

# 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.

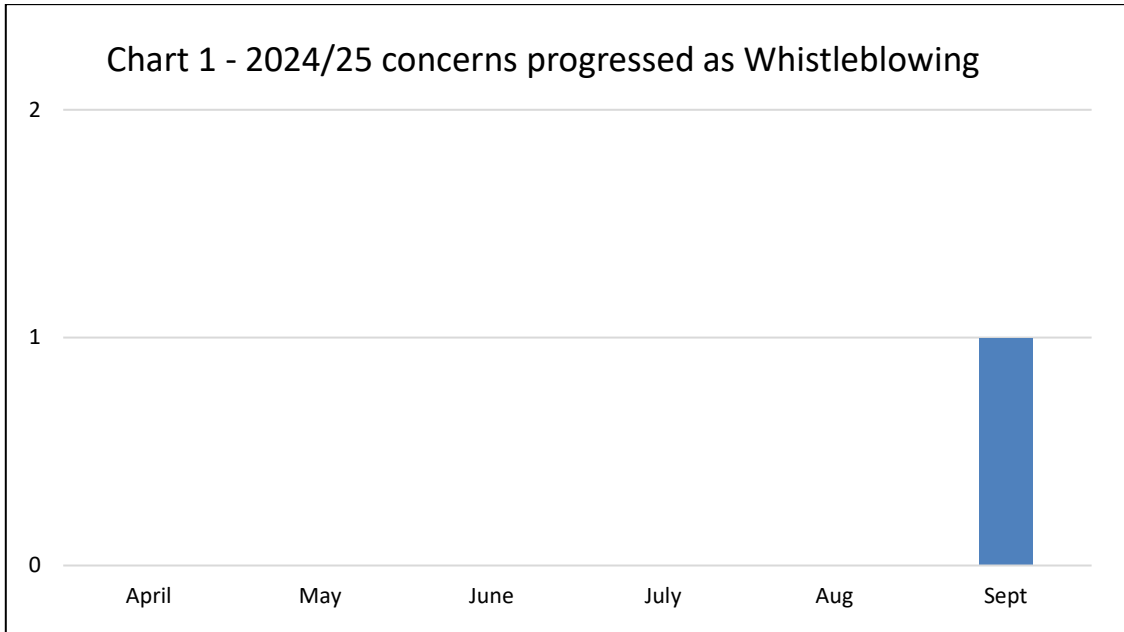


Chart 1

## 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 Independent National Whistleblowing Officer (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.