



NHS Ayrshire & Arran

Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 28 March 2022
Title:	Whistleblowing Report – Quarter 3 October to 31 December 2021
Responsible Director:	Jennifer Wilson, Interim Deputy Nurse Director
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1. Purpose

This is presented to the NHS Board for:

- Discussion

This paper relates to:

- Government policy/directive

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

The National Whistleblowing Standards and Once for Scotland whistleblowing policy (the Standards) were introduced on 1 April 2021. Board Members are asked to discuss the report on organisational activity in relation to whistleblowing concerns raised in Quarter 3 (October – December 2021).

2.2 Background

The National Whistleblowing Standards (the Standards) set out how the Independent National Whistleblowing Officer (INWO) expects all NHS Boards to manage, record and report whistleblowing concerns. It is a requirement of the Standards that whistleblowing data is reported quarterly to the NHS Board.

The Standards also require that Boards publish an annual report setting out performance in handling whistleblowing concerns. The annual report will summarise and build on the quarterly reports produced by the board, including performance against the requirements of the Standards, Key Performance Indicators (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. The first annual report will be provided in 2022 and will align with the quarterly report for Quarter 4.

In NHS Ayrshire & Arran the agreed governance route for reporting on whistleblowing is to Staff Governance Committee and then to the NHS Board. The NHS Board report will be shared with Integration Joint Boards following the NHS Board meeting.

This third report provides information in accordance with the requirements of the Standards. This provides information on our performance for Quarter 3 (October – December 2021).

2.3 Assessment

Appendix 1 provides details of Whistleblowing concerns raised across the organisation by staff and those who provide services on behalf of NHS Ayrshire & Arran. This demonstrates our performance in the national key indicators as required by the INWO and includes key areas of Whistleblowing handling, as well as highlighting outcomes and providing more detail on Whistleblowing themes. Over time, this approach will illustrate trends and more importantly, allow us to evidence necessary improvement and learning in response to the trends and themes demonstrated.

The report at Appendix 1 provides performance information on:

- Whistleblowing concerns raised
- Learning, changes or improvements to service or procedures
- Experience of individual raising concern/s
- Level of staff perceptions, awareness and training
- Whistleblowing themes, trends and patterns

2.3.1 Quality

Procedures for raising concerns should provide good-quality outcomes through a thorough but proportionate investigation. The approach to handling whistleblowing concerns ensures that learning and improvement is progressed for upheld whistleblowing concerns and are shared across all relevant services.

2.3.2 Workforce

The Standards support our ambition for an open and honest organisational culture where staff have the confidence to speak up and all voices are heard. This is focused through our organisational Values of 'Caring, Safe and Respectful' and promoting a culture of psychological safety.

2.3.3 Financial

There is no financial impact.

2.3.4 Risk assessment/management

If staff do not have confidence in the fairness of the procedures through which their concerns are raised, or do not feel assured that concerns raised will be acted upon, there is a risk that they will not raise valid concerns about quality, safety or malpractice. The opportunity to investigate and address these concerns will have been lost, with potentially adverse impact on quality, safety and effectiveness of services.

There is also a wider risk to organisational integrity and reputation, if staff do not believe they will be listened to and do not feel senior leaders in NHS Ayrshire & Arran are fulfilling the organisation's Values of 'Caring, Safe and Respectful' and promoting a culture of Psychological Safety.

2.3.5 Equality and diversity, including health inequalities

A local Equality Impact Assessment (EQIA) for the Standards is in place and published on our [public facing web](#). This assesses the impact of the Whistleblowing Standards on staff and those who provide services on behalf of the NHS with protected characteristics.

2.3.6 Other impacts

- **Best value:** Governance and accountability and Performance management. The delivery of an effective process for whistleblowing concerns will support the Board's commitment to safe, effective and person-centred care. Effective handling of concerns supports the delivery of the Healthcare Quality Strategy.
- **Compliance with Corporate Objectives** - Create compassionate partnerships between patients, their families and those delivering health and care services which respect individual needs and values; and result in the people using our services having a positive experience of care to get the outcome they expect.

2.3.7 Communication, involvement, engagement and consultation

There is no requirement for formal engagement with external stakeholders in relation to the formulation of this paper. There has been wide communication of the Standards across the organisation.

