



Meeting: Board Meeting
Meeting date: 26 September 2023
Title: Q1 Whistleblowing Report
Responsible Executive/Non-Executive: Gareth Adkins, Director of People & Culture
Report Author: Gaye Boyd, Deputy Director of People

1 Purpose

This is presented to the Forum for:

- Assurance

This report relates to a:

- Legal Requirement

This report will align to the following NHSScotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well	Thrive Well		Stay Well		Anchor Well	
Grow Well	Listen Well	X	Nurture Well	X	Plan Well	
Care Well	Live Well		Respond Well		Treat Well	
Journey Well	Age Well		End Well		Value Well	
Perform well	Progress well					

2 Report summary

2.1 Situation

Attached is the Whistleblowing Standards report for Quarter 1 covering the period April - June 2023. This is provided to give assurance to the Board of our performance against the Whistleblowing Standards which have been in place since April 2021. During the months May and June Heledd Cooper, Director of Finance, provided Executive leadership.

2.2 Background

All NHS Scotland organisations including Health and Social Care Partnerships are required to follow the National Whistleblowing Principles and Standards which came into 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 the requirements, reports are required to be presented to the Board and relevant Committees and IJBs, on an annual basis, in addition to quarterly reports.

2.3 Assessment

The Board plays a critical role in ensuring the Whistleblowing Standards are adhered to in respect of any service delivered on behalf of NHS Highland. Both quarterly and annual reports are presented at the meetings and robust challenge and interrogation of the content takes place.

The Guardian Service, as our Whistleblowing Standards confidential contacts, undertakes the recording and reporting of concerns and have compiled the attached report in Appendix 1.

The Guardian Service will ensure:

- that the right person within the organisation is made aware of the concern
- that a decision is made by the dedicated officers of NHS Highland and recorded
- about the status and how it is handled
- that the concern is progressed, escalating if it is not being addressed
- appropriately
- that the person raising the concern is:
 - kept informed as to how the investigation is progressing
 - advised of any extension to timescales
 - advised of outcome/decision made
 - advised of any further route of appeal to the INWO
- that the information recorded will form part of the quarterly and annual board reporting requirements for NHS Highland.

Work continues through the Guardian Service and our Whistleblowing Non-Executive Director to promote the standards and discuss with staff on their visits to locations within the organisation.

Information is also included in the NHS Highland Induction, with training modules

still available on Turas. The promotion and ongoing development of our whistleblowing, listening and speak up services is a core element of the Together We Care Strategy and Annual Delivery Plan.

In the Q1 Whistleblowing report for the period 1 April to 30 June 2023:

- 2 new contacts were made
- 1 new case was progressed
- 1 case was closed
- 1 case remained in investigation (however not investigated by NHSH)

We continue to focus on improving our timescales to resolve cases and ensuring the 20 day updates are complied with.

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"/>

Comment on the level of assurance

This report proposes moderate assurance is taken. It is recognised that further work is needed to implement the final audit action, continue with promotion of awareness and training as well as enhanced reporting and to continue progress made 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

This report does not include personally identifiable information.

3.6 Equality and Diversity, including health inequalities

None identified

3.7 Other impacts

None

3.8 Communication, involvement, engagement and consultation

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

3.9 Route to the Meeting

This is the first presentation of this report which has been presented to the Area Partnership Forum on 18th August 2023 and the Staff Governance Committee on the 6th September 2023.

4 Recommendation

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

4.1 List of appendices

The following appendices are included with this report:

- Appendix 1 – Q1 Whistleblowing Report



Whistleblowing Report
Quarter 1 - 1st April 2023 to 30th June 2023

Guardians / Confidential Contacts
Julie McAndrew and Derek McIlroy

INWO Liaison and Lead Executive
Fiona Hogg/Heledd Cooper

Whistleblowing Champion
Albert Donald

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1. Introduction

The National Whistleblowing Standards came into force in Scotland on the 1st April 2021.

The principles have been approved by the Scottish Parliament and underpin how NHS services must approach any concerns which are raised. Every organisation providing a service on behalf of the NHS must follow the standards.

