

**Meeting:** NHS Highland Board  
**Meeting date:** 29 March 2022  
**Title:** Quarterly Whistleblowing Standards Reporting  
**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:**

- Discussion
- 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)**

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

## 2 Report summaries

### 2.1 Situation

Attached is the third Quarterly Whistleblowing Standards report for NHS Highland, covering the period 1 October 2021 - 31 December 2021, which has previously been presented to the Staff Governance Committee on 9 March 2022.

### 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 a quarterly basis, as per the extract below from the INWO website.

#### ***“Monitoring***

*The number of concerns raised by staff will be reported to a public meeting of the board on a quarterly basis. It is the board’s responsibility to ensure this reporting is on time and accurate. The analysis should highlight issues that may cut across services and those that can inform wider decision-making. Board members should show interest in what this information is saying about issues in service delivery as well as organisational culture. This may mean on occasions that board members challenge the information being presented or seek additional supporting evidence of outcomes and improvements. They should also explore the reasons behind lower than expected numbers of concerns being raised, based on trend analysis and benchmarking data.”*

Therefore, NHS Highland will present their monitoring report to the Board on a quarterly basis going forward, following review at the Staff Governance Committee.

### 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 quarterly reporting is presented and robust challenge and interrogation of this takes place.

The Guardian Service, as our Whistleblowing Standards confidential contacts carry out the recording and reporting of concerns and possible concerns. Along with the INWO Liaison officer for the Board, Fiona Hogg, the HR Lead, Gaye Boyd and the Whistleblowing Non-Executive Director, Bert Donald, the Guardian Service have compiled the attached report.

### **Corrections to previous reports**

As a result of information being reviewed, errors in reporting 2 cases in Quarter 1 and Quarter 2 were identified and have been resolved in this third report.

Case 9, which was reported in Quarter 1, should have been recorded as a Stage 1 Whistleblowing case, it was previously recorded as a non-Whistleblowing concern. The revised data and notes are included in this report. It was resolved within 2 days and was not upheld.

Case 13 was mistakenly recorded as a Quarter 2 Whistleblowing case, but it was received on 1 October 2021, which was the first day of Quarter 3. Again, this has been updated in the narrative and data for this report.

### **Report Development**

We are particularly limited in our ability to report on trends or the outcomes of cases at this time, as a result of small numbers of cases, but this will be built into the report as these cases conclude and additional concerns are investigated.

### **Ongoing cases**

It should be noted that as this is only the third period of reporting, and there are only 4 actual Whistleblowing Concerns raised to date, 2 of which are still being investigated and have not concluded, it is not possible to include all the detail that will be expected in future reports. However, both open cases are being led by the Chief Officer and progress is being overseen by the Lead Executive. These cases will help to inform future processes, as we build our knowledge and experience in this area.

### **Concluded Cases**

We had no cases concluded in Q3.

### **Internal Audit of Implementation of the Standards**

The remaining actions from the Audit are scheduled for completion by the end March 2022 and are on track.

### **Awareness and Training Progress**

Our Whistleblowing Standards Implementation Group, chaired by the Deputy Director of People and which our WB Champion is also a member of, continue to meet monthly with a range of internal and external stakeholders to whom the Standards apply. Focus is on increasing awareness of the Standards and promoting them through communication and engagement.

## **Annual report**

We are also planning for our annual report, which is additional to the Quarterly reporting and which will seek to go into more detail about the context and trends and progress with implementation and training. It is also planned to have a short summary or infographic for sharing with colleagues and other stakeholders in an accessible format.

## **Future reporting timescales**

The future cycle of reporting is expected to be as follows:

<b>Quarter</b>	<b>Period covered</b>	<b>Staff Governance Committee</b>	<b>Board meeting</b>
<b>Q4 2021/2</b>	1 January - 31 March 2022	4 May 2022	24 May 2022
<b>Annual report</b>	1 April 2021 - 31 March 2022	6 July 2022	26 July 2022
<b>Q1 2022/3</b>	1 April - 30 June 2022	7 September 2022	27 September 2022
<b>Q2 2022/3</b>	1 July - 30 September 2022	9 November 2022	29 November 2022

## **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 audit actions, continue with promotion of awareness and training and to ensure cases are progressed in a timely manner.

## **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, following discussion at Staff Governance Committee, it will also be presented to the Argyll & Bute Integrated Joint Board on 30 March 2022.

## **2.4 Recommendation**

- **Discussion** – Examine the draft report and consider any additional information or revisions that may be appropriate
- **Assurance** – To give confidence of compliance with legislation, policy, and Board objectives

## **2.5 Appendices**

- Appendix 1 – Whistleblowing Report (Quarter 3 - 1 October 2021 to 31 December 2021)