2.3.8 Route to the meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Whistleblowing Oversight Group on 28 January 2022
- Staff Governance Committee on 14 February 2022

2.4 Recommendation

The Board are asked to discuss the performance report in relation to concerns raised in Quarter 3 (October - December 2021).

3. List of appendices

- Appendix 1 - Whistleblowing Report for Quarter 3 October to December 2021.

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

1. Introduction

This report provides details of Whistleblowing concerns raised across the organisation by staff and those who provide services on behalf of NHS Ayrshire & Arran. This report will demonstrate our performance in the national key indicators as required by the INWO and includes key areas of Whistleblowing handling, as well as highlighting outcomes and providing more detail on Whistleblowing themes. Over time, this approach will illustrate trends in and more importantly, allow us to evidence necessary improvement and learning in response to the trends and themes demonstrated.

2. Whistleblowing handling performance

2.1 Whistleblowing concerns received

Table 1 below shows the total number of concerns received in quarter 3 through the whistleblowing process.

Total no of concerns received Q2	Appropriate for WB	Stage 1	Stage 2
2	1	0	1

Table 1

Of the two concerns received in Quarter 3, one was received via the INWO. This concern was considered and was not appropriate for the whistleblowing process. Feedback was provided to those raising the concerns to direct to the appropriate policy. This is being managed through the boards Grievance policy.

Although the 2nd concern was initially received anonymously, the whistleblower came forward. This whistleblowing concern is being managed at Stage 2 of the process and the investigation is ongoing.

Chart 1 below shows the total number of concerns raised and progressed as whistleblowing in 2021/22. Concerns received are represented by the blue columns and the number progressed by the orange columns.

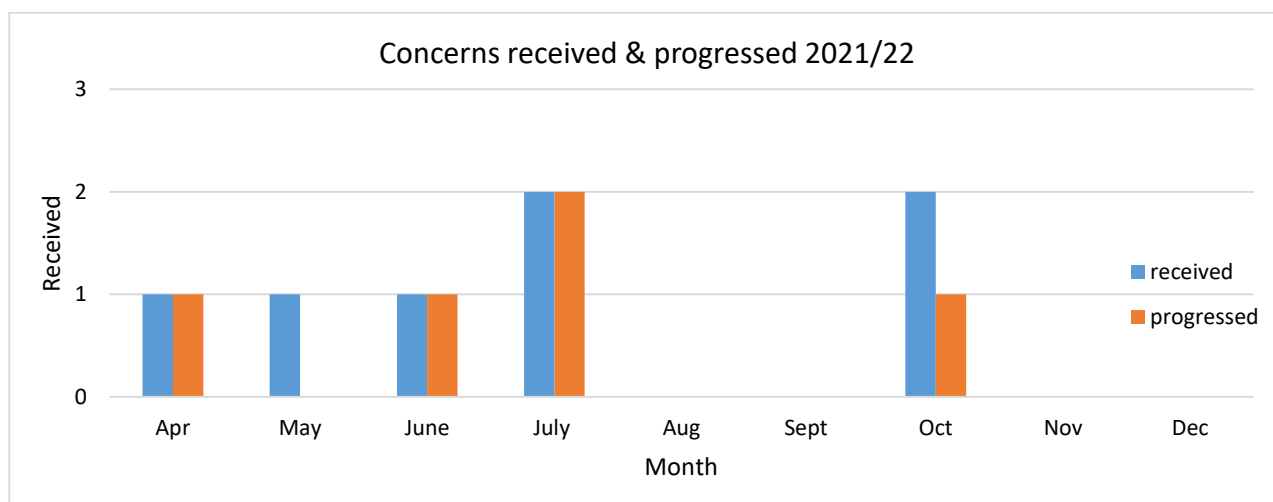


Chart 1

2.2 Concerns closed

Table 2 provides the numbers of concerns closed at Stage 1 and Stage 2 of the procedure as a percentage of all concerns closed in Q3.

Total no of concerns received Q3		Nos closed	Nos ongoing	% Closed against all received
Stage 1	0	-		-
Stage 2	1	0	1	0%

Table 2

Table 3 shows the performance against the 20 working days target in 2021/22 of concerns progressed at Stage 2.

