

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board Meeting
Meeting date:	Monday 2 December 2024
Title:	Whistleblowing report: quarter 2, July to 30 September 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. NHS Board members are asked to discuss the report on organisational activity in relation to whistleblowing concerns raised in Quarter 2 (July – September 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 and under our local governance arrangements to 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.

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 report provides information in accordance with the requirements of the Standards. This provides information on our performance for Quarter 2 (July – September 2024).

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 10 October 2024
- Staff Governance Committee on 14 November 2024

2.4 Recommendation

For discussion. NHS Board members are asked to discuss the performance report in relation to concerns raised in Quarter 2 (July – September 2024).

3. List of appendices

- Appendix 1 - Whistleblowing performance report for Quarter 2, 1 July to 30 September 2024.

Whistleblowing performance report Quarter 2 – 1 July to 30 September 2024

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. Learning, changes or improvements to service or procedures (KPI-1)

System-wide learning, changes or improvements to services can be limited by the need to maintain confidentiality of individual whistleblowers. For each concern that is upheld or partially upheld a documented improvement plan is put in place to address any shortcomings or apply the identified learning. The plan is agreed by the Director responsible for commissioning the investigation under the Standards, and monitored through the department's governance group as agreed with the Commissioning Director.

Progress against plans is monitored by the Corporate Governance Coordinator whilst actions transition from the whistleblowing process to business-as-usual action/improvement plans. The Whistleblowing Oversight Group receive updates on progress on a quarterly basis. In relation to local and system-wide learning, processes are now in place to capture and through the Director commissioning the investigation, will be shared at the appropriate forums

Table 1 shows the status of improvement plans from concerns raised in 2022/23 and 2023/24.

Year and total number of investigations		Investigations		Improvement Plans		Learning Plans	
		Open	Closed	Open	Closed	Open	Closed
2022-23	3	-	3	July 2023	July 2024	NA	-
				Dec 2023	In progress	-	-
				June 2024	In progress	-	-
2023-24	1	-	1	April 2024	In progress	-	-
2024-25	1	1	-	-	-	-	-

Table 1

One improvement plan from 2022-23 was closed in Q2 with the approval of the Commissioning Director, the three remaining plans are in progress. The plans remain open until all actions are complete or moved to business as usual. 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.

At this time there is no data for the concern received in Q2 2024/25 as the investigation is ongoing.

3. Experience of individuals raising concern/s (KPI-2)

Individuals who raise concerns are given the opportunity to feedback on their experience of the Whistleblowing process. Any feedback received is viewed as learning and helps us to make improvements in our processes as appropriate.

An anonymous feedback survey is shared with those involved in the whistleblowing process. This includes the individual who raised the concern and those involved with the investigation.

Responses received to date have in general been positive in terms of being kept up to date throughout the process and the way in which anonymity was maintained throughout. Returns to date continue to be limited.

Examples of questions and the feedback received are shown in Table 2:

Question	Feedback
What was your impression of the staff that were dealing with the concerns?	Administrative staff were very helpful and polite and listened at all times. I felt that investigating staff didn't always listen well.
Do you have any suggestions to help us improve our whistleblowing process?	The timescale was very long due to varying reasons. So might there be two people used to investigate or the investigator given time of from their job so that it can get completed in that time e.g. one month to six weeks.
Please use this section for any additional comments:	The administrative staff kept me informed at all times, which made me feel happier about the time it was taking as it still showed people were interested in my concerns.

Table 2

4. Level of staff perception, awareness and training (KPI-3)

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.

Our Whistleblowing policy and process continues to be highlighted to new staff as part of the Corporate Induction Programme and to newly appointed managers and leaders during training sessions.

Monthly reports continue to be produced to monitor completion of the Turas Whistleblowing eLearning modules. As at 30 September 2024, 67% of managers and 39% of staff had completed the Turas Whistleblowing e-Learning modules. Communication continues to be shared through Daily Digest and eNews to remind that it is mandatory for line managers and leaders to complete the relevant Turas Whistleblowing modules.

This year's iMatter survey included two statements specifically relate to raising concerns. These were:

1. I am confident that I can safely raise concerns about issues in my workplace;
2. I am confident that my concerns will be followed up and responded to.

