

<b>Meeting:</b>	<b>Ayrshire &amp; Arran NHS Board</b>
<b>Meeting date:</b>	<b>Monday 27 March 2023</b>
<b>Title:</b>	<b>Whistleblowing Report – Quarter 3 October to 31 December 2022</b>
<b>Responsible Director:</b>	<b>Jennifer Wilson, Nurse Director</b>
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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. NHS Board members are asked to discuss the report on organisational activity in relation to whistleblowing concerns raised in Quarter 3 (October – December 2022).

### 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 annual report in 2022 and will align with the Quarter 4 report.

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 3 (October – December 2022).

## **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 26/01/2023
- Staff Governance Committee on 13/02/2023

## **2.4 Recommendation**

The Board are asked to discuss the performance report in relation to concerns raised in Quarter 3 (October - December 2022).

## **3. List of appendices**

- Appendix 1 - Whistleblowing Report for Quarter 3 October to December 2022.

## Appendix 1 - Whistleblowing Report Quarter 3 – October to December 2022

### 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 Q3	Appropriate for WB	Stage 1	Stage 2
3	2	0	2

Table 1

Of the three concerns received in Quarter 3, one was received anonymously this concern is linked to South Ayrshire Health & Social Care Partnership (SAHSCP).

Although the anonymous concern cannot be managed through the whistleblowing process the concerns raised will be investigated following the principles of the Whistleblowing Standards (The Standards) and following local guidance.

Chart 1 below shows the total number of concerns raised and progressed as whistleblowing in 2022/23. Concerns received are represented by the blue columns and the number progressed by the orange columns.

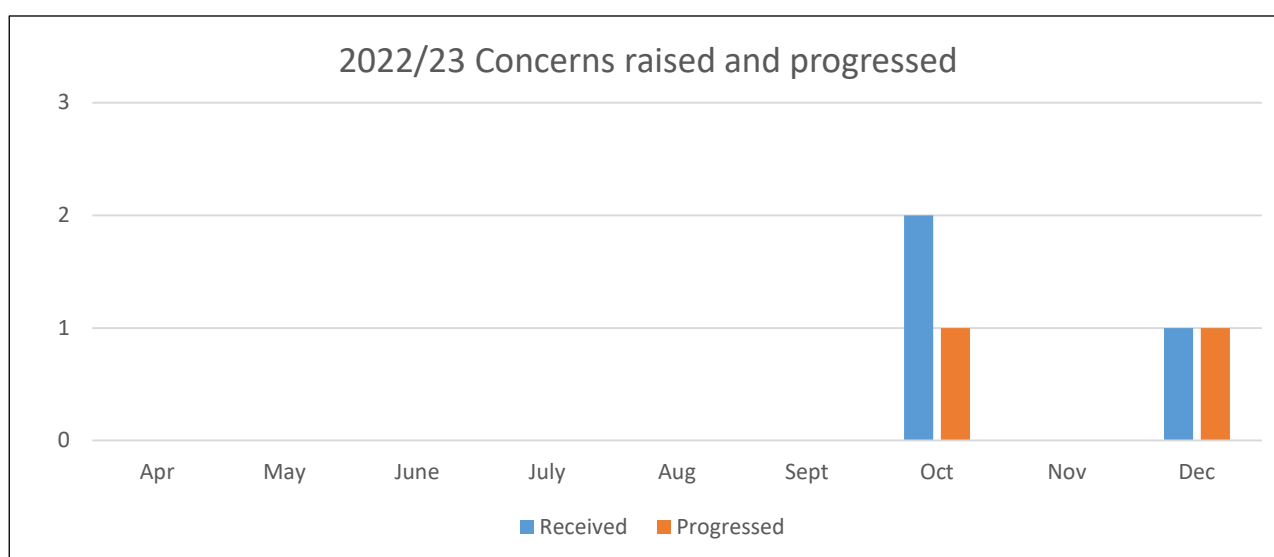


Chart 1

## 2.2 Concerns closed

The table below 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	2	0	2	0%

Table 2

## 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 two concerns received in Q3 there is no outcome as the investigation into both concerns is ongoing.

## 2.4 Responding to concerns

As the investigations into the concerns received in Q3 are ongoing it is not possible to provide the time in working days for a full response. An extension for the Stage 2 concerns 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 shows the breakdown of concerns by service in Q3. In Q3 the concern received related to East Ayrshire Health & Social Care Partnership (EAHSCP) and Infrastructure & Support Services (ISS).

