

Meeting: NHS Highland Board
Meeting date: 26 September 2022
Title: Annual Whistleblowing Standards Report 2021/22
Responsible Executive: Fiona Hogg, Director of People & Culture
Report Author: Fiona Hogg, Director of People & Culture

1 Purpose

This is presented to the Committee for:

- Assurance

This report relates to a:

- Legal requirement

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

This report relates to the following Corporate Objective(s)

Clinical and Care Excellence <ul style="list-style-type: none"> • Improving health • Keeping you safe • Innovating our care 	X	Partners in Care <ul style="list-style-type: none"> • Working in partnership • Listening and responding • Communicating well 	X X
A Great Place to Work <ul style="list-style-type: none"> • Growing talent • Leading by example • Being inclusive • Learning from experience • Improving wellbeing 	X X X X	Safe and Sustainable <ul style="list-style-type: none"> • Protecting our environment • In control • Well run 	X X X

2 Report summaries

2.1 Situation

Attached is the first Annual Whistleblowing Standards report for the period April 2021 to March 2022, the first year of the Standards being in place across NHS Scotland. This report is required to be presented to the Board and also to the Independent National Whistleblowing Standards Officer.

2.2 Background

All NHS Scotland organisations are required to follow the National Whistleblowing Principles and Standards with effect from 1 April 2021. Any organisation providing an NHS service should have procedures in place that enable their staff, students, volunteers, and others delivering health services, to access the National Whistleblowing Standards.

As part of these requirements, a report is required to be presented to the Board on an annual basis, in addition to the quarterly reports, as per the below from the INWO website.

“Boards must publish an annual report setting out performance in handling whistleblowing concerns. This should 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.

Boards must work with their services providers (including primary care) to ensure they get the required information so that this annual report covers all the NHS services provided through the board. Integration joint board (IJB) reporting must also be covered in this report, unless a separate annual report covering all IJB services is published by the IJB itself. The annual report must also include concerns raised by students and volunteers about NHS services.

This provides the opportunity for boards to show that they have listened to their staff, addressed the concerns raised and made improvements to services. A focus on the lessons learned will demonstrate that concerns are taken seriously and that staff are treated well through the process.

An increase in the number of whistleblowing concerns is not necessarily a cause for concern; it may reflect a shift towards a culture that values the raising of concerns as opportunities to learn and improve. However, an increase in anonymous whistleblowing concerns may be driven by different considerations, and potentially a culture that does not value the raising of concerns. Likewise, very low numbers of concerns being reported may indicate a lack of confidence in the processes and support in place. The data should be considered in the context of existing trends and benchmarking data. The reason for any major variations must be fully explored, and appropriate action taken in response.

Every effort must be made during the preparation of these reports to ensure that the identities of those involved in whistleblowing concerns cannot be discerned from the information or context provided in the report. This is particularly relevant where small numbers of cases are involved. In such instances it may be necessary to provide more limited information.

These reports must be easily accessible to members of the public and available in alternative formats as requested”

2.3 Assessment

The NHS Highland Board plays a critical role in ensuring the Whistleblowing Standards are adhered to in respect of any service delivered on behalf of NHS Highland, including through ensuring annual reporting is presented and robust challenge and interrogation of this takes place.

Considerable thought and engagement has gone into the Annual Whistleblowing Standards report over recent months, to ensure that the report is comprehensive and easy to access, as well as covering all the requirements set out above.

The report is designed to be able to read in it's entirety, but also to provide a shortened version for colleagues which will include the infographic and executive summary, along with the links to past reports and the contact and information page. This will be extensively referenced and shared during our Speak Up Week activities from 3 - 7 October 2022 along with our Whistleblowing Procedure which is the final outstanding audit action.

Bert Donald, our Whistleblowing Non-Executive Director has been involved in the review and shaping of the report, along with input from a range of colleagues, the Area Partnership Forum and Staff Governance Committee.

The Q1 Whistleblowing report for the period 1 April 2022 to 31 July 2022 is also being included in the pack for information.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

This report proposes moderate assurance is taken, with the refinement of our processes making good progress. Our outstanding cases are substantial and complex but are being taken seriously and we are working with those involved. However, it is recognised that further work is needed to implement the final audit action, continue with promotion of awareness and training and to ensure cases are progressed in a timely manner and we are targeting giving substantial assurance from November 2022.

3 Impact Analysis

3.1 Quality/ Patient Care

The Whistleblowing Standards are designed to support timely and appropriate reporting of concerns in relation to Quality and Patient Care and ensure we take action to address and resolve these.

3.2 Workforce

Our workforce has additional protection in place under these standards.

3.3 Financial

The Whistleblowing Standards also offer another route for addressing allegations of a financial nature.

3.4 Risk Assessment/Management

The risks of the implementation have been assessed and included. Consideration is being given to where this would sit on our operational and board level risks.

3.5 Data Protection

No data protection issues identified.

3.6 Equality and Diversity, including health inequalities

No specific impacts

3.7 Other impacts

None

3.8 Communication, involvement, engagement, and consultation

Duties to involve and engage external stakeholders are carried out where appropriate:

3.8.1 Route to the Meeting

The report is presented for review and feedback and was presented in draft format to the Area Partnership Forum on 26 August 2022 and the Staff Governance Committee on 7 September 2022.

2.4 Recommendation

- **Assurance** – To give confidence of compliance with legislation, policy, and Board objectives

2.5 Appendices

- Appendix 1 – Annual Whistleblowing Report 2021/2
- Appendix 2 - Quarterly WB report, April - July 2022 (Report to follow)