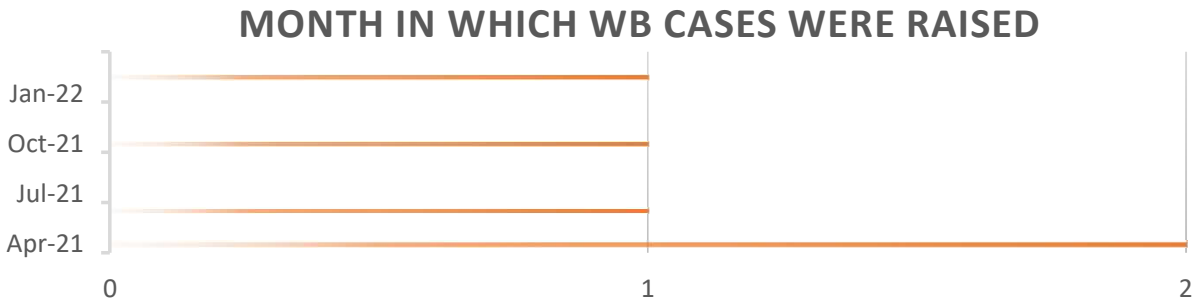
April 2021 to March 2022 - Whistleblowing Cases raised



	Stage 1	Stage 2
Whistleblowing Cases	1	4

This data sets out only cases found to be WB. It shows concerns were higher at the start but have continued throughout and came from a range of sources, with most handled as Stage 2 concerns.

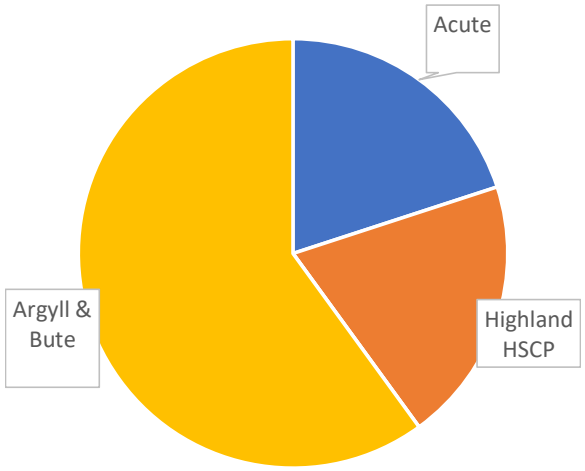




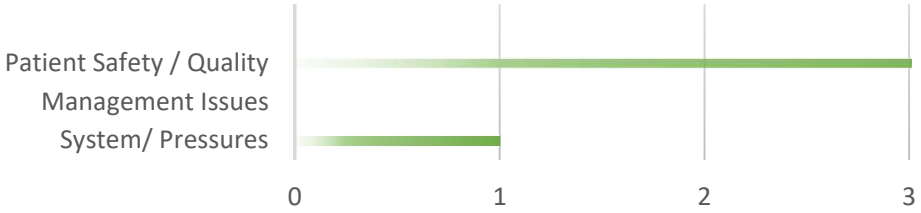
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Raised	2	0	1	0	0	0	1	0	0	0	1	0

April 2021 to March 2022 - Whistleblowing Cases raised

Area of WB case



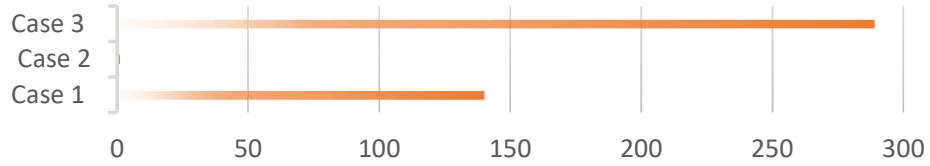
NATURE OF WB CASES



	System/ Pressures	Management Issues	Patient Safety / Quality	
Nature of WB cases	1	0	4	

