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| Meeting: | NHS Highland Board |
| Meeting date: | 31 May 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)

| | | | |
|---|--------|--|-------------|
| 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 | 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 fourth Quarterly Whistleblowing Standards report for NHS Highland, covering the period 1 January - 31 March 2022, which has previously been presented to the Argyll & Bute IJB on 25 May 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.

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.

New Cases

We had one new case raised in Q4, relating to concerns over the availability of cardiac beds in an Acute hospital. This is being investigated by senior clinical leadership and a term of reference has been created for approval to allow this to progress. Regular updates to the complainant are being made, in line with the standards.

Ongoing cases

It should be noted that as this is only the fourth period of reporting, and there are only 5 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 senior management and 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 one case concluded in Q4, relating to the management of GP services in a specific area of Argyll & Bute. Aspect of the complaint have been upheld and actions proposed in the investigation implemented. A longer-term action plan is underway and is being overseen by the Area Manager and Primary Care leadership.

Internal Audit of Implementation of the Standards

The remaining actions from the Audit have been delayed from March 2022, due to service pressures during the last 3 months, but are on track to complete by end June 2022.

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 now drafting 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. This will be presented in the July and August meeting cycle.

Future reporting timescales

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

| Quarter | Period covered | Staff Governance Committee | Board meeting |
|---------------|------------------------------|----------------------------|-------------------|
| Q4 2021/2 | 1 January - 31 March 2022 | 6 July 2022 | 31 May 2022 |
| Annual report | 1 April 2021 - 31 March 2022 | 6 July 2022 | 26 July 2022 |
| Q1 2022/3 | 1 April - 30 June 2022 | 7 September 2022 | 27 September 2022 |
| Q2 2022/3 | 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 and was presented to the Argyll & Bute Integrated Joint Board on 25 May 2022. It will be presented to the Staff Governance Committee on 6 July 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 4 - 1 January to 31 March 2022)



Whistleblowing Report
Quarter 4 - 1st Jan 2022 to 31st Mar 2022

Guardians / Confidential Contacts
Derek McIlroy and Julie McAndrew

INWO Liaison and Lead Executive
Fiona Hogg

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 4 (Q4) report. The Quarter 1 report (Q1) provided further detail on legislation, the National Whistleblowing Standards and implementation of these standards in NHS Highland. The Q1 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 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 **Fiona Hogg, Director of People & Culture**, in her executive lead role in Culture and Communications. 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 of People and Culture 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 report) contact the Director of People & Culture 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 People and Culture coordinate this process.

The criteria for the decision are as set out in the National Whistleblowing Standards [Definitions: What is whistleblowing? | INWO \(spsso.org.uk\)](#). 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 People and Culture 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, 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 People and Culture liaises with relevant senior leadership and contacts to identify a manager to lead on the complaint. The Guardian Service and Director of People and Culture oversee progress, ensure timelines and communications are maintained. The Director of People and Culture 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 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 at 31st March 2021 for Quarter 4.