Whistleblowing cases 2021/22	Number	Comments
No closed at 20 working days	1	
No closed > 20 working days	0	
No closed > 60 working days	2	
No closed > 100 working days	2	Highest = 128 days

Table 3

It is important to note:

Q1 – of the 2 Whistleblowing concerns progressed in Q1 both are closed.

Q2 – of the 2 Whistleblowing concerns progressed in Q2 both are closed.

2.3 Concerns outcomes

This section provides detail on Q3 concerns upheld, partially upheld and not upheld at each stage of the whistleblowing procedures as a percentage of all concerns closed in full at each stage.

For the one concern received in Q3 there is no outcome as the investigation into the concern is ongoing.

2.4 Responding to concerns

As the investigation into the concern received in Q3 is ongoing it is not possible to provide the time in working days for a full response. An extension to the Stage 2 concern has been agreed, this was to allow adequate time for the required detailed investigations to be held. This was discussed and agreed with those who raised the concern.

2.5 Breakdown of concerns by service

Chart 2 below shows the breakdown of concerns by service for 2021/22. In Q3 the concern received related to NAHSCP. It is worth noting that in Q2 one enquiry covered concerns raised across 2 HSCPs.

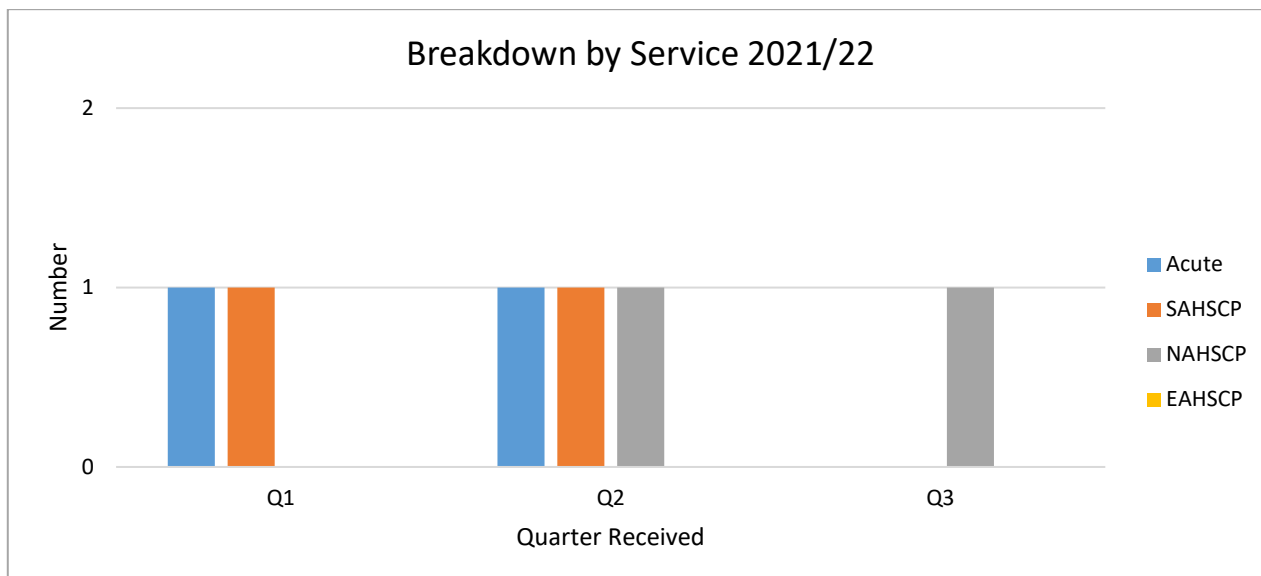


Chart 2

3. Learning, changes or improvements to service or procedures

Of the four completed investigations three required improvement plans and one required a learning plan. One improvement plan has been completed. Two improvement plans and one learning plan are in progress. These are monitored through Directorate Governance routes with feedback on closure to Whistleblowing Oversight Group.

No of investigations closed	No of improvement plans		No of learning plans	
	In Progress	Closed	In Progress	Closed
4	2	1	1	

Table 4

4. Experience of individuals raising concern/s

A process to gather feedback from all those involved in the whistleblowing process is being developed (where this can be provided without compromising confidentiality). A feedback survey for those raising concerns is being piloted and has been sent to all those who raised concerns to date. This will be reported in the next quarter.