Reports are produced quarterly; this is Quarter 1 (Q1) report for 2023/24 covering the period from 1 April 2023 to 30 June 2023.

The Quarter 1 report of 2021 provided further detail on legislation, the National Whistleblowing Standards and implementation of these standards in NHS Highland. The Q1 of 2021 report also provides information on the role of the Confidential Contact.

2. Roles and Responsibilities for National Whistleblowing Standards

Everyone in the organisation has a responsibility under the Standards and we have set out the Board level roles and responsibilities, as a reminder, within NHS Highland in respect of the Whistleblowing Standards. The others are set out in the Q1 2021 report.

NHS Highland Board

The Board plays a critical role in ensuring the standards are adhered to.

Leadership – Setting the tone to encourage speaking up and ensuring concerns are addressed appropriately

Monitoring – through ensuring quarterly reporting is presented and robust challenge and interrogation of this

Overseeing access – ensuring HSCP, third party and independent contractors who provide services can raise concerns, as well as students and volunteers.

Support – providing support to the Whistleblowing champion and to those who raise concerns.

Board Non-Executive Whistleblowing Champion

This role is taken on by **Albert Donald**, who has been in place since February 2020.

The role monitors and supports the effective delivery of the organisation's whistleblowing policy and is predominantly an assurance role which helps NHS boards comply with their responsibilities in relation to whistleblowing. 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

This role is taken on by **Heledd Cooper, Director of Finance**. 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. They have overall responsibility for providing the INWO with whistleblowing concern information in an orderly, structured way within requested timescales. They may also provide comments on factual accuracy on behalf of the organisation in response to INWO investigation reports. They are also expected to confirm and provide evidence that INWO recommendations have been implemented.

3. Governance, Decisions and Oversight

The Standards set out the requirement that the NHS Highland Board plays a critical role in ensuring the Whistleblowing Standards are adhered to, including through ensuring quarterly reporting is presented and robust challenge and interrogation of this takes place. In addition, NHS Highland present this report to the Argyll & Bute Integrated Joint Board meeting and the NHS Highland Staff Governance Committee and other management meetings and committees as appropriate. Further information is set out in Section 2 of this report and more details are in Section 5 of the Q1 report.

The Director Finance is the key contact point for oversight of all possible and ongoing Whistleblowing cases for NHS Highland. When the details of a case come through, the Guardian Service, in their role as Confidential Contact (see sections 4 and 5 below and sections 5, 7 and 8 in the Q1 2021 report) contact the Director of Finance who reviews the information. NHS Highland have agreed contact points, to input to a decision on whether something is a whistleblowing complaint. This includes senior Operational Leadership (Chief Officers, Senior Management) Professional Leadership (Board Nurse Director, Board Medical Director), Clinical Governance Leads, senior Finance and HR professionals, the Fraud Liaison Officer, Deputy Chief Executive, Chief Executive, and the Head of Occupational Health & Safety. The Guardian Service and Director of Finance coordinate this process.

The criteria for the decision are as set out in the National Whistleblowing Standards [Definitions: What is whistleblowing? | INWO \(spsa.org.uk\)](#). If the complaint is not Whistleblowing, a response is drafted with clear reasons why it is not Whistleblowing, this is drafted by the Director of Finance and sent to the complainant by the Guardian Service, who keep a record of this. If there is another process or route for their concern, this is signposted. This senior level of oversight of the decision making is critical to ensure consistency, compliance with the standards and visibility of concerns.

During Q2 in 2021, one of our decisions was reviewed by the INWO following an appeal and was found to be in line with the Standards.

If the complaint is Whistleblowing, then the Director of Finance liaises with relevant senior leadership and contacts to identify a manager to lead on the complaint. The Guardian Service and Director of Finance oversee progress, ensure timelines and communications are maintained. The Director of Finance will review the outcome and any follow up actions and learnings needed to ensure these are progressed appropriately, with relevant internal and external individuals, bodies, and committees, as appropriate based on the nature of the complaint.

A summary of every closed case in the period will be included in our reports, including any outcome and action taken or planned. Reporting will be limited during the ongoing investigation of a concern.