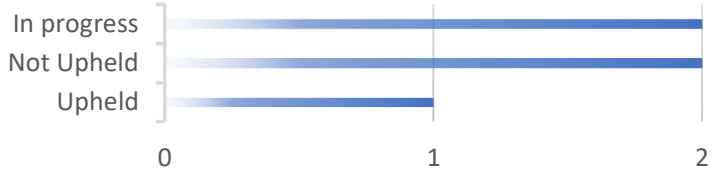
Again, this is just looking at WB cases. It shows cases involve all areas except Corporate, and are most safety and quality related. The time taken to resolve Stage 2 cases is significant, this is due to both complexity and some process delays. We've had 3 outcomes, 2 not upheld and 1 upheld.

TIME TO RESOLVE WB CASES



	Case 1	Case 2	Case 3
Days to resolve	140	1	289

OUTCOMES OF WB CASES



	Upheld	Not Upheld	In progress
Outcome of Cases	1	2	2

Our detailed reporting

All of our past NHS Highland Board reports are available publicly here:

- WB Standards Progress report March 2021
- September 2021 –WB Q1 Covering Paper WB Q1 Apr - Jun 2021
- January 2022 – WB Q2 July - Sept 21
- March 2022 - WB Q3 Cover paper WB Q3 Oct - Dec 21
- May 2022 - WB Q4 Covering paper WB Q4 Jan - Mar 2022

Prior to Board, the reports are reviewed at our Area Partnership Forum, our Staff Governance Committee and our Argyll & Bute Integrated Joint Board, as well as at our WB Implementation Oversight group and by our Executive Directors Group.

The current schedule of reports for 2022 – 2023

- September 2022 – Annual report 2021-2022 and Q1 report April – June 22
- December 2022 – Q2 report July – Sep 2022
- March 2023 – Q3 report Oct – Dec 2022
- May 2022 – Q4 report Jan – Mar 2022
- July 2022 – Annual report 2022-2023

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Our Internal Audit

In order to understand how our implementation of the Standards had progressed and to identify areas of improvement, in July 2021 we commissioned an Internal Audit which took place over August and September 2021, and was presented to Audit Committee on 7 December 2021.

Overall the report was a positive one, recognising the extensive efforts which NHS Highland had taken to implement and promote the Standards. As hoped, there were a number of areas for us to focus on, most of which were actioned before the report came to Audit Committee.

1. Removal of old WB policies and links - Completed
2. Clarification of roles and responsibilities and decision making – Completed and added to Q1 final report
3. Feedback on assurance reporting implemented - Completed and added to Q1 final report
4. Development of NHS Highland Whistleblowing Process document – Ongoing, will be launched in Speak up Week
5. Contact details for WB Champion – Completed and added to Internet.
6. Ongoing refinement of Quarterly reporting format and content – Completed in Q3 final report

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Our successes

- ✓ We have embraced the Whistleblowing Standards **as a positive opportunity for NHS Highland** to have another channel **to hear and resolve concerns** and **improve our colleague and patient experience.**
- ✓ We encourage people to Speak Up and are open to criticism and challenge as this is a healthy culture, **we don't learn anything from people who agree with us or hold the same views.**
- ✓ The way in which our **Whistleblowing Non Executive Champion** has embraced his role in engaging with the organisation to proactively promote and educate about the Standards is unique and effective. This has been achieved despite the limitations of the pandemic and the geographical challenges for a Board which covers 41% of the land mass of Scotland and includes 35 islands.
- ✓ Our ongoing **proactive communication and engagement, internally and externally**, on the Whistleblowing Standards but also the Speak Up service and other channels of support has been **critical in building trust and awareness** of how to raise concerns.
- ✓ We want to ensure all of our colleagues and partners feel confident to highlight where things are going wrong and for these to be received positively and with a focus on continuing our learning and improvement journey.
- ✓ Our decision to utilise the **Guardian Service** as our Confidential Contacts for the Standards has ensured there is independence, and this will build trust in the process. It also ensures that those concerns which are not Whistleblowing can be addressed under their Speak Up service, without being lost.