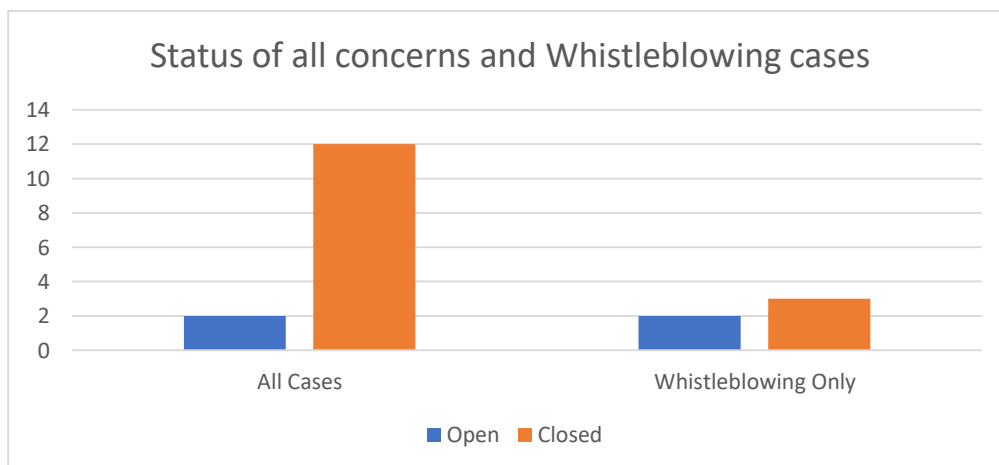
| KPI | Qtr. 4 | | YTD | |
|--|--------|------|-----|-------|
| | | | | |
| Concerns Received | 1 | | 14 | |
| Concerns confirmed as WB concerns | 1 | 100% | 5 | 35.7% |
| OPEN Concerns under investigation | 2 | | 2 | 14.3% |
| Stage 1 concerns closed in full within 5 working days | 0 | | 1 | 100% |
| Stage 1 concerns closed in full later than 5 working days | 0 | | 0 | |
| Stage 2 concerns closed in full within 20 working days | 0 | | 0 | |
| Stage 2 concerns closed later than 20 working days | 1 | | 2 | 100% |
| Stage 2 concerns still open from prior reports | 1 | | 1 | 25% |
| % of closed calls upheld Stage 1 | | | | |
| % of closed calls partially upheld Stage 1 | | | | |
| % of closed calls not upheld Stage 1 | | | 1 | 8.3% |
| % of closed calls upheld Stage 2 | 1 | 100% | 1 | 8.3% |
| % of closed calls partially upheld Stage 2 | | | | |
| % of closed calls not upheld Stage 2 | | | 1 | 8.3% |
| % of closed calls not WB | | | 9 | 75% |
| % of closed calls where Whistleblower chose not to pursue. | | | 2 | 16.7% |
| % of closed calls which were for another Board to pursue | | | 1 | 8.3% |
| Number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1 | 0 | | 0 | |
| Number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2. | 1 | 100% | 4 | 100% |
| Number of concerns which weren't Whistleblowing but were passed to Guardian services for resolution (as a percentage of non-Whistleblowing cases raised) | 0 | | 1 | 11.1% |

7. Statistical Graphs

The following graphs relate to the Quarter 4 reporting period 1st January 2021 to 31st March 2021. As this is the 4th reporting period and the number of concerns is low, no trend information can be established yet.

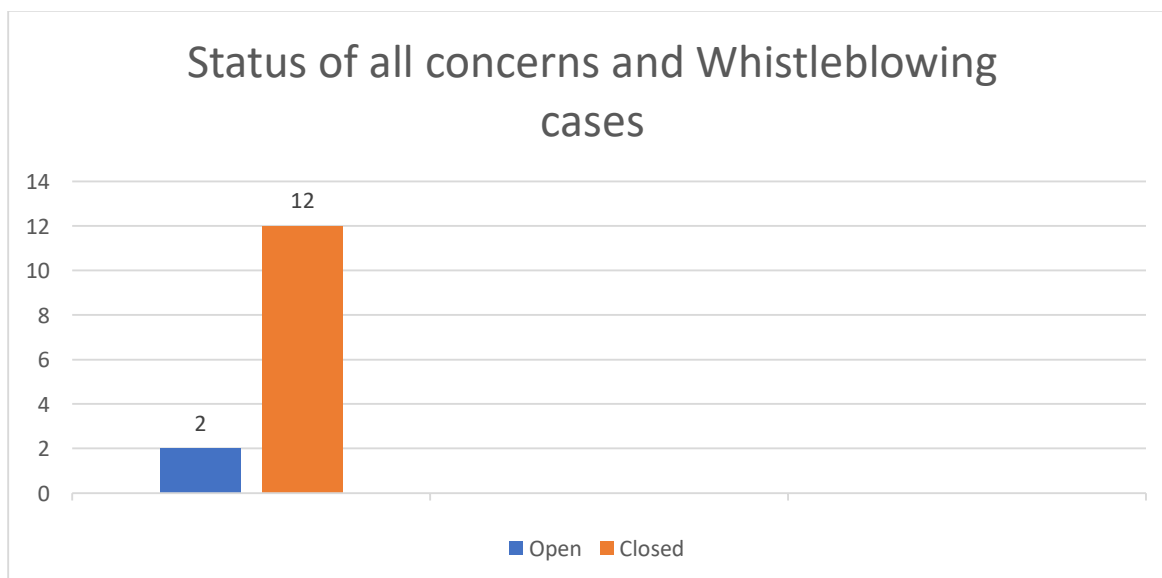
Data has been presented in such a way to ensure that confidentiality is preserved.