4. Raising a Whistleblowing Concerns in NHS Highland

Managers and employees can raise a concern:

- through an existing procedure in NHS Highland,
- by contacting their manager, a colleague, or a trade union representative,
- by contacting the “Confidential Contact” via a dedicated email address or telephone number.

To date, concerns have been raised directly by individuals or by their trade union representative using both the Guardian email address and the dedicated telephone number for whistleblowing concerns.

An essential aspect of the new Whistleblowing standards is that anyone who provides services for the NHS can raise a concern. This includes current (and former) employees, bank and agency workers, contractors (including third sector providers), trainees and students, volunteers, non-executive directors, and anyone working alongside NHS staff, such as those in health and social care partnerships.

5. The Role of the Guardian Service

Our Confidential Contact role is undertaken by the Guardian Service, on behalf of NHS Highland. The Guardian Service already provide NHS Highland with an independent Speak Up service to raise concerns which has been well utilised by colleagues since launching in August 2020. The independent, dedicated Guardians are well placed to also provide the Confidential Contact role.

The Guardian Service will ensure:

- that the right person within the organisation is made aware of the concern
- that a decision is made by the dedicated officers of NHS Highland and recorded about the status and how it is handled
- that the concern is progressed, escalating if it is not being addressed appropriately
- that the person raising the concern is:
 - kept informed as to how the investigation is progressing
 - advised of any extension to timescales
 - advised of outcome/decision made
 - advised of any further route of appeal to the INWO

- that the information recorded will form part of the quarterly and annual board reporting requirements for NHS Highland.

All Whistleblowing Concerns are recorded by the Guardian Service regardless of who has raised the concern. All concerns are logged to show progress and to measure and track information as required for reporting.

6. KPI Table

The KPI data is taken as of 30th June 2023 for Quarter 1 2023/4.

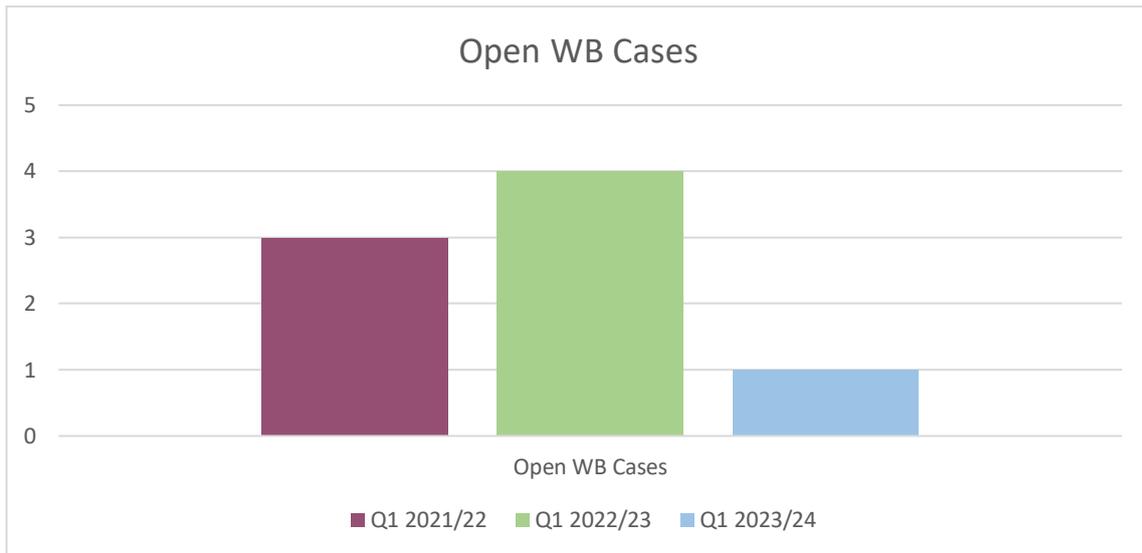
KPI	Qtr. 1		YTD	TOTAL
Concerns Received	2		2	2
Concerns confirmed as WB concerns	1		1	2
OPEN Concerns under investigation	0			
Stage 1 concerns closed in full within 5 working days				
Stage 1 concerns closed in full later than 5 working days				
Stage 2 concerns closed in full within 20 working days				
Stage 2 concerns closed later than 20 working days	1		1	1
Stage 2 concerns still open from prior reports	1		1	1
Closed calls upheld Stage 1				
Closed calls partially upheld Stage 1				
Closed calls not upheld Stage 1				
Closed calls upheld Stage 2				
Closed calls partially upheld Stage 2				1
Closed calls not upheld Stage 2				
Closed calls not WB	1		1	1
Closed calls where Whistleblower chose not to pursue.				
Closed calls which were for another Board to pursue				
Number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1				
Number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2.				
Number of concerns which weren't Whistleblowing but were passed to Guardian services for resolution (as a percentage of non-Whistleblowing cases raised)				