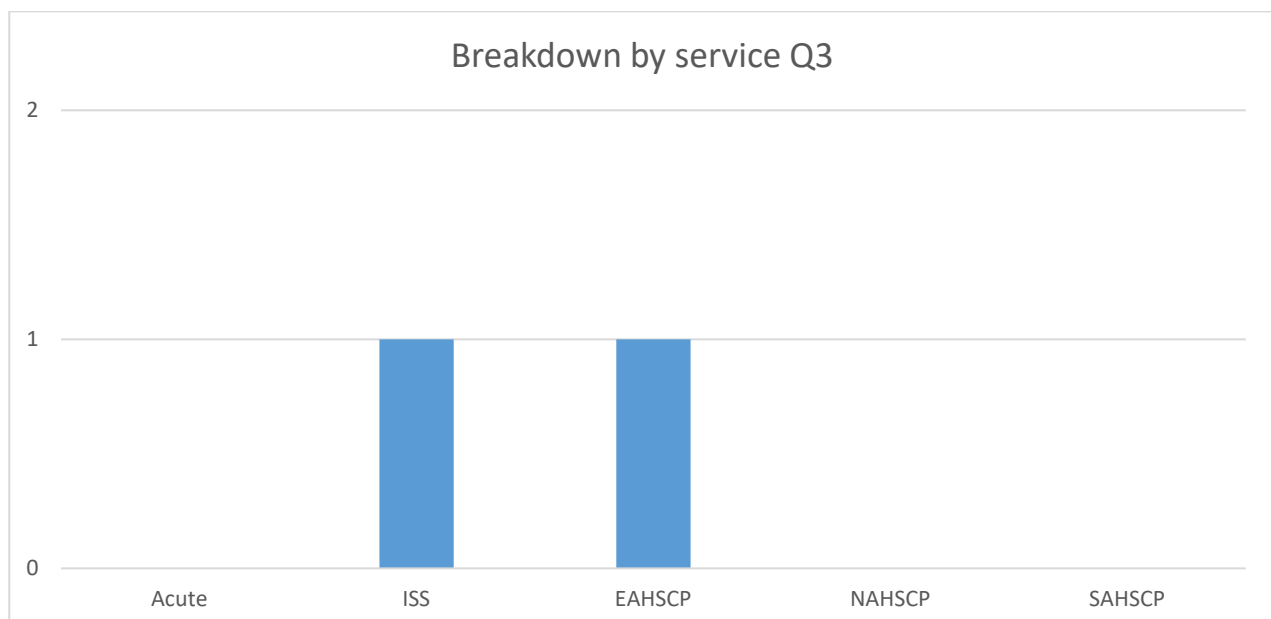


Chart 2

### 3. Learning, changes or improvements to service or procedures

Table 2 shows status of investigations from concerns raised in 2021-22. Of the plans that remain open the actions are either in progress or complete and progress continues to be monitored through Directorate Governance routes with feedback on closure to the Whistleblowing Oversight Group.

Number Investigations closed 2021/22	Numbers of Improvement Plans		Number of Learning Plans	
	In Progress	Closed	In Progress	Closed
4	2	1	1	

Table 2

It is worth noting that there is no data to share at this time for 2022/23 as the investigation opened in Q3 are ongoing.

### 4. Experience of individuals raising concern/s

The feedback survey for those raising concerns will be sent to all those involved on completion of the investigation. This will include the individual who raised the concern and those involved with the investigation. Feedback provided will be reported in future reports, where this can be shared without compromising confidentiality.

### 5. Level of staff perception, awareness and training

Communication continues to be shared widely across the organisation, via 800+ managers, for use in team meetings, noticeboards and shared work spaces. Also communication via Daily Digest and weekly e-News has continued.

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

Although it is no longer mandatory for staff to undertake the eLearning Whistleblowing Turas Module it continues to remain mandatory for all management level staff, supervisors, line managers, those who may receive concerns, Speak Up Advocates, and those involved in Whistleblowing investigations. To date approximately 52% of line managers and senior managers have completed the appropriate Turas modules, this is an increase of 25% on the previous quarter.

### 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.

As the concerns raised in Q3 are ongoing it is not possible to show the themes at this time. Feedback will be provided in future reports.

### 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 current time, there have been no referrals to the INWO.

## **8. Conclusion**

The review of our Confidential Contacts and local processes was completed and paper submitted to NHS Board on 28 November 2022. Recommendation are being progressed and an update will be provided to a future meeting. It is recognised that this is a learning process and that processes may require to be changed or developed as feedback from updated Whistleblowing processes is received.