Graph 1



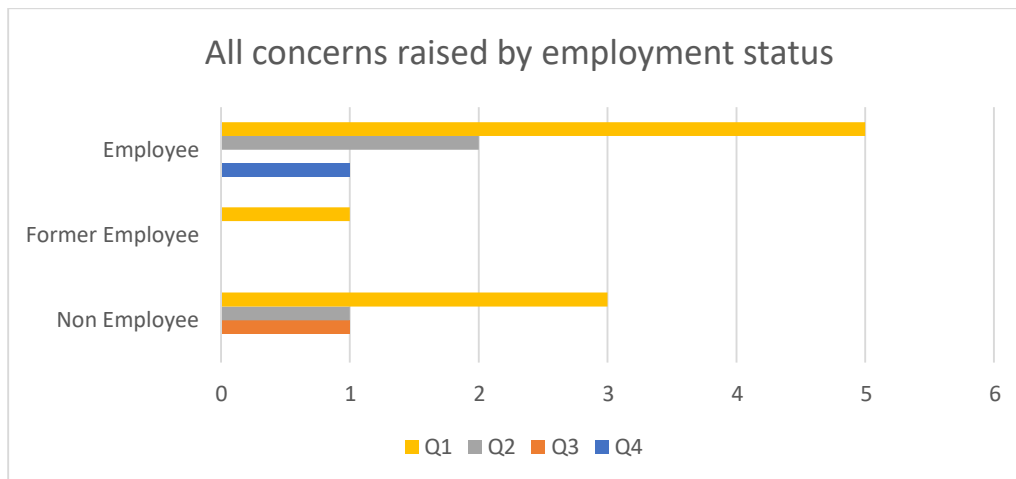
There was one WB concern raised in February 2022 which is report in Q4 and is currently being investigated under stage 2. A concern raised in Q1 and which was investigated under stage 2 was closed in January 2022 and is reported in Q4.

Graph 2

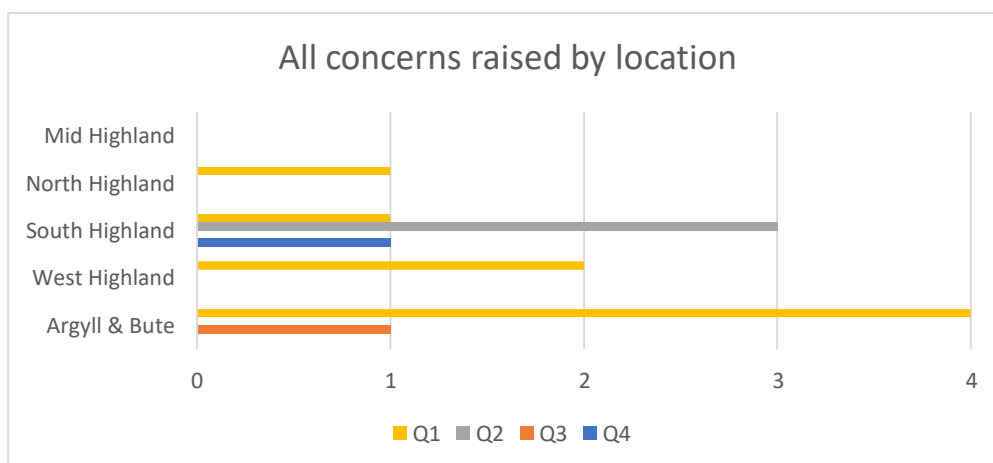


At the end of Q4 there were 2 open cases actively under investigation in accordance with stage 2 of the procedures. One case was from Q3 with appropriate extensions in place for investigation. The other case was raised in Q4 and is under Stage 2 investigation.

