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10 September 2021

SUPPLEMENTARY PACK 1

ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB) - BY MICROSOFT TEAMS on WEDNESDAY, 15 SEPTEMBER 2021 at 1:00 PM

I enclose herewith **item 7 (WHISTLEBLOWING STANDARDS - QUARTERLY REPORTING FROM 1 APRIL - 30 JUNE 2021)** which was marked to follow on the Agenda for the above meeting.

ITEM TO FOLLOW

7. WHISTLEBLOWING STANDARDS - QUARTERLY REPORTING FROM 1 APRIL - 30 JUNE 2021 (Pages 3 - 20)

Report by Director of Human Resources and Organisational Development

Argyll and Bute HSCP Integration Joint Board (IJB)

Contact: Hazel MacInnes Tel: 01546 604269

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Meeting:	Argyll & Bute Integrated Joint Board
Meeting date:	15th September 2021
Title:	Quarterly Whistleblowing Standards Reporting
Responsible Executive/Non-Executive:	Fiona Hogg, Director of People & Culture
Report Author:	Fiona Hogg, Director of People & Culture

1 Purpose

This is presented to the Committee for:

- Discussion

This report relates to a:

- Legal requirement

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Attached is the first quarterly Whistleblowing Standards report for NHS Highland, covering the period 1 April 2021 – 30 June 2021 for review and feedback from the committee.

2.2 Background

All NHS Scotland organisations are required to follow the National Whistleblowing Principles and Standards with effect from 1 April 2021. Any organisation providing an NHS service should have procedures in place that enable their staff, students, volunteers and others delivering health services, to access the National Whistleblowing Standards.

As part of these requirements, a report is required to be presented to the Board on a quarterly basis, as per the extract below from the INWO website.

“Monitoring

The number of concerns raised by staff will be reported to a public meeting of the board on a quarterly basis. It is the board’s responsibility to ensure this reporting is on time and accurate. The analysis should highlight issues that may cut across services and those that can inform wider decision-making. Board members should show interest in what this information is saying about issues in service delivery as well as organisational culture. This may mean on occasions that board members challenge the information being presented or seek additional supporting evidence of outcomes and improvements. They should also explore the reasons behind lower than expected numbers of concerns being raised, based on trend analysis and benchmarking data.”

The Argyll & Bute Integrated Joint Board also have a responsibility as set out below

“IJBs and other monitoring arrangements must ensure that all HSCP staff, across both the local authority and the NHS, as well as any students, trainees, agency staff or volunteers, are able to raise a concern through this procedure. It is, therefore, more important than ever that senior managers in HSCPs and the integration joint board (IJB) itself promote a culture that encourages staff to raise issues or concerns at the earliest opportunity.”

Therefore, NHS Highland will present their monitoring report to the IJB on a quarterly basis going forward, in addition to the NHS Highland Board.

2.3 Assessment

The Argyll & Bute Integrated Joint Board plays a critical role in ensuring the Whistleblowing Standards are adhered to in respect of any service delivered on behalf of NHS Highland, including through ensuring quarterly reporting is presented and robust challenge and interrogation of this takes place.

The Guardian Service, as our Whistleblowing Standards confidential contacts carry out the recording and reporting of concerns and possible concerns. Along with the INWO Liaison officer for the Board, Fiona Hogg, the HR Lead, Gaye Boyd and the Whistleblowing Non-Executive Director, Bert Donald, the Guardian Service have compiled the attached report.

This report will also be presented to the NHS Highland Board on 28th September, 2021. It should be noted that as this is the first period of reporting, and there are only two actual Whistleblowing Concerns, both of which are still being investigated and have not concluded, it is not possible to include all of the detail that will be expected in future reports.

It should be noted that both of the open NHS Highland Whistleblowing cases relate to Argyll & Bute and further details on the cases will be provided in the next Quarterly monitoring report when these will have concluded. One is being managed by Fiona

Davies, Interim Chief Officer and one by Bob Summer, Head of Occupational Health and Safety.

2.3.1 Quality/ Patient Care

The Whistleblowing Standards are designed to support timely and appropriate reporting of concerns in relation to Quality and Patient Care and ensure we take action to address and resolve these.

2.3.2 Workforce

Our workforce has additional protection in place under these standards.

