

NHS Ayrshire & Arran



Meeting:	Ayrshire & Arran NHS Board
Meeting date:	Tuesday 21 May 2024
Title:	Whistleblowing Report – Quarter 4, January to 31 March 2024
Responsible Director:	Jennifer Wilson, Nurse Director
Report Author:	Karen Callaghan, Corporate Governance Coordinator

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 2023-24 Quarter 4 (January - 31 March 2024).

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 summarises and builds 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.

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.

2.3 Assessment

2.3.1 In Quarter 4 (Q4) there were four contacts raising a concern.

- Three enquiry contacts to the Speak Up mailbox

These individuals were seeking advice and support on how to progress issues or concerns. The concerns were related to bullying and harassment of an individual, alleged fraud and staff conduct and a staff member on behalf of a patient who had concerns about the care they had received. On all occasions the individuals were provided with guidance and put in touch with a Confidential Contact (CC).

The Confidential Contacts provided the individuals with support and information on the most appropriate route to raise their concerns dependent on the concern raised, for example, HR, the Fraud Liaison Officer and the Complaints Team. Information was also provided on who to contact to seek additional support such as a union or staffside representative and the staff care team.

- One whistleblowing contact to a Speak Up Advocate

The person raising this concern asked that it be reviewed as Whistleblowing. The individual was provided with guidance and put in touch with a Confidential Contact. The concerns related to staff conduct and patient care, with the concerns reviewed by the Whistleblowing Decision Team. On review it was agreed there were areas of patient care/safety which caused concern and which were appropriate for the Whistleblowing Standards (the Standards), however, these related to a local authority care facility and not a service provided by the NHS. As the Standards apply to care provided by, or on behalf of the NHS, it was agreed these concerns would be passed to the appropriate Health and Social Care Partnership (HSCP) for review. The concerns relating to the conduct of a NHS staff member would be best raised through HR processes. Due to the patient care concerns described this was highlighted to the Director for the HSCP to ensure that any patient care concerns could be addressed as required. Following discussion with the HSCP Director, reassurance was provided that no immediate risk to patient safety had been identified and no immediate action was required. Contact has been made with the whistleblower to advise of the outcome and way forward.

As none of the concerns received in Q4 were taken forward as Whistleblowing with the NHS, a detailed report is not possible, and therefore an update on recent whistleblowing activity to support the Standards is provided below.

2.3.2 Case Update: Table 1 below relates to an investigation ongoing from Q4 2022/23. The investigation for this case has been completed. The report is being finalised with the outcome awaited. The Lead Investigator is being supported to finalise the report and the Commissioning Director and the Whistleblowing Lead have been advised of the position.

Stage 2	Area	Ongoing	Closed	Not Upheld	Partially Upheld	Fully Upheld
Q4 2022/23	Acute - UHA	1	-	-	-	-

Table 1

2.3.3 Improvement plans: Table 2 reports the status of improvement plans from whistleblowing concerns raised in 2022-2023. Both improvement plans remain in progress. Improvement plans are monitored through the relevant department's governance group as agreed with the Commissioning Director, with feedback on closure to the Whistleblowing Oversight Group. Progress is monitored by the Corporate Governance Coordinator.

Year	Numbers of Improvement Plans		Number of Learning Plans	
	In Progress	Closed	In Progress	Closed
2022-23	2	0	-	-

Table 2

2.3.4 Training update: In February 2024 managers were reminded through Daily Digest and eNews that it is mandatory for line managers and leaders to complete the relevant Turas whistleblowing module. In Q4 there was an increase of 3% in the number of managers completing the Turas Whistleblowing e-Learning modules.

	Total Complete		Increase
	31/12/2023	31/03/2024	
An overview (Staff)	3506	3712	206
For Line Managers	162	179	17
For Senior Managers	439	443	4

Table 3

Monthly reports continue to be produced to monitor completion of the Turas Whistleblowing eLearning modules.

2.3.5 Communications: We continue to issue communications across the organisation to remind staff about whistleblowing, the Standards and how to raise a Whistleblowing concern. This is supported by our Communication Team through Daily Digest and eNews and using the 7-minute brief format which has been well received. We are working with communications colleagues on other ways we can raise awareness of the Whistleblowing Standards across the organisation and with our partners.

2.3.6 INWO Learning and Improvement Reports: The INWO receives complaints from whistleblowers who are unhappy with how their whistleblowing concerns have been investigated and responded to in Boards. The INWO team investigates each case independently and reports on the findings, outcomes and learnings. These reports are then shared with Boards via the INWO monthly Bulletin and published on the [INWO website](#). Locally these reports are reviewed when published to benchmark our processes and to identify if there are areas where we can learn and improve our local practice. Of the INWO reports published in Q4 the learning identified related to the content of the final stage 2 outcome letter issued to the complainant, with regard to the level of explanation and detail that should be provided, and this will inform the Stage 2 letters that NHSAA issue to ensure we would meet the INWO requirements.

2.3.7 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.

2.3.8 **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.

2.3.9 **Financial**

There is no financial impact.

2.3.10 **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.

2.3.11 **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.

2.3.12 **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.

2.3.13 **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.

2.3.14 **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 11 April 2024
- Staff Governance Committee on 13 May 2024.

2.4 Recommendation

For discussion. NHS Board Members are asked to discuss the report for Quarter 4 (January – 31 March 2024).