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Our successes

- ✓ The decision to carry out an **internal audit into our implementation**, right at the beginning of the process, was really helpful in gauging the success of our approach to date and focussing our attention on the areas which we could do better. Taking the opportunity to use the Standards to improve experience and aid our learning has been important to us, and has been a different approach to some other Boards.
- ✓ Our commitment to the Standards has been recognised and we work closely with the INWO and their team. The role which our Non Executive director plays and our embracing of the Standards across the Board is seen as good practice. Our Executive Lead has also been asked to participate in the recruitment process of 2 other Boards Non Executive posts, as the Independent member on the panel.
- ✓ The senior level at which all cases are reviewed and then addressed is also important for us, ensuring there is **consistency of decisions**, as well **as visibility of the issues being raised** and those who are looking into the cases have the ability to act on the information they receive.
- ✓ Whilst we haven't had large volumes of cases, our approach has meant that **we can commission wider reviews of our services and address longstanding challenges**, as a result of what is raised. An example is set out in the case study. This does take time to work through, but our focus is on improving and addressing what can be longstanding and complex problems.

Our successes

Case Study

One of our island GPs (independent contractor) contacted the Guardian Service with a WB concern about **failures in relationships between the HSCP, Board, GP and community,** which was impacting on the quality and availability of care for residents, and **which had been ongoing for more than 10 years** but not been able to be resolved.

The Guardian Service contacted the Exec Lead, who confirmed that this was a WB concern at Stage 2 and agreed with the Chief Officer for the HSCP that she would take forward the concern, supported by the Exec Lead.

This involved a series of in person meetings and visits, by the Chief Officer, with the GP and their staff, with the community, and with the HSCP / Board colleagues and managers to agree an **action plan, tackling the service provision, the governance arrangements and finally the relationships**. A working group is now in place to collaborate on designing services collectively and is working effectively and making excellent progress with the community and the GP fully engaged and involved. Governance arrangements are now working well and good progress has been made with resolving relationship issues on all sides. Issues around housing and recruiting a permanent nurse have also been addressed.

This case has been ongoing since October 2021 and is due to close shortly, but throughout the Exec Lead and Chief Officer have been regularly providing 20 day written updates in line with the Standards, as well as meeting online and in person with the GP who raised the concern. We are keen to ensure we resolve concerns in as timely a way as possible, and we do have some work to do on this in other cases, but where issues are complex and longstanding, **getting a proper long term resolution is the priority for us.**

Our Learnings

- There is also much to learn and so it is vital that we evaluate our progress honestly and openly, taking the opportunity to improve when things don't go so well.
- One of our biggest challenges is to ensure that across the organisation, **we build a culture where challenge and difference of opinion is valued and embraced as a tool for reflection, learning and improvement.** This takes time and needs to be role modelled by senior leaders, in how they respond to questioning and challenge and in encouraging and promoting people to speak up and use the Standards where they feel their concerns haven't been addressed. **We have made some progress, but there is a lot more to do.**
- There is also work to be done on **further understanding what Whistleblowing is and is not.** The Standards explain it is when someone who works for us or on our behalf raises a concern that relates to speaking up, in the public interest, about an NHS service, where an act or omission has created, or may create, a risk of harm or wrong doing. This includes an issue that:
  - has happened, is happening or is likely to happen
  - affects the public, other staff or the NHS provider (the organisation) itself.
- This is **different to a personal complaint or grievance** about an individual employment situation, including bullying and inappropriate behaviour, which are addressed under our people policies and which the Guardian Speak Up service can also support with, although if these were not addressed or were widely experience and impact on services and care, they may be in scope.
- The Whistleblowing Standards are **not an "HR" process.** The Exec Lead for Whistleblowing is the Director of People and Culture, because of her culture role and responsibilities, there is no link to HR and it is important that this is understood.