2.3.3 Financial

The Whistleblowing Standards also offer another route for addressing allegations of a financial nature.

2.3.4 Risk Assessment/Management

The risks of the implementation have been assessed and included. Consideration is being given to where this would sit on our operational and board level risks.

2.3.5 Equality and Diversity, including health inequalities

No specific impacts

2.3.6 Other impacts

None

2.3.7 Communication, involvement, engagement and consultation

Duties to involve and engage external stakeholders are carried out where appropriate:

2.3.8 Route to the Meeting

The report is presented for review and feedback.

2.4 Recommendation

- **Discussion** – Examine the draft report and consider any additional information or revisions that may be appropriate

2.5 Appendices

- Appendix 1 – Whistleblowing Report (Quarter 1 - 1st April to 30th June 2021)

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Whistleblowing Report
Quarter 1 - 1st April 2021 to 30th June 2021

Guardians / Confidential Contacts
Derek McIlroy and Julie McAndrew

INWO Liaison and Lead Executive
Fiona Hogg

1. Introduction

The National Whistleblowing Standards came into force in NHS Scotland on the 1st April 2021.

The principles have been approved by the Scottish Parliament and underpin how NHS Scotland services must approach any concerns which are raised. Every organisation providing a service on behalf of the NHS must follow the standards.

2. Legislation

The Scottish Public Services Ombudsman Act 2002 was amended to allow the investigation of healthcare whistleblowing matters.

3. Standards

The National Whistleblowing Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS Scotland service providers to handle concerns that are raised with them and which meet the definition of a 'whistleblowing concern'.

These Standards are underpinned by a suite of supporting documents, which provide instructions on how the INWO expects concerns to be handled. Together these documents form a framework for the delivery of the National Whistleblowing Standards.

4. 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 meeting and the NHS Highland Staff Governance Committee and other management meetings and committees as appropriate. Further information about roles and responsibilities is set out in Section 5.

The Director of People and Culture is the key contact point for oversight of all possible and ongoing Whistleblowing cases for NHS Highland. When the details of a case come through, the Guardian Service, in their role as Confidential Contact (see sections 5, 7 and 8 below) contact the Director of People & Culture who reviews the information. NHS Highland have agreed contact points, to input to a decision on whether something is a whistleblowing complaint. This includes senior Professional Leadership (Board Nurse Director, Board Medical Director), Clinical Governance Leads, senior Finance and HR professionals, the Fraud Liaison Officer, Deputy Chief Executive, Chief Executive, and the Head of Occupational Health & Safety. The Guardian Service and Director of People and Culture coordinate this process.

The criteria for the decision are as set out in the National Whistleblowing Standards [Definitions: What is whistleblowing? | INWO \(spsso.org.uk\)](#). If the complaint is not Whistleblowing, a response is drafted with clear reasons why it is not Whistleblowing and sent to the complainant by the Guardian Service. If there is another process or route for their concern, this is signposted. 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., with relevant internal and external individuals, bodies, and committees, as appropriate based on the nature of the complaint.

A summary of every closed case in the period will be included in future reports, once one is available, including any outcome and action taken or planned.

5. Roles and Responsibilities for National Whistleblowing Standards

We have set out the various roles and responsibilities, as a reminder, within NHS Highland in respect of the Whistleblowing Standards. Everyone in the organisation has a responsibility under the Standards, however, there are some specific roles which are particularly important.

NHS Highland Board

The Board plays a critical role in ensuring the standards are adhered to.

Leadership – Setting the tone to encourage speaking up and ensuring concerns are addressed appropriately

Monitoring – through ensuring quarterly reporting is presented and robust challenge and interrogation of this

Overseeing access – ensuring HSCP, third party and independent contractors who provide services can raise concerns, as well as students and volunteers.

Support – providing support to the Whistleblowing champion and to those who raise concerns.

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**, in 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.

HR Lead

This role is taken on by **Gaye Boyd, Deputy Director of People** and is responsible for ensuring all staff have access to this procedure, as well as the support they need if they raise a concern. They are also responsible for ensuring that anything raised within HR procedures which could amount to a whistleblowing concern is appropriately signposted to this procedure for full consideration, ensuring that all staff are made aware of the Standards and how to access them, including the channels available to them for raising concerns. They must also ensure that managers have the training they need to identify concerns that might be appropriate for the Standards and to manage them appropriately.

