

NHS Highland

Meeting: Board Meeting

Meeting date: 26 September 2023

Title: Whistleblowing Annual Report 22/23

Responsible Executive/Non-Executive: Gareth Adkins, Director of People & Culture

Report Author: Gaye Boyd, Deputy Director of People

1 Purpose

This is presented to the Forum for:

Assurance

This report relates to a:

Government policy/directive

This report will align to the following NHSScotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well	Thrive Well		Stay Well		Anchor Well	
Grow Well	Listen Well	X	Nurture Well	X	Plan Well	
Care Well	Live Well		Respond Well		Treat Well	
Journey Well	Age Well		End Well		Value Well	
Perform well						

Whistleblowing Officer (INWO) including the 10 mandatory Key Performance Indicators.

2.2 Background

The National Whistleblowing Standards were implemented in April 2021. This is the second annual report that has been developed and presented to the Area Partnership Forum.

2.3 Assessment

The report provides detail on concerns raised through the financial year April 2022 to March 2023. In total 5 concerns were closed in this period all relating to Patient Safety and Quality; 1 was upheld, 2 partially upheld and 2 not upheld. It is important however that as an organisation we continue to learn from all concerns raised

Areas for consideration and improvement within the report include:-

- Refinement of our administration and support processes. This will provide coordination and oversight of all stages of the process and ensure a consistency with our responses and record keeping
- Ensure a robust process is in place for tracking and monitoring actions. This would provide assurance on recommendations and actions being progressed and completed
- Review of routes for concerns to be raised and the role of confidential contacts

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

Comment on the level of assurance

It is proposed this report provides moderate assurance due to the improvements to be progressed

3 Impact Analysis

3.1 Quality/ Patient Care

3.2 Workforce

Our workforce has additional protection in place under these standards.

3.3 Financial

None identified

3.4 Risk Assessment/Management

The risks that have been identified are regarding timescales and compliance with the National Standards

3.5 Data Protection

This report does not include personally identifiable information

3.6 Equality and Diversity, including health inequalities

None identified

3.7 Other impacts

None

3.8 Communication, involvement, engagement and consultation

The annual report was presented to the Area Partnership Forum on 18th August 2023 and Staff Governance Committee on 6th September, it will also be brought to the Integrated Joint Board on 27th September.

3.9 Route to the Meeting

The Annual report has been considered by the Executive Directors Group on 14th August.

4 Recommendation

Assurance



Annual Whistleblowing Report

1 April 2022 to 31 March 2023

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KPI 1: Learnings, Changes and Improvements as a result of considering Whistleblowing concerns

Whilst there are still a small number of cases being raised, there are always learnings, both from the cases that are raised, but also the experience of the process and the opportunities to make change and refinement.

INWO reviews

A number of our cases are currently being reviewed by the INWO and once these have concluded, their observations will be helpful in giving further opportunity for improvement to be made.

In the case that was referred back to NHS Highland following a Stage 1 concern that was closed, this helped us to clarify about the extent to which we should be considering whether someone delivered services on behalf of NHS Highland. Our processes now ensure that careful consideration is given to third party, contractor and support status, which has been useful. In this case it related to third party cleaning, in an external training facility, that was not commissioned by the NHS. The fact that patients attended the facility for NHS Highland treatment and could be impacted by issues, meant that it was potentially in scope, although the concern was not upheld on review.

Administration and support

Further refinement of our administration and support processes for Whistleblowing will take place in the coming months, to ensure that there is central coordination and oversight of all stages of the process, and a consistency in our responses and recording keeping, as well as central tracking of any actions agreed. Our current process includes the contracted Guardian Service as a confidential point of contact for our staff and provides support for onward referral to our whistleblowing process. Staff can also contact staffside representatives to discuss concerns and receive support to refer to our whistleblowing process. We will work in partnership with our staff and with our Guardian Service to review the effectiveness of our approach to providing confidential contacts and the whistleblowing referral process, in order to identify any improvements we can make.

