

# Whistleblowing Report



#### Board Non-Executive Whistleblowing Champion

This role is taken on by Albert Donald, who has been in place since February 2020.

The role monitors and supports the effective delivery of the organisation's whistleblowing policy and is predominantly an assurance role which helps NHS boards comply with their responsibilities in relation to whistleblowing. The whistleblowing champion is also expected to raise any issues of concern with the board as appropriate, either in relation to the implementation of the Standards, patterns in reporting of concerns or in relation to specific cases.

#### INWO Liaison Officer

This role is taken on by Fiona Hogg, Director of People & Culture, her executive lead role in Culture and Communications. This is the main point of contact between the INWO and the organisation, particularly in relation to any concerns that are raised with the INWO. They have overall responsibility for providing the INWO with whistleblowing concern information in an orderly, structured way within requested timescales. They may also provide comments on factual accuracy on behalf of the organisation in response to INWO investigation reports. They are also expected to confirm and provide evidence that INWO recommendations have been implemented.

### 3. Governance, Decisions and Oversight

The Standards set out the requirement that the NHS Highland Board plays a critical role in ensuring the Whistleblowing Standards are adhered to including through ensuring quarterly reporting is presented and robust challenge and interrogation of this takes place. In addition, NHS Highland present this report to the Argyll & Bute Integrated Joint Board mee08(thn)-0.8 (d)-06 (e)6 (r)-2 (na7e1 (n))-0.

If the complaint is Whistleblowing, then the Director of People and Culture liaises with relevant senior leadership and contacts to identify a manager to lead on the complaint. The Guardian Service and Director of People and Culture oversee progress, ensure timelines and communications are maintained. The Director of People and Culture will review the outcome and any follow up actions and learnings needed to ensure these are progressed appropriately. relevant internal and

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## 6. KPI Table

The KPI data is taken as at 31<sup>st</sup> March 2021 for Quarter 4.

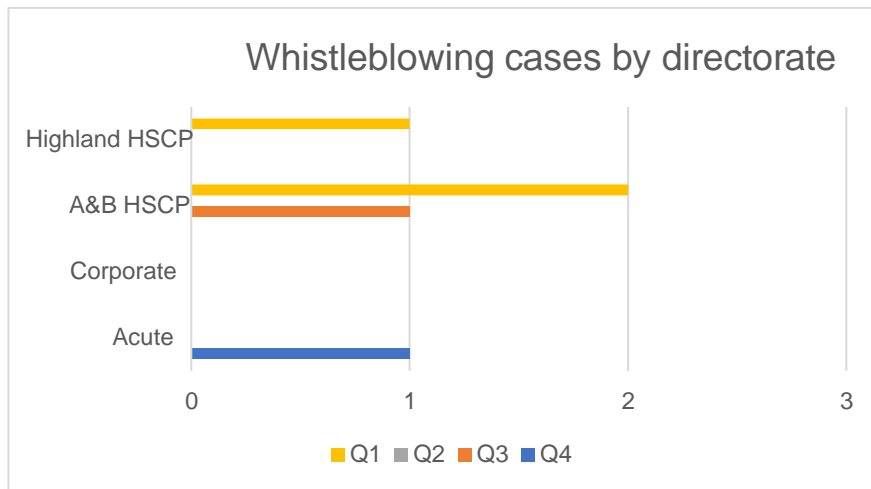
KPI	Qtr. 4		YTD	
Concerns Received	1		14	

## 7. Statistical Graphs

The following graphs relate to the Quarter reporting period 1<sup>st</sup> January 2021 to 31<sup>st</sup> March 2021.  
As this is the 4<sup>th</sup>



Graph 6



Graph 7



The themes presented in the above chart are the same themes used by the Guardian Service when recording concerns which have been raised by NHS Highland and Argyll & Bute HSCP staff. This will allow an easier comparison of data in the future.

### 8. Detriment as a result of raising a concern.

There is limited data available but at the point of writing there have been no reports where individuals who have raised whistleblowing concerns reported that they suffered a detriment for doing so.



## 9. Concerns Received Average time for a full response

There was one Whistleblowing concern received this month, which is undergoing a full investigation. There have been three Whistleblowing concerns closed to date, the average time for final response for Stage 1 complaints is 1 day. The average time for Stage 2 complaints is 145 days. The overall average time for resolution is 144 days. It is important to note that typically Stage 2 concerns related to substantial reviews into service provision, which impact the investigation and completion timescales.

## 10. Lessons learned, changes to service or improvements

It is anticipated that some further information will be available for the annual report depending on when investigations conclude. The number of Whistleblowing concerns received in the first year have been low with two still under investigation.

## 11. Staff experience of the Whistleblowing procedures

Proposals of a voluntary staff survey were approved at the implementation stage. Approval of the survey is still under review and once approved will go out to individuals who have raised concerns through this process. Feedback from this survey will be collected once this process is in place, which will provide data for detailed. EMC /P7310.6 (w)-3.4 (e)-15.457 0 (at)7.9 (a fo)4

### 13. Audit of Whistleblowing Standards Implementation

An internal audit of our implementation of the Whistleblowing Standards was carried out and the report presented to the Audit Committee on 7th December 2021. The report was positive overall and very helpful in focussing our efforts for ongoing improvement.

The recommendations are being implemented and the final ones will be completed by end June 2022, after timescales had to be moved out due to service pressures in Spring. The recommendations are summarised below.

1. Removal of old WB policies and links Completed
2. Clarification of roles and responsibilities and decision making Completed Q1 final report
3. Feedback on assurance reporting implemented Completed Q1 final report
4. Development of Whistleblowing Process documents 30 June 2022
5. Contact details for WB Champion completed
6. Ongoing refinement of Quarterly reporting format and content 30-June 2022

### 14. Summary of Whistleblowing

Cases from Quarter 1

Case 1 CLOSED Patient Safety/Quality

This was a Stage 2 WB concern where an extension was