However, it is important to note that Whistleblowing is not a process overseen by the HR team and as set out above, it is separate to our main people processes, reflecting the different scope and nature of Whistleblowing complaints.

Confidential Contacts

This “confidential contact” role, which is set out in the Standards, is carried out in NHS Highland by our independent **Speak Up Guardian Service**. All organisations that deliver services for NHS Scotland must ensure that they provide staff with at least one point of contact who is independent of normal management structures and who has the capacity and capability to be an initial point of contact for staff who want to raise concerns. They support staff by providing a safe space to discuss the concern and assist the staff member in raising their concern with an appropriate manager.

Our Guardian Service will provide this role across all areas that the standards cover, including independent contractors and primary care. They also work with the organisation to promote the standards and ensure they are being applied correctly. There are lots of other contacts and routes for colleagues to choose to discuss a concern and to raise this.

Chief Executive / Executive Directors / Senior Management

Overall responsibility and accountability for the management of whistleblowing concerns lies with the organisation’s chief executive, executive directors, and appropriate senior management

Managers

Any manager in the organisation may receive a whistleblowing concern. Therefore, all managers must be aware of the whistleblowing procedure and how to handle and record concerns that are raised with them, with their colleagues and with any third party or independent contractors who deliver services on our behalf. All managers are encouraged to undertake the training module available on Turas Learn.

Union representatives

Union representatives play a key role in supporting members to raise concerns and providing insight into the effectiveness of our systems and processes.

All colleagues

Anyone who delivers an NHS service should feel able and empowered to raise concerns about harm or wrongdoing. They should be trained so they are aware of the channels available to them for raising concerns, and what access to the Standards means.

Integrated Joint Boards (IJB) and Health and Social Care Partnerships (HSCP)

IJBs and other monitoring arrangements must ensure that all HSCP staff, across both the local authority and the NHS, as well as any students, trainees, agency staff or volunteers, are able to raise a concern through this procedure. It is, therefore, more important than ever that senior managers in HSCPs and the integration joint board (IJB) itself promote a culture that encourages staff to raise issues or concerns at the earliest opportunity.

Primary Care

All primary care providers and contracted services are required to have a procedure that meets with the requirements of these Standards. This means that any organisation delivering NHS services, whether it is a private company, a third sector organisation or a primary care provider, has the same requirement to ensure access to a procedure in line with these Standards. NHS Highland colleagues

who manage the contracts and relationships with Primary Care will be critical in promoting awareness of the Standards.

Managers and Supervisors of Students and Trainees

Those who supervise students and trainees who are working in our organisation, but aren't usually employed by us, have a specific responsibility to ensure that they are aware of the Standards and how they can raise a concern.

Volunteer Coordinator

The Standards also apply to Volunteers, who are working in our services. It is important that they are made aware of the Standards and how to raise a concern and access support.

6. Implementation

The NHS Highland "Whistleblowing Standards Implementation Project Group" was formed to ensure that the National Whistleblowing Standards could be implemented in a planned and structured way within NHS Highland and in consultation with the different departments and colleague groups.

Communications were developed, planned and rolled-out with the support of the Communications Team to ensure that both managers and colleagues were aware of the standards and how they could raise a concern.

Managers and colleagues were advised to access the National Whistleblowing Standards training which is available via Turas Learn. It is essential that managers complete this training, as any manager could potentially receive a whistleblowing concern and be required to take the appropriate action to ensure it is recorded and progressed in accordance with the Standards.

Colleagues were also encouraged to visit the INWO website which has a huge amount of information and resources about the Whistleblowing Standards.

The Implementation group continues to meet monthly to oversee the ongoing implementation and promotion of the Whistleblowing Standards, noting as per the report in April 2021 presented to NHS Highland Board and Argyll & Bute IJB, that some elements of the standards are still being rolled out as part of an action plan.

Primarily, the outstanding actions are about ensuring that everyone hears about and understands the standards and their place in our organisation and the organisations who deliver services on behalf of the NHS. It is reassuring that concerns have been raised by a wide range of individuals, many outside NHS Highland employment and whilst these haven't been taken forward, it shows awareness is good in the wider community, but this is an ongoing piece of work.