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Our Learnings

- Whilst some of the principles of investigating complaints used in the people processes can be helpful such as having a terms of reference and ensuring there is no direct connection between the complaint and the manager looking into it, **the Whistleblowing Standards are much more flexible and agile**, the key is to **understand and address the concern quickly and effectively and determine what action is needed.** For more complex issues, an investigating manager or a working group may be needed, but in many cases, the manager looking into the concern will be able to rapidly get to the heart of the issue and understand what is needed.
- This does bring us on to one of our most challenging and enduring issues, **the timescales to address cases.** In some cases, such as the case study just presented, the time is needed to establish a full service review and tackle the issues at the heart of a concern that has been around for many years. **The outcome is the right one and so the time was needed.**
- We also have cases which have taken far too long to conclude, because of **capacity and workload or because the process has become too complex or a follow up has been missed**, and we have to improve in this space. A further awareness session was held in August to ensure our Executive and Senior Management understand their roles and the priority this must take and will be rolled out further.
- The **Standards are new and evolving** and so there will always be cases that arise that challenge us or address situations that weren't expected or are complex, like in the next case study The relatively small number of cases also makes it challenging to really spot themes or trends, but this will evolve over time.

Our learnings

Case Study

We received a **WB complaint from an external party**, who worked for a facilities company in a cleaning role, in a non-NHS Highland building. They were not employed, and were not contracted by NHS Highland, we were a tenant for a few areas of the building, renting space. The complaints related to cleaning procedures in two areas which NHS Highland used, a café which we ran with our own staff, and a dental service, again, which we ran with our own staff.

On reviewing the complaint, the concern relating to labelling of trolleys to avoid confusion was immediately addressed and resolved and feedback given to confirm this. However, in reviewing the complaint related to cleaning more widely**, it was felt this was not a concern for NHS Highland to address under WB, as it did not relate to the delivery of an NHS Scotland service**, so it was for the employing organisation to address and they had already done so. Anything relating to patient care and safety was carried out by NHS Highland staff.

The complainant was directed to the INWO, should that decision wish to be challenged. **The INWO reviewed an appeal** and had discussions with NHS Highland, recognising the complexity of the case and that such issues needed to be worked through They ultimately decided that **as NHS Highland treat patients in the facility and the concerns raised could have impacted patient care, we should have treated the case as Whistleblowing** and they asked us to re-examine the complaint, under a monitored referral, which means we confirm to them when it has been completed. This is now underway. This was a really helpful exercise for us to undertake and for future concerns which have this level of complexity, we have some clear guidance on what elements to take into account

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Our Strategy and Annual Delivery Plan

In our 5 year **Together We Care, With you, For you** strategy, which our Annual Delivery plan and Workfo plan are aligned to, Speaking up and Listening and Learning are embedded, as part of our People objective - **To be a great place to work**

There are 2 of our 4 outcomes which particularly support both speaking up and listening, as well as the underlying improvements in skills and processes which will improve experience and create the conditions for colleagues to be confident to tackle any issues locally as they arise.

Outcome 5 - Grow Well – will ensure that all colleagues are supported to be successful in their role and are valued and respected for the work they do. Everyone will be clear on their objectives and receive regular feedback and have a personal development plan.

2 of the 3 intentions here will support us to achieve our aims:

Intention 5b- *Embed Promoting Professionalism and Civility Saves Lives within the organisation, to ensure colleagues and patients are valued and respected and issues can be quickly and effectively raised and addressed*

Intention 5c - *Build a mature and resilient safety culture and systems to protect our colleagues and patients and enhance the quality of our services, whilst maintaining high levels of compliance and reducing risk*

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Our Strategy and Annual Delivery Plan

Listen Well – Outcome 6 - Work in partnership with colleagues to shape our future and make decisions. Our leaders will be visible and engage with the wider organisation, listening to, hearing, and learning from experiences and views shared.