Graph 3

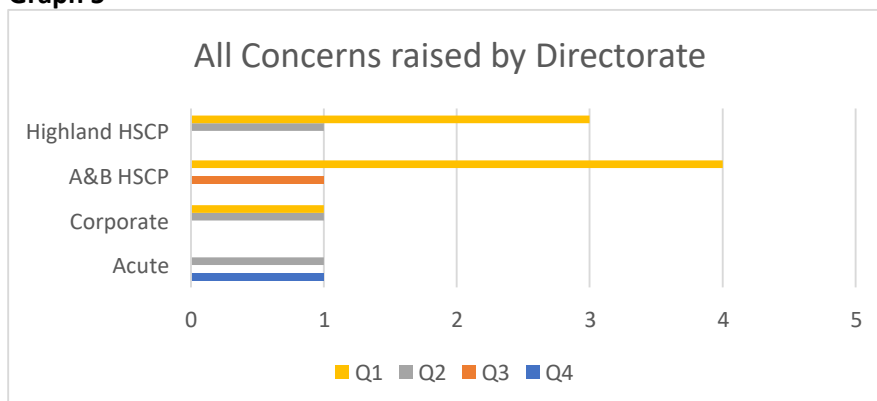


Graph 4



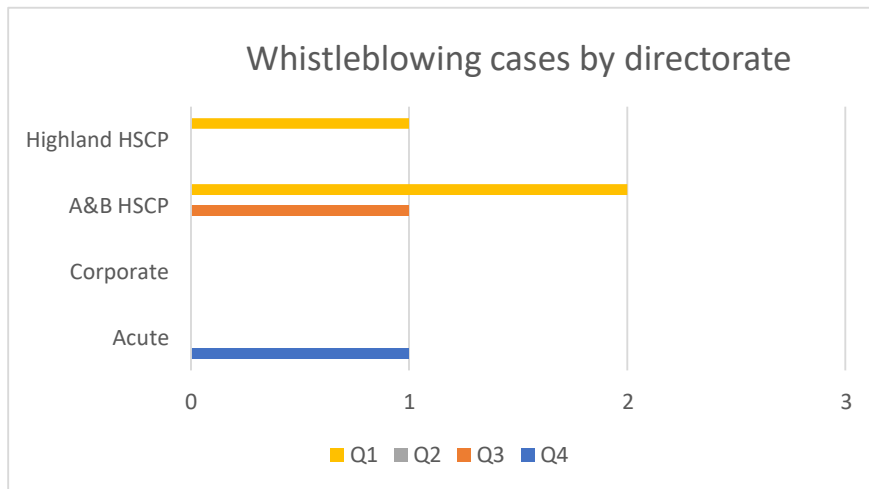
There was 1 additional concern raised in Q1, but this was not related to an NHS Highland service or location, so is not included in this chart.