7. Raising a Whistleblowing Concern in NHS Highland

Managers and employees can raise a concern:

- through an existing procedure in NHS Highland,
- by contacting their manager, a colleague, or a trade union representative,
- by contacting the "Confidential Contact" service run by the Guardian Service, via their email address or a dedicated telephone number.

To date, concerns have been raised directly by individuals or by their trade union representative using both the Guardian Service email address contact@theguardianservice.co.uk and their dedicated telephone number for whistleblowing concerns, which is 0333 733 8448 (Mon-Fri 9am to 5pm).

An essential aspect of the new Whistleblowing standards is that anyone who provides services for the NHS in Scotland can raise a concern. This includes current (and former) employees, bank and agency workers, contractors (including third sector providers), trainees and students, volunteers, non-executive directors, and anyone working alongside NHS staff, such as those in health and social care partnerships.

8. The Role of the Guardian Service

Our Confidential Contact role is undertaken by the Guardian Service, on behalf of NHS Highland. The Guardian Service already provide NHS Highland with an independent Speak Up service to raise concerns which has been well utilised by colleagues since launching in August 2020. The independent, dedicated Guardians are well placed to also provide the Confidential Contact role.

The Guardian Service will ensure:

- that the right person within the organisation is made aware of the concern
- that a decision is made by the dedicated officers of NHS Highland and recorded about the status and how it is handled
- that the concern is progressed, escalating if it is not being addressed appropriately
- that the person raising the concern is:
 - kept informed as to how the investigation is progressing
 - advised of any extension to timescales
 - advised of outcome/decision made
 - advised of any further route of appeal to the INWO
- that the information recorded will form part of the quarterly and annual board reporting requirements for NHS Highland.

All Whistleblowing Concerns are recorded by the Guardian Service regardless of who has raised the concern. All concerns are logged to show progress and to measure and track information as required for reporting

9. Key Performance Indicator (KPI) Table

The KPI data is taken as at 30th June 2021.

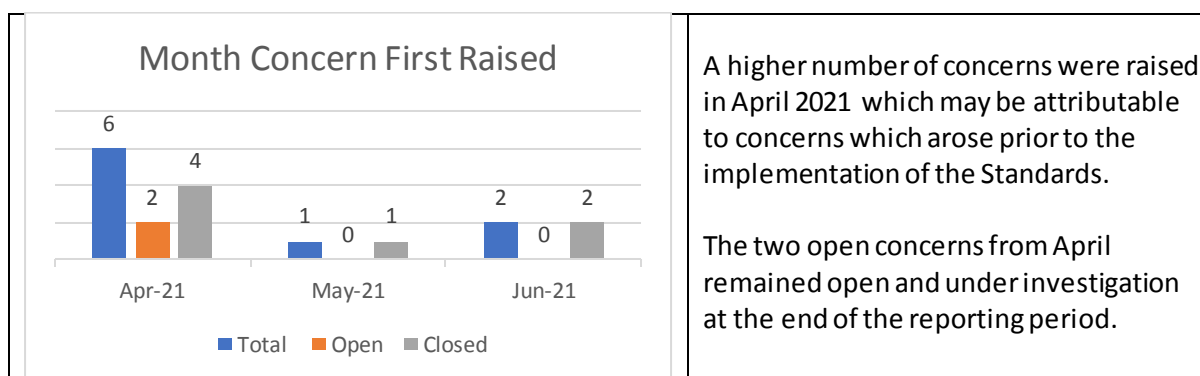
KPI	Qtr. 1		YTD	
Concerns Received	9	100%	9	100%
OPEN Concerns under investigation	2	22%	2	22%
Stage 1 concerns closed in full within 5 working days	n/a	n/a		
Stage 2 concerns closed in full within 20 working days	0	0%		
% of closed calls upheld Stage 1				
% of closed calls partially upheld Stage 1				
% of closed calls not upheld Stage 1				
% of closed calls upheld Stage 2				
% of closed calls partially upheld Stage 2				
% of closed calls not upheld Stage 2				
% of closed calls which were not Whistleblowing	4	44%	4	44%
% of closed calls where Whistleblower chose not to pursue.	2	22%	2	22%
% of closed calls handed to another board for action	1	11%	1	11%
Number of concerns at stage 1 where an extension was authorised (as a percentage of all concerns at stage 1).	0	0	0	0
Number of concerns at stage 2 where an extension was authorised (as a percentage of all concerns at stage 2).	2	100%	2	100%
Number of concerns which weren't Whistleblowing but were passed to Guardian Service for resolution (as a percentage of non-Whistleblowing cases raised)	1	25%	1	25%