Of the 8696 staff who responded 88% of respondents agree or strongly agree with statement 1 and 81% of respondents agree or strongly agree with statement 2.

5. Whistleblowing concerns received (KPI-4)

Table 3 below shows the total number of concerns received in quarter 2 through the whistleblowing process.

Total concerns received Q2	Appropriate for WB	Stage 1	Stage 2
1	1	0	1

Table 3

The concern raised as Whistleblowing was carefully reviewed by the Whistleblowing Decision Team and it was agreed it should be taken forward through the Whistleblowing process.

No immediate risk was identified to patient safety in the concern received in Q2, with no action required.

It is worth noting that an anonymous individual called the Speak Up telephone number and left a message requesting a call back. The Whistleblowing Coordinator returned the call and the individual was seeking information on the whistleblowing process. The individual was provided with information on raising concerns anonymously, the protection afforded by the Standards and how to contact the Confidential Contacts. They were also encouraged to speak to a line manager. The person did not share any detail of their concern other than to advise it was linked to an acute site and had provided reassurance that there was no immediate risk to patient safety. To date there has been no further call and the Confidential Contacts have not been contacted.

Chart 1 below shows the total number of concerns raised and progressed as whistleblowing in 2024/25.

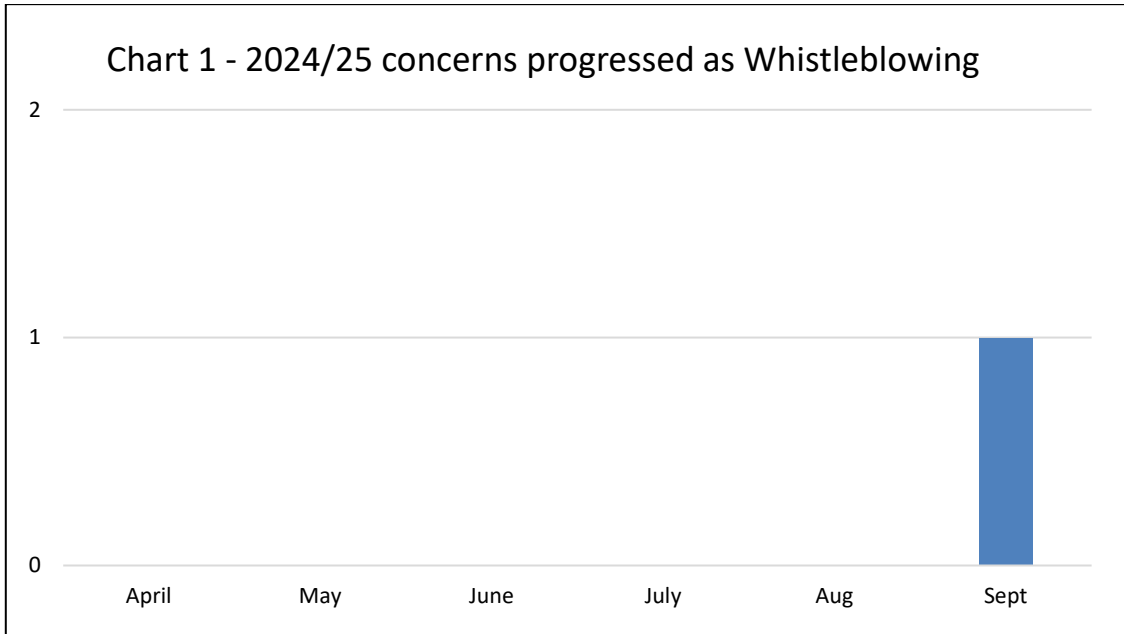


Chart 1

6. Concerns closed (KPI-5)

This indicator reports on the numbers of concerns closed at Stage 1 and Stage 2 of the procedure as a percentage of all concerns closed.

No concerns were closed this quarter with the stage 2 concern received ongoing; therefore there is no data available for this indicator.

7. Concerns outcomes (KPI-6)

This indicator reports on 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 stage 2 concern received in Q2, the investigation is ongoing therefore there is no outcome to report.