Graph 5

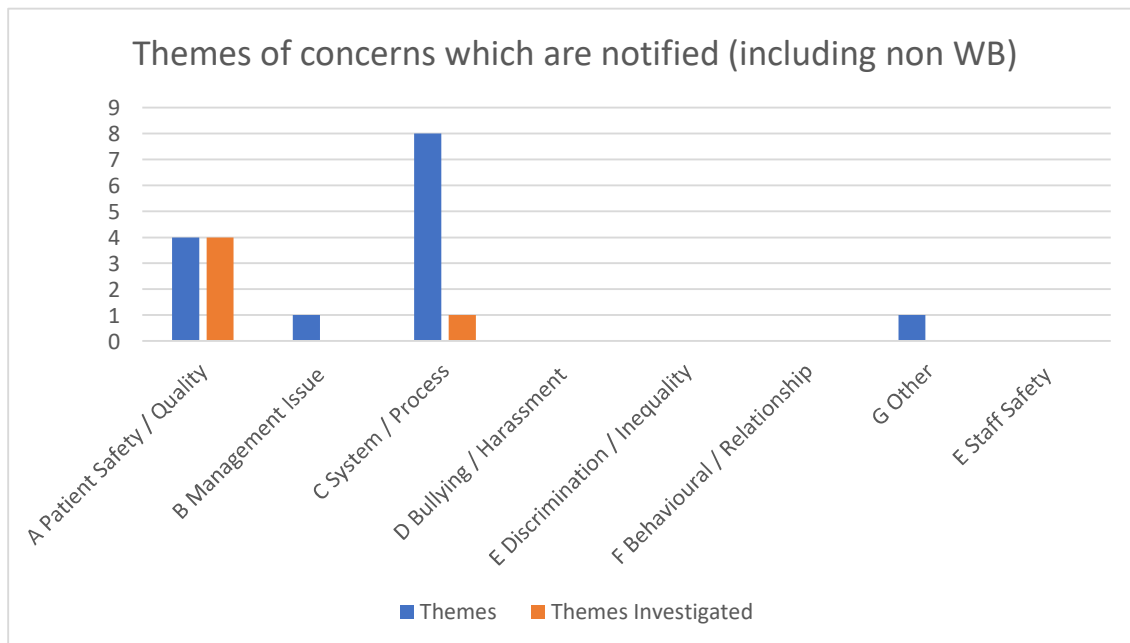


Directorates are used for reporting purposes to preserve the confidentiality of the person raising the concern.

Graph 6



Graph 7



The themes presented in the above chart are the same themes used by the Guardian Service when recording concerns which have been raised by NHS Highland and Argyll & Bute HSCP staff. This will allow an easier comparison of data in the future.

8. Detriment as a result of raising a concern.

There is limited data available but at the point of writing there have been no reports where individuals who have raised whistleblowing concerns reported that they suffered a detriment for doing so.

9. Concerns Received - Average time for a full response

There was one Whistleblowing concern received this month, which is undergoing a full investigation. There have been three Whistleblowing concerns closed to date, the average time for final response for Stage 1 complaints is 1 day. The average time for Stage 2 complaints is 214.5 days. The overall average time for resolution is 144 days. It is important to note that typically Stage 2 concerns related to substantial reviews into service provision, which impacts on the investigation and completion timescales.

10. Lessons learned, changes to service or improvements

It is anticipated that some further information will be available for the annual report depending on when investigations conclude. The number of Whistleblowing concerns received in the first year have been low with two still under investigation.

11. Staff experience of the Whistleblowing procedures

Proposals of a voluntary staff survey were approved at the implementation group. A version of the survey is still under review and once approved will go out to individuals who have raised concerns through this process. Feedback from this survey will be collated once this process is in place, which will provide data for detailed commentary on staff experiences.

12. Colleague awareness and training

The implementation group continue to meet and review progress with awareness raising and monitoring uptake of training. We will produce an infographic and comms plan as part of the Annual Report process in July 2022, to further promote the standards.

A non-employed partner survey was carried out in December and January which included questions to understand awareness of the standards in those who are not employed by NHS Highland but are covered by the Standards.

72% of the 243 respondents said they were aware of the new Whistleblowing standards and 60% said they agreed that they were clear on their responsibilities under the new standards. 65% were clear on where they could access more information about the standards. This is a positive start, but we will continue to work on improving this.

Our Whistleblowing non-executive Director continues to visit across the Board area and promote his role 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.