10. Statistical Graphs

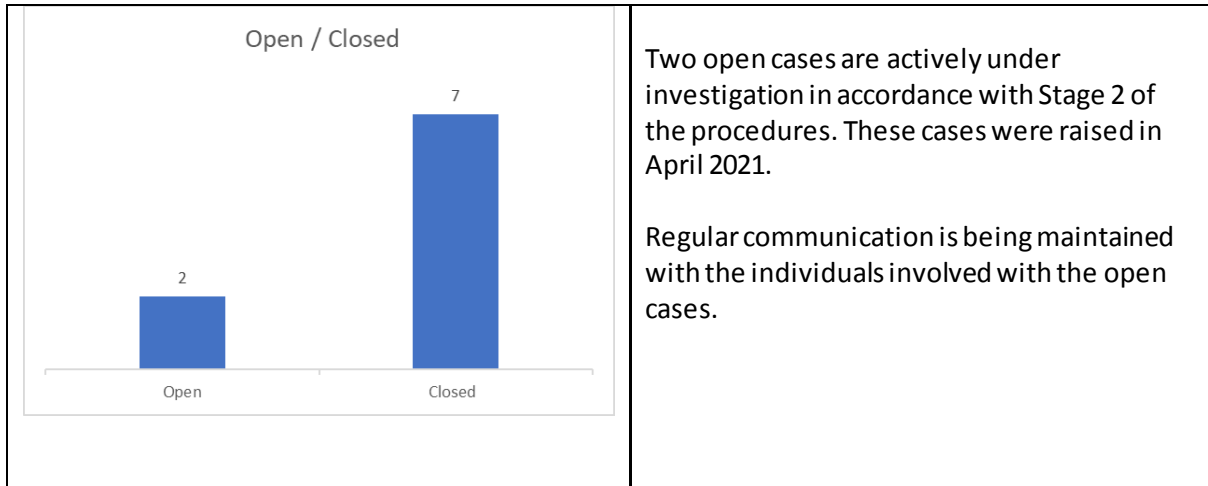
The following graphs relate to the Quarter 1 reporting period 1st April 2021 to 30th June 2021. As this is the first reporting period and the number of concerns is low, no trend information can be established yet.

Data has been presented in such a way to ensure that confidentiality is preserved.