All 3 of the intentions here will support us.

Intention 6a – *Listen to and work in partnership with all colleagues to shape our future and support decision making and continuous improvement*

Intention 6b - *Have effective partnership working with all colleagues to maximise the value of collaboration to address opportunities, challenges, change and transformation.*

Intention 6c - *Have robust structures and develop skills in teams for listening, communication, engagement and team working*

We are now taking the actions for our 2022/23 Annual Delivery Plan forward and our progress in delivering these will be overseen by the People and Culture Programme Board.

We will be reshaping our existing Whistleblowing Oversight Group to align to the strategic intentions and to facilitate them to engage in the development and delivery of these key priorities.

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Our Strategy and Annual Delivery Plan

The specific actions which we will take in 2022/3 linked to these intentions are:

Intention 5b

- Design our programme for promoting professionalism
- Embed the civility principles and offer training to support this
- Ongoing promotion of the Whistleblowing Standards and Guardian Speak Up service

Intention 5c

- Deliver recommendations in Health and Safety Annual report reviewing our 2021 performance and compliance risks
- Deliver health and safety leadership and management training to all levels of leadership and management
- Address poor statutory and mandatory training compliance through structured improvement programme

Intention 6a

- Launched our listening and learning panels and undertaken a programme of engagement with them
- Agree our sources of colleague experience data and increase our insight and understanding in this area
- Development of our People Service Centre approach to support colleagues and managers

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Our Strategy and Annual Delivery Plan

The specific actions which we will take in 2022/3 linked to these intentions are:

Intention 6b

- Review of facility time and partnership working completed
- Increase the numbers of concerns being resolved as part of early resolution
- Introduction to partnership working and the staff governance standards to be core part of induction for all colleagues
- Local Partnership Forums re-established and working effectively and widespread management engagement in partnership working at all levels

Intention 6c

- Team Conversations initiative has been rolled across a range of teams in NHS Highland
- Co-produced values and behaviours standards and guidance are available for colleagues and managers
- NHS Highland leaders demonstrate effective and visible leadership across all levels of their organisation

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Other priorities for 2022/2023

- Delivering an active programme of activities and awareness raising during the national **Speak Up Week** from 3- 7 October
- Launching our Whistleblowing Annual Report and NHS Highland Whistleblowing procedure to colleagues
- Promoting further take up of the national training on Whistleblowing
- Delivering Whistleblowing awareness sessions to teams and leaders across NHS Highland and partner organisations, following the initial session with Exec Directors / Deputies in August 22
- Continuing to promote awareness of the Standards to partner organisations as well as NHS Highland through our ongoing communication and engagement campaign
- Improving our time taken to resolve cases and further refining and simplifying how these cases are investigated
- Being able to provide more detailed analysis of themes and trends with more cases to review

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Contacts and information

- The National Whistleblowing Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS Scotland service providers to handle concerns that are raised with them and which meet the definition of a 'whistleblowing concern'.
- There is an excellent website with lots of resources and advice Independent National Whistleblowing Officer | INWO (spso.org.uk)
- There is also training on TURAS learn which it is highly recommended to complete.
  - Whistleblowing : an overview | Turas | Learn (nhs.scot)
  - Whistleblowing : for line managers | Turas | Learn (nhs.scot)
  - Whistleblowing : for senior managers | Turas | Learn (nhs.scot)

To raise a concern, contact the Guardians, as our confidential contacts, either via the WB hotline **0333 733 8448** (Mon – Fri 9 -5) or emailing Julie McAndrew Julie.m@theguardianservice.co.uk or Derek McIlroy Derek.M@theguardianservice.co.uk

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INDEPENDENT NATIONAL WHISTLEBLOWING OFFICER

NHS Highland

Appendices

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Roles and Responsibilities

NHS Highland Board

The Board plays a critical role in ensuring the standards are adhered to through leadership, monitoring, Overseeing access and Support.