A national review of the training and awareness materials is ongoing and there are proposals to introduce another module for manager awareness. Due to the low number of cases raised, and the senior level these have been managed at, we would expect that those asked to take on an investigation or management role in a case would complete the detailed training ahead of starting their investigation. Promotion of take up of the awareness training to the general manager and colleague population will be the focus.

13. Audit of Whistleblowing Standards Implementation

An internal audit of our implementation of the Whistleblowing Standards was carried out and the report presented to the Audit Committee on 7th December 2021. The report was positive overall and very helpful in focussing our efforts for ongoing improvement.

The recommendations are being implemented and the final ones will be completed by end June 2022, after timescales had to be moved out due to service pressures in Spring. The recommendations are summarised below.

1. Removal of old WB policies and links - Completed
2. Clarification of roles and responsibilities and decision making - Completed Q1 final report
3. Feedback on assurance reporting implemented - Completed Q1 final report
4. Development of Whistleblowing Process document - 30 June 2022
5. Contact details for WB Champion - completed
6. Ongoing refinement of Quarterly reporting format and content - 30 June 2022

14. Summary of Whistleblowing Cases

Quarter 4 Cases

Case 14 OPEN – Patient Safety

This is a stage 2 WB concern where an extension has been authorised beyond 20 days. The concern is actively under investigation. The complaint relates to the impact of poor patient flow on cardiac patient care in an acute hospital. The concerns focused on the lack of available beds resulting in limited access to early specialist care for high-risk cardiac patients. This is being overseen by Dr Robert Cargill, Deputy Medical Director and Kate Patience-Quate, Deputy Nursing Director, supported by Fiona Hogg, Director of People & Culture. A term of reference is currently being finalised. Regular updates are being provided to the complainant.

Quarter 3 Cases

Case 13 OPEN - Patient Safety

This is a stage 2 WB concern 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 Interim Chief Officer for the A&B HSCP, Fiona Davies and the Director of People & Culture, Fiona Hogg. A terms of reference for the review is in place, a working group with the community and key stakeholders has been in place since December 2021 and is meeting regularly to progress the actions. Regular updates are being provided to the complainant.

Cases from Quarter 2

There are no whistleblowing cases ongoing from Quarter 2.

Cases from Quarter 1

Case 1 CLOSED – Patient Safety/Quality

This was a Stage 2 WB concern where an extension was authorised beyond 20 days. This related to some complex and wide-ranging concerns raised about the management and delivery of GP services in a remote and rural location in Argyll & Bute. The complaint was overseen by the Chief Officer, Fiona Davies, and the Director of People & Culture Fiona Hogg, with regular 20-day updates to the complainant throughout.

A full investigation was carried out by the Head of Primary Care for Highland HSCP, and recommendations around management of practices and oversight of Primary Care within Argyll & Bute have been implemented. We have shared the outcomes with the complainant in January 2022 and confirmed that the most urgent actions have been completed. The HSCP are now working through the longer-term actions, overseen by the Area Manager, it was therefore deemed appropriate to conclude the matter as an active WB case in Q4.

Case 2 CLOSED - System Process

This was a Stage 2 WB complaint regarding concerns about health and safety systems and processes in Argyll & Bute. The case was investigated by Bob Summers, Head of Occupational Health and Safety for NHS Highland and his recommendations were reviewed and accepted by George Morrison, Deputy Chief Officer and the case closed in August 2021 following feedback to the complainant.

The complaint was not upheld, as it was found that appropriate systems, processes, and governance were in place. However, it was clear that awareness and understanding of these systems and processes was not as widespread as it should be and a set of actions to improve this were taken forward locally.

Case 9 CLOSED – Patient Safety / Quality

This was a stage 1 complaint and raised in relation to the care of a resident in a care home. The concern was escalated to the Area Manager who actioned the concern and provided feedback to the Guardian. This feedback could not be provided to the caller as they had not provided any contact details and did not call back. The concern was resolved within 2 days.