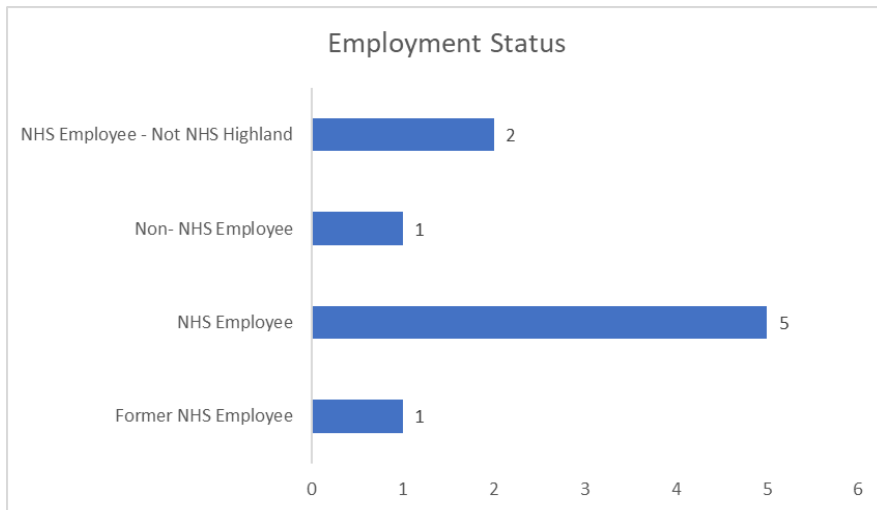
Graph 1



Graph 2

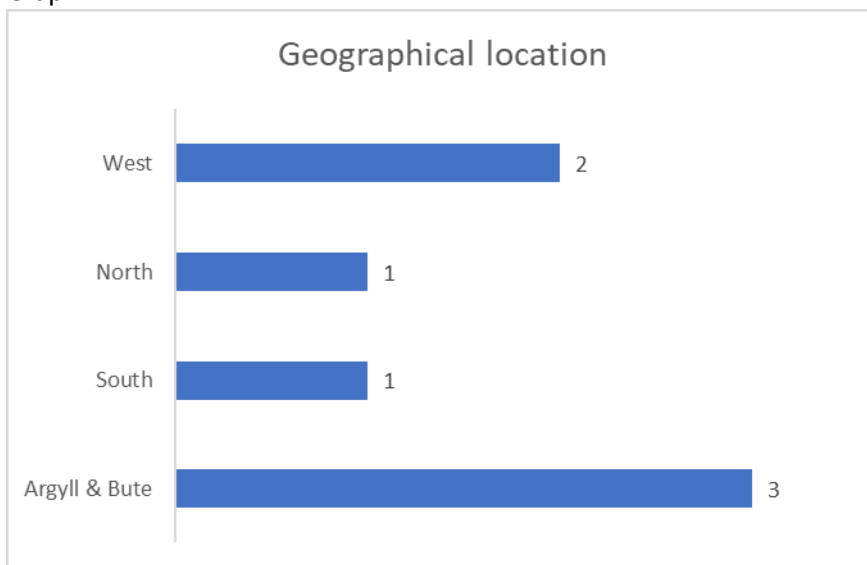


Graph 3



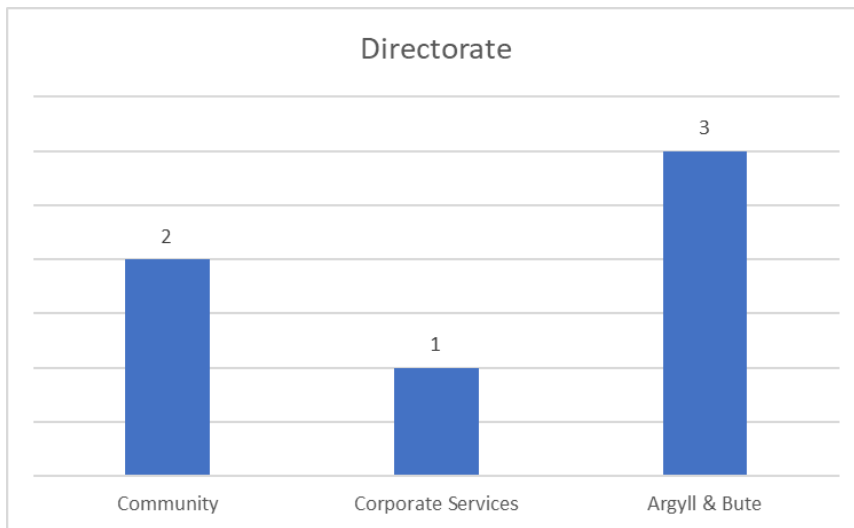
All whistleblowing concerns received are recorded regardless of their origin, hence the receipt of concerns from individuals outside of NHS Highland.

Graph 4



Concerns received from out with the NHS Highland or Argyll & Bute HSCP geographical area have been excluded.

Graph 5

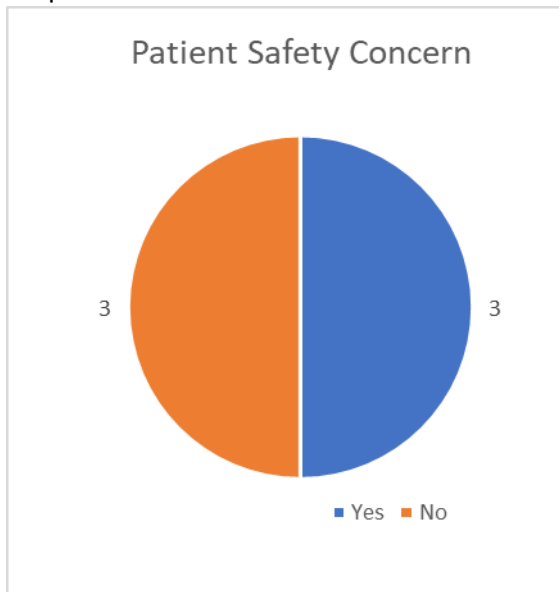


Directorates are used for reporting purposes to preserve the confidentiality of the person raising the concern.