7. Statistical Graphs

The following graphs relate to the Quarter 1 reporting period 1 April 2023 to 30 June 2023.

There were 2 concerns raised in Q1. One was classed as WB and the other as a concern. The WB concern was investigated under stage 2 of the WB process and closed in the same quarter. At the end of Q1 there was one case open from the previous quarter open and under investigation under stage 2 of the process.

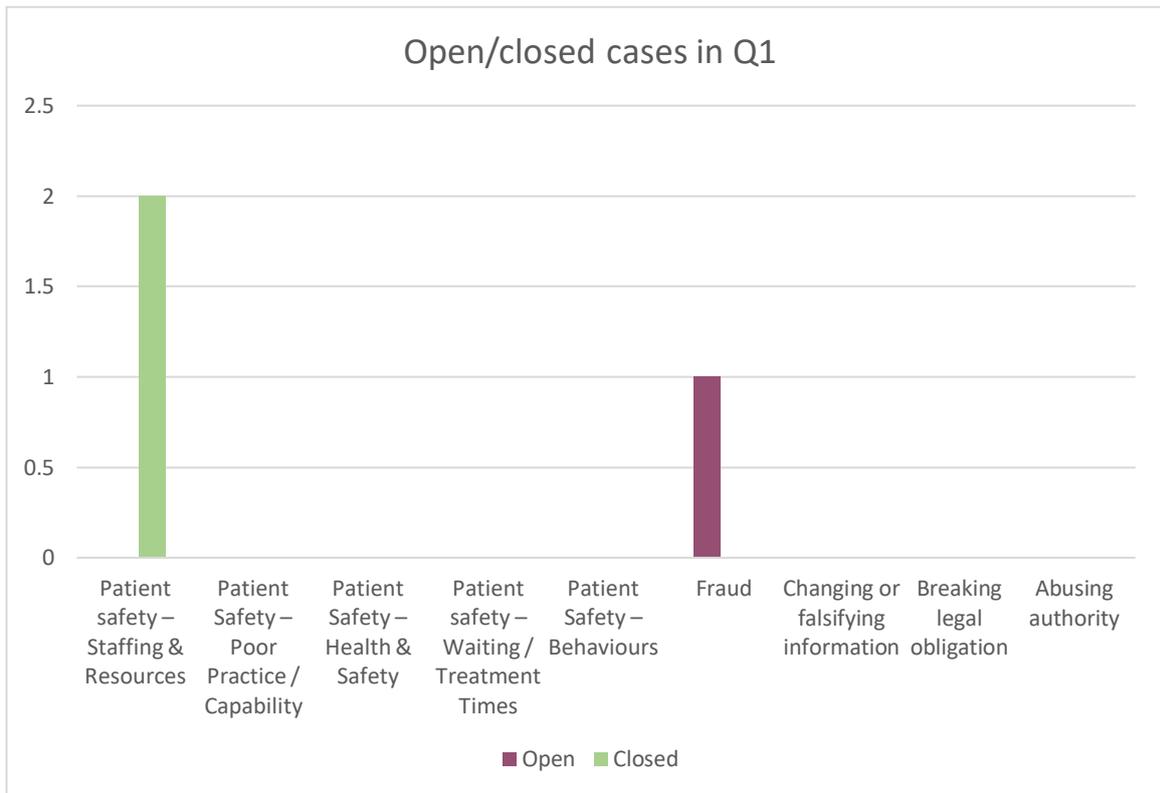
Graph 1



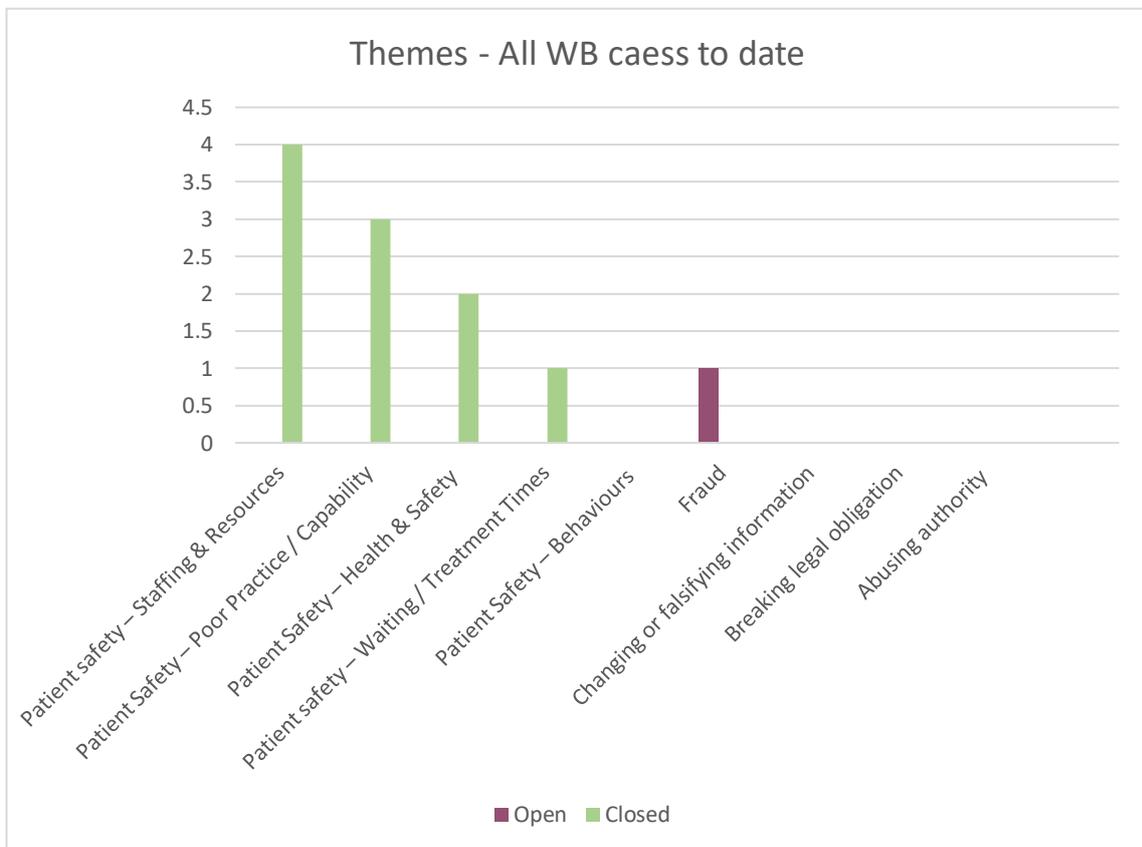
Graph 3



Graph 4



Graph 5



8. Detriment as a result of raising a concern.

No concerns have been raised to date with NHS Highland, the Confidential Contact. Any concern will be taken seriously and addressed and reported through our future reports.

9. Concerns Received - Average time for a full response

Further data on timescales will be provided for all concerns when more data becomes available.

10. Lessons learned, changes to service or improvements

Learnings from the previous year are detailed in the NHS Highland Annual Whistleblowing Report.

In respect of the cases concluded in Q3, there have been specific learnings identified and passed to management for Action.

In Case 14, the Head of Operations for Medical will take forward recommendations and a summary of progress will be included in the Annual report for 2022/3.

In Case 16, the Head of Operations for Clinical Support will take forward recommendations and a summary of progress will be included in the Annual report for 2022/3.