Board Non-Executive Whistleblowing Champion

This role is taken on by **Albert Donald,** who has been in place since February 2020 and monitors and supports the effective delivery of the organisation's whistleblowing policy and is predominantly an assurance role to help us comply with our responsibilities. The whistleblowing champion is also expected to raise any issues of concern with the board as appropriate, either in relation to the implementation of the Standards, patterns in reporting of concerns or in relation to specific cases.

INWO Liaison Officer and Executive Lead

This role is taken on by Fiona Hogg, Director of People & Culture. This is the main point of contact between the INWO and the organisation, particularly in relation to any concerns that are raised with the INWO and has overall responsibility for providing the INWO with whistleblowing concern information in an orderly, structured way within requested timescales. As Exec Lead, Fiona also has oversight of all of the Whistleblowing cases, decisions and outcomes to ensure consistency.

Roles and Responsibilities

HR Lead

This role is taken on by **Gaye Boyd, Deputy Director of People** and is responsible for ensuring all staff have access to this procedure, as well as the support they need if they raise a concern and ensuring that anything raised within HR procedures which could amount to a whistleblowing concern is appropriately signposted to this procedure for full consideration, ensuring that all staff are made aware of the Standards and how to access them, including the channels available to them for raising concerns. They must also ensure that managers have the training they need to identify concerns that might be appropriate for the Standards and to manage them appropriately

Its important to note that Whistleblowing is not a process overseen by the HR team and as set out above, it is separate to our main people processes, reflecting the different scope and nature of Whistleblowing complaints**.**

Chief Executive / Executive Directors / Senior Management

Overall responsibility and accountability for the management of whistleblowing concerns lies with the organisation's chief executive, executive directors, and appropriate senior management

Roles and Responsibilities

Managers

Any manager in the organisation may receive a whistleblowing concern. Therefore, all managers must be aware of the whistleblowing procedure and how to handle and record concerns that are raised with them, with their colleagues and with any third party or independent contractors who deliver services on our behalf. All managers are encouraged to undertake the training module available on Turas Learn. However, their first point of contact should be the Guardian Service, they do not take this forward themselves

Union representatives

Union representatives play a key role in supporting members to raise concerns and providing insight into the effectiveness of our systems and processes.

All colleagues

Anyone who delivers an NHS service should feel able and empowered to raise concerns about harm or wrongdoing. They should be trained so they are aware of the channels available to them for raising concerns, and what access to the Standards means.

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Roles and Responsibilities

Primary Care

All primary care providers and contracted services are required to have a procedure that meets with the requirements of these Standards. This means that any organisation delivering NHS services, whether it is a private company, a third sector organisation or a primary care provider, has the same requirement to ensure access to a procedure in line with these Standards. NHS Highland colleagues who manage the contracts and relationships with Primary Care will be critical in promoting awareness of the Standards. The first point of contact again is via the Guardian Service

Managers and Supervisors of Students and Trainees

Those who supervise students and trainees who are working in our organisation, but aren't usually employed by us, have a specific responsibility to ensure that they are aware of the Standards and how they can raise a concern.

Volunteer Coordinator

The Standards also apply to Volunteers, who are working in our services. It is important that they are made aware of the Standards and how to raise a concern and access support

WB Champion visits 2021/2

July 2021

- Mid Argyll Community Hospital, Lochgilphead
- Campbeltown Hospital
- Victoria Hospital, Rothesay
- Victoria Integrated Care Centre, Helensburgh

November 2021

- Cowal Hospital, Dunoon
- Lorn and Isles Hospital, Oban
- Iona Community Hospital and Bowmore Court, Mull
- Fort William Health Centre
- Belford Hospital, Fort William

January/February 2022

- New Craigs Hospital, Inverness
- Lawson Memorial Hospital, Golspie
- Community Base, Thurso
- Caithness General Hospital, Wick
- Raigmore Hospital, Inverness

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