Argyll & Bute is classed as one Directorate due to the lower number of staff and services in the area.

Non-NHS Highland concerns are not included.

Graph 6



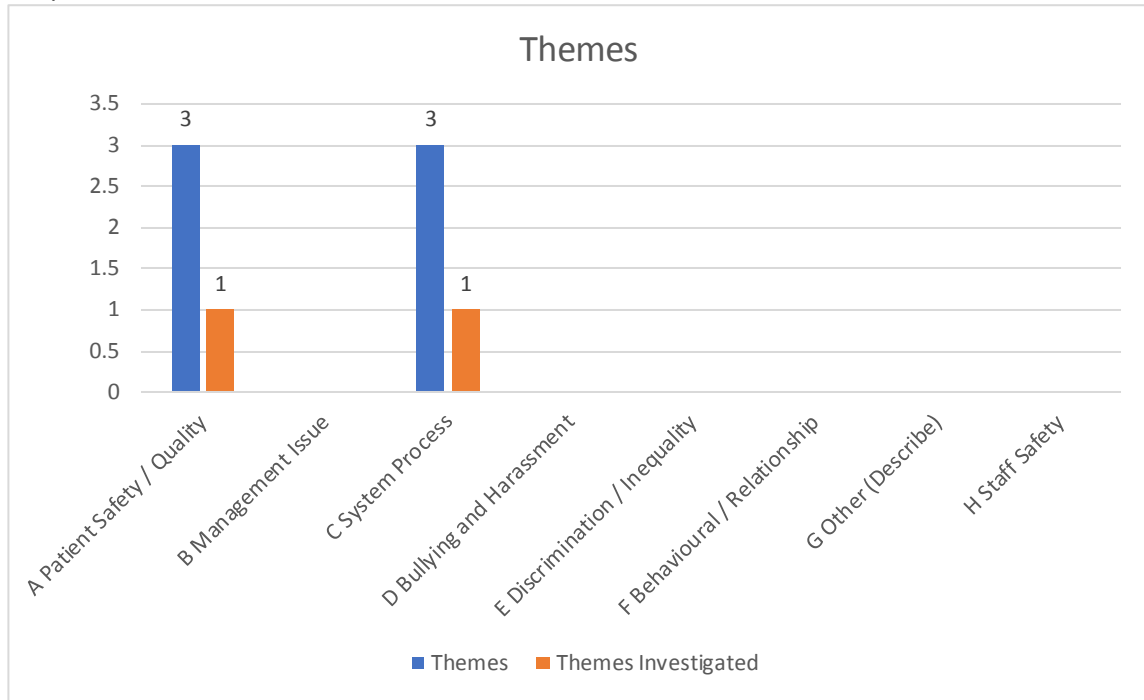
Half of the concerns raised by NHS Highland employees were in relation to Patient Safety.

Graph 7



Whistle blowing concerns cannot be raised anonymously but it is possible for the identity of the individual raising the concern to be withheld from the manager addressing the concern.

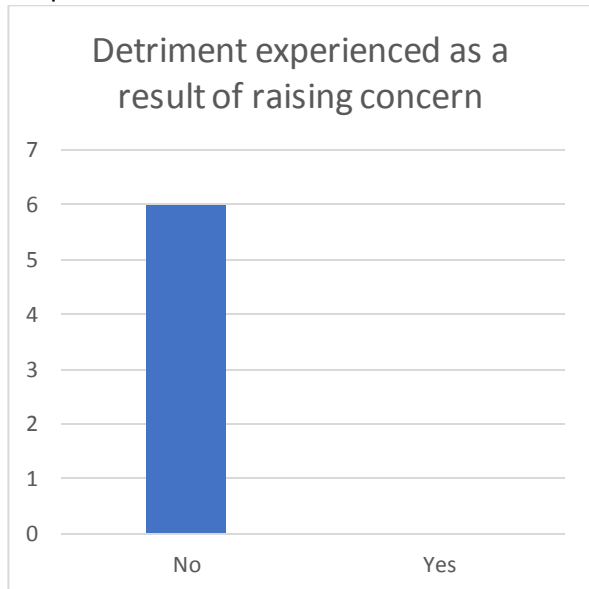
Graph 8



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.

