

# NHS Ayrshire & Arran



<b>Meeting:</b>	<b>Ayrshire and Arran NHS Board</b>
<b>Meeting date:</b>	<b>Tuesday 26 March 2024</b>
<b>Title:</b>	<b>Whistleblowing Report Quarter 3, October – 31 December 2023</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 2023-24 Quarter 3 (October – 31 December 2023).

### 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 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

In Quarter 3 (Q3) there were three direct staff contacts to the Speak Up mailbox. The contacts were seeking advice and support on how to progress issues or concerns. From the information provided the concerns raised related to individual staff conduct, bullying and harassment and health and safety issues about a work environment. On all occasions the individuals were provided with guidance and directed to the most appropriate route to raise their concerns and also information on who to contact to seek support.

No immediate risk to patient safety was identified in the contacts received in Q3 and no action required.

As no Whistleblowing concerns were received in Q3 a detailed report is not possible therefore an update on recent whistleblowing activity to support the Standards is provided below.

- Case Update: Table 1 below provides an update on the position of the investigations which were ongoing from Q3 and Q4 2022/23. Of the two concerns that remained open one is closed with the concerns raised being partially upheld.

Update for Stage 2 Concern 2022/23	Area	Ongoing	Closed	Not Upheld	Partially Upheld	Fully Upheld
Q3	ISS	-	1	-	1	-
Q4	Acute- UHA	1	-	-	-	-

Table 1

- Learning: For each complaint that is investigated an improvement or learning plan is put in place to address any recommendations. The Q3 2022/23 investigation closed in this quarter identified several areas of improvement these included:
  - Ensure an induction plan is in place for new staff which includes training and mentoring support
  - Ensure an annual audit programme is planned and scheduled to include audits of premises, processes and training/competency of all staff
  - Improved visibility of senior managers
  - Review of departmental Risk Assessments
  - Improved record keeping, for example - ensure records are updated timeously, the use of digital systems where available
  - Refresh training on the use of PPE.
- Improvement plans: Table 2 shows the status of investigations from whistleblowing concerns raised in 2021-2022 and 2022-2023. All plans from 2021-2022 have now been completed, with the remaining improvement plan closed in Q3 2023-24. Both improvement plans for 2022-23 are currently in

progress. These plans are monitored through the department's governance group as advised by the Commissioning Director, with feedback on closure to the Whistleblowing Oversight Group. Progress is followed up by the Corporate Governance Coordinator.

Number Investigations		Numbers of Improvement Plans		Number of Learning Plans	
		In Progress	Closed	In Progress	Closed
2021-22	5	0	4	0	1
2022-23	2	2	0	-	-

Table 2

- Training: It is worth noting that in Q3 there was an increase of 8% in the number of managers completing the Turas Whistleblowing e-Learning modules. This may be a result of refreshed communication through Daily Digest (DD) in November 2023 reminding managers that it is mandatory for them to complete the relevant module. Communications will continue through 2024 to highlight this training to managers

	Total Complete		Increase
	30/09/2023	31/12/2023	
<b>An overview (STAFF)</b>	3272	3506	234
<b>For Line Managers</b>	112	162	50
<b>For Senior Managers</b>	424	439	15

Table 2

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

- Confidential Contacts: A new poster with information on the Confidential Contacts and how to contact them has been shared via email with all management level staff for dissemination to all staff groups with a request that a hard copy is placed in Staff areas. A plan is in place to produce a video of each CC with these being issued via the DD & eNews.
- A refresh of Whistleblowing communications is in progress as a reminder to staff on how to raise a Whistleblowing concern and includes refreshed and updated 7-minute briefings. This is supported by our Communication Team.

### 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 25 January 2024
- Staff Governance Committee on 12 February 2024.

## 2.4 Recommendation

For discussion. NHS Board Members are asked to discuss the paper for Quarter 3 (October - December 2023)