5. Level of staff perception, awareness and training

There has been a wide-ranging communication exercise across the organisation from early in 2021. This focused on sharing 7 minute briefs widely across the organisation, via 700+ managers, for use in team meetings, noticeboards and shared work spaces. Communication also via Daily Digest and weekly e-News has continued.

Whistleblowing training has been rolled out across the organisation using the national Turas modules with good uptake. To date 2059 staff and 441 managers have accessed training. Managers were targeted via facilitated sessions. There was a focused training programme in place during Q3 which delivered facilitated sessions for leaders. Feedback from these sessions was extremely positive with 141 managers attending the nine sessions delivered. We are considering how to engage with staff to gauge levels of awareness going forward.

6. Whistleblowing themes, trends and patterns

This section provides information on themes from whistleblowing concerns being raised and will aid identification of any improvement priorities, and to progress learning in a targeted manner.

Chart 3 shows themes of the concerns concluded in 2021/22. It is worth noting that concerns raised identified with multiple themes.

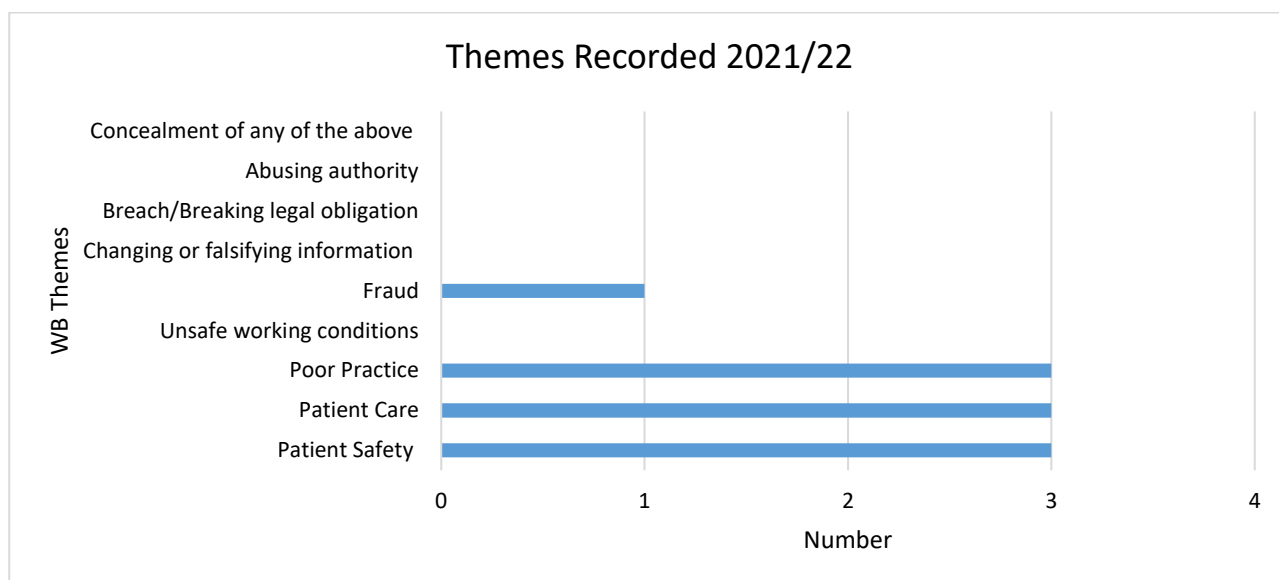


Chart 3

7. Independent National Whistleblowing Officer referrals and investigations

A clear indicator of the satisfaction of those who raise concerns can be derived from the number of concerns that are escalated to the Independent National Whistleblowing Officer (INWO). At this time, there have been no referrals to the INWO.

8. Conclusion

The Whistleblowing Standards were introduced on 1 April and have been implemented successfully across NHS Ayrshire & Arran and our partners.

It is not possible at this point to evidence any trends or patterns in reporting or if higher numbers of concerns are being raised than there were through the previous whistleblowing policy and this will become more evident in the coming year.

The Whistleblowing Oversight Group continues to meet to provide oversight, recognising that this is a learning process and that processes may require to be changed or developed as we learn both from the concerns raised and feedback from our current Whistleblowing processes.

Board members are asked to note the current performance for whistleblowing concerns received.