Non-NHS Highland concerns are not included.

Graph 9



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.

Non-NHS Highland concerns are not included.

11. Concerns Received - Average time for a full response

Of the nine concerns received under Whistleblowing only two have been taken forward by NHS Highland as a Whistleblowing concern and are the subject of a full investigation, which had not concluded at time of writing. It is not possible to provide an average time for a full response, however, this will be added as more data is received.

12. Comparison to pre-April 2021 Whistleblowing Cases

Comparison to cases raised under the previous whistleblowing policy is not possible as there were no recorded cases under the Whistleblowing policy in NHS Highland in the April 2020 – March 2021 year.

13. Impact on other processes to raise concerns

To date, no significant impact has been seen in terms of reductions in other routes of raising concerns. We continue to see good engagement with our Speak Up Service. However, we have noted that several of the concerns raised and judged as not meeting the Whistleblowing Criteria were attempts to have individual or personal issues re-addressed which had already exhausted other procedures. This has been a good test of the process and criteria, as the Whistleblowing standards are not another appeal mechanism. In some cases, this may be a legitimate Whistleblowing concern, if processes haven't been followed, haven't addressed in a timely or effective manner and it fits the public interest test, and this will always be taken into consideration.

14. Lessons learned, changes to service or improvements

It is anticipated that this information will be available for the Quarter 2 report due to the low number of Whistleblowing concerns received in Quarter 1 and that both are still under investigation.

15. Colleague experience of the Whistleblowing procedures

Proposals of a voluntary colleague survey for those who raise a potential concern were presented at the implementation group in July and a draft version circulated for review. Following approval, colleagues who have been through the whistleblowing process will be offered the opportunity to complete the survey. Feedback from this survey will be collated once this process is in place, which will provide data for detailed commentary on colleague experience for the next reporting quarter.

16. Colleague perceptions, awareness, and training

The board Whistleblowing non-executive director has been promoting his role and the Standards in a series of internal and external communications and visits which continue across the Board area. Executives and Senior Managers, along with Staffside colleagues have also been actively involved in raising awareness and promoting the standards. The Guardian Service have an ongoing role in promoting both their Speak Up service and their role as a Confidential Contact for the Whistleblowing Standards.

There will also be a wider experience survey during the next couple of months of those who are not employed by NHS Highland but provide services on our behalf. We will take the opportunity to find out what awareness of the Whistleblowing Standards is across that population and target awareness raising based on the results.

We can track take up of the Whistleblowing training through the TURAS learn module. To date 53 colleagues have taken the introduction module of training and 15 have completed the more detailed manager training. We will continue to promote the importance of this over the year as well as ongoing promotion of the Whistleblowing Standards.

17. Summary of Whistleblowing Cases

Quarter 1

Case 1 OPEN – Patient Safety/Quality

This is a Stage 2 WB concern where an extension has been authorised beyond 20 days. The concern is actively under investigation with the individual raising the concern kept aware of the investigation progress.

Case 2 OPEN - System Process

This is a Stage 2 WB concern where an extension has been authorised beyond the 20 days. The concern is actively under investigation with the individual raising the concern being kept aware of the investigation progress.

Case 3 CLOSED

This concern was raised on behalf of a former NHS Highland employee. Despite repeat follow ups, former staff member did not come forward to progress the concern. The case was closed after 54 days.

Case 4 CLOSED

This concern involved the recruitment process and was previously raised as a concern to the Guardian Service and escalated to the Director of HR. It was dealt with as “business as usual”.

Following review, this concern did not meet the criteria for a Whistleblowing concern. Feedback was provided to the person raising the concern and the case closed.

Case 5 CLOSED

This concern did not meet the Whistleblowing criteria as it was raised by a person employed outside the NHS, and the concern raised was not in relation to any NHS services.

Case 6 CLOSED

This concern was raised by an employee of the Scottish Ambulance Service. The concern was referred to the Whistleblower’s employer. The