There were no learnings specifically identified from Case 17, although the complainant has made a referral to the INWO which is being progressed and any actions or finding will be shared in future reports.

The Director of People and Culture has been part of a national group, working with the INWO, to develop additional resources to support the process, including specific guidance for HR teams, individuals, managers and colleagues. These will be available from April onwards.

11. Colleague and manager experience of the Whistleblowing procedures

The Confidential Contacts make contact with all individuals who have completed the WB process and offer to meet with them to talk about their experience. The Director of Finance also collates feedback from those who engage in the process, both colleagues and managers, and this is used to ensure the process works as well as possible.

The WB Champion has also been meeting with senior managers who have had involvement in the process and highlighted that there is a need for further engagement and awareness raising about how the process should work and who is responsible.

We have to date had senior managers running the investigations, to ensure these were given proper attention, but this may not be the best approach going forward as the capacity leads to delays in moving forward. There has also been variability in the approach and quality of the investigating and reporting, and now we have run several cases, some anonymised templates and approaches will be shared in future cases.

There is also need for awareness raising with managers and leaders that they must own the process, it is not owned by the confidential contacts or the liaison, they are providing oversight and assurance and reporting, as well as advice and guidance.

A session will be developed and run in the coming months to pick all of this up and will be combined with the launch of the new guidance and a focus on raising and handling all concerns, not just Whistleblowing.

12. Colleague awareness and training

Our Guardians and Whistleblowing non-executive Director continues to visit across the Board area and promote their roles and speak with colleagues as well as internal and external communications and media.

This has been of great value to the Board and has given the Standards good visibility in some of our more remote and rural areas. Reports have been provided on the findings of the visits. Details of the extent of the visits is also included in the annual report from the WB and Guardians.

There is an opportunity to run further awareness sessions as set out above, aligned to the launch of the new support materials nationally and also our own local guidance.

13. Audit of Whistleblowing Standards Implementation

There is still one action, regarding the documentation of the process, which has been paused until the national guidance is issued in April 2023.

14. Annual report

The first annual Whistleblowing Standards report for NHS Highland was presented to the Board on 26 September 2022 and can be accessed here.

[Microsoft PowerPoint - Annual report 2021 2022 Final Draft.pptx \(scot.nhs.uk\)](#)

This report was circulated, including in a summary form, and was sent to the INWO following the Board meeting. The report was also widely referenced during Speak Up Week, from 3rd to 7th October 2022.

Summary open/closed whistleblowing cases

Q1 2023/2024

Case 20 CLOSED

This is a stage 2 WB concern raised by staff in Rosebank Ward, Caithness General Hospital, Wick. This is about patient safety, the availability of staffing and the impact this had on the quality of patient care. The concerns were raised internally by staff and then anonymously through the Guardian Service initially in March 2023. The employee asked for the concerns to be progressed to an investigation in line with the whistleblowing standards in April 2023. The concern was investigated and concluded within the reporting period with recommendations made for improvements to mitigate risk and minimise impact of similar repeat conditions.

Open Cases from previous years

Case 19 OPEN (Q4 2022/2023)

This is a concern from an employee who works for an external service provider, Centred, a mental health charity who provide services to NHS Highland. The employee raised concerns internally which were dealt with locally however the employee does not feel the concerns were progressed in line with the whistleblowing standards. The SPSO have advised Centred that the outcome should be communicated to the employee who must also be signposted to the INWO rather than NHS Highland to escalate any further issues. For reporting purposes, it has been included in the Q4 2022/2023 reporting cycle as the concerns were initially raised in March 2023.

Closed cases from pervious years

Case 13 CLOSED

This is a stage 2 WB concern opened in October 2021 where an extension has been authorised beyond 20 days. The concern is actively under investigation with the individual raising the concern kept aware of the investigation process. This complaint relates to provision of services and staffing in a remote location in Argyll & Bute and is being overseen by the Chief Officer for the A&B HSCP, Fiona Davies and the Director of People & Culture, Fiona Hogg. Significant progress has been made and regular meetings and engagement are in place, addressing service provision, governance, and relationship concerns, the WB complaint concluded in Q1 2023/24.