Whilst it is important that individual investigators who we appoint are able to carry their work out in an impartial and appropriate manner, the format and content of the final responses needs to be consistent, compliant with the standards and be written with the appropriate tone and style. thatand, Executive oversight of the process is in place to provide this assurance. We will review the training and support available to investigators and report writers and identify any opportunities for 'getting it right first time' and reducing any rework required.

Consideration will also be given to whether sharing draft reports with the Whistleblower and any respondents ahead of the final Stage 2 response would be helpful, allowing them to highlight any confidentiality or accuracy concerns, whilst not impacting the findings or recommendations.

Action tracking

Whilst there has only been one finding fully upheld, it has highlighted that we do need to ensure that actions are centrally tracked and monitored through an agreed governance process with appropriate visibility and escalation options if not progressing. There are two elements required for monitoring and action tracking:

- x following closure of the whistleblowing investigation to ensure any recommendations or actions are followed through and completed.

We kept our longest standing case open after formal closure of the investigation in order to allow

standards in relation to dealing with issues raised through business as usual processes where possible.

This anonymous data may be useful to the organisation to identify improvements we may need to make in staff knowledge, awareness and understanding of 'business as usual' process they could be accessing as an alternative or in addition to the confidential contacts system.

KPI 2 - Experiences of all those involved in the whistleblowing procedure

Our approach

Our approach to whistleblowing is one where concerns received are welcomed as an opportunity to learn and improve in terms of colleague safety and wellbeing, as well as patient care and patient safety. There is a genuine desire to encourage colleagues to speak up about concerns and for leaders to listen and hear what is being raised and effectively address it. This is a core element of our culture, as well as being embedded in our Together We Care Board strategy and our Annual Delivery Plan.

Of those whose cases were concluded in this period, feedback on the experience of the process was mixed and we continue to learn and improve as a result.

Support for those who wish to raise a concern

NHS Highland has a dedicated whistleblowing support line, which is run by our confidential contacts, the Guardian Service. This ensures that independent support can be given to anyone involved in a

We have recognised that we need to support investigating managers to agree clear terms of reference and a format of reporting, without compromising the pace of getting to the root of the issues and coming up with actions to address these.

Support to raise concerns

On a positive note, our Executive Lead for Whistleblowing gave support and advice to a member of staff from another organisation which delivers services on behalf of NHS Highland, after becoming aware of their situation through their union representative.

This advice, support and engagement with the employer was much appreciated, and whilst ultimately the colleague had to go to the INWO to progress things, our willingness to take this seriously and to try to encourage the following of the Standards was appreciated.

As a result we need to ensure we continue to work with partners, suppliers and contractors to ensure they know their responsibilities under the Standards and where to seek further support and guidance, as well as to report any concerns they deal with, to NHS Highland.

KPI 3: Levels of staff perceptions, awareness and training

Induction

In February 2023, NHS Highland launched its 'Welcome to NHS Highland' induction event, a half day online session where all new colleagues are updated on a range of information about NHS Highland, our services, our strategy, our values and our leadership. Colleagues who have not previously had a corporate induction, who have changed role or who wish to find out more can also attend.

The first hour of the session is hosted by one of the NHS Highland Executive Team. Within the key information discussed, support channels, how to raise concern,

concern. This is because it related to medical trainees, who are overseen by NES. However, NHS Highland management are fully engaged with the actions agreed to address the concern, but are not

- Argyll & Bute Integrated Joint Board
- NHS Highland Staff Governance Committee
- NHS Highland Area Partnership Forum

The reports are also discussed at the Executive Directors Group and Senior Leadership Teams.

All efforts are made to ensure that reporting is timely and prompt, however, it has to be noted that meetings of governance committees are bi-monthly and so often there will be some lag. However, all committees are given time and space to scrutinise the reports and discuss.