- 7.1 The definition of a stage 1 concern - Early resolution is for simple and straightforward concerns that involve little or no investigation and can be handled by providing an explanation or taking limited action, within 5 working days. No stage 1 concerns were received in Q4 either this or last year.

During the current reporting year, no stage 1 concerns were received.

- 7.2 **The definition of a stage 2 concern** - are concerns which tend to be serious or complex and need a detailed examination before the organisation can provide a response within 20 working days.

For the stage 2 concern received in Q2, the investigation is ongoing therefore there is no data to report.

8. Timeliness of handling whistleblowing concerns (KPIs-7, 8, 9 and 10)

This section reports on:

KPI-7 The average time in working days for a full response at each stage of the whistleblowing procedure

KPI-8 Number and percentage of concerns closed in full within set timescales

KPI-9 and 10 Concerns where an extension was authorised

No concerns were closed this quarter with the one concern received in Q2 ongoing; therefore there is no data available for these indicators.

It is expected that the concern received this quarter will be extended beyond the stage 2, 20 working day timescale due to the complexity of the concerns raised. The person raising the concern has been made aware of the need to extend the investigation period.

9. Whistleblowing themes, trends and patterns

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

9.1 Breakdown by Themes

The concern received in quarter 2 had multiple themes as shown in Table 4:

Theme	2021/22	2022/23	2023/24	2024/25
	Q1-Q4	Q1-Q4	Q1-Q4	Q2
Patient Care	4	2	1	1
Patient Safety	4	2	1	1
Poor Practice	3	2	0	1
Unsafe working conditions	0	1	1	1
Fraud	1	0	0	0
Changing or falsifying information about performance	0	1	0	0
Breaking legal obligations	0	1	0	0
Abusing Authority	0	1	0	0

Table 4

9.2 Breakdown of concerns by service

The Q2 concern received relates to Ayrshire Central Hospital (ACH), North Ayrshire Health and Social Care Partnership (NA HSCP).

10. Independent National Whistleblowing Officer (INWO)

10.1 Referrals to the INWO

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

10.2 INWO Stage 3 investigation reports

Under the Standards, whistleblowers can contact the INWO if they are unhappy with how their whistleblowing concerns have been investigated and responded to by health boards. The INWO 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 to benchmark our processes and to identify any areas for learning or improvement to local process to ensure best practice.

Quarter 2 the INWO published one stage 3 report which recommended that HR officers involved in handling HR and/or whistleblowing submissions must understand the difference between whistleblowing concerns and issues suitable for HR procedures.

In discussion with HR, it was recognised that additional and/or refresher training would be beneficial and this will be progressed. It was confirmed that:

- HR Officers have knowledge of the Once for Scotland Whistleblowing Policy and National Whistleblowing Standards and undertake the appropriate Whistleblowing Turas Training modules. They are also aware that they can contact the Whistleblowing team or the INWO for advice and guidance on concerns as appropriate.
- HR Officers are able to discuss the different processes with a person raising a concern and can signpost or refer them to the correct procedure or contact to take their concerns forward. It is understood this may mean that elements of a concern are separated out and dealt with through parallel processes, for example, HR and whistleblowing.

11. Speak Up week

Speak Up Week is a national annual engagement event which was launched by the INWO in 2022. Speak Up week 2024 took place from 30 September to 4 October 2024, with a theme of “Enabling Speaking Up” with NHS Chief Executives and Directors being encouraged to pledge their support.

NHS Ayrshire & Arran supported National Speak Up week through a programme of events. The Confidential Contacts, Speak Up Advocates, Whistleblowing Champion and Whistleblowing Coordinator attending various locations across Acute and Health and Social Care Partnership sites with the whistleblowing roadshow “stall”, enabling face to face engagement with staff on a drop in basis. In addition the programme of events included a Whistleblowing overview session via MS Teams in the run up to Speak Up Week September and Whistleblowing Ask Me Anything sessions via MS Teams during Speak Up week. There was also daily communications to share the message across our staff groups.

There was an increase in staff engagement at the face to face events this year, where staff were encouraged to complete an anonymous awareness survey on speaking up and whistleblowing and feedback from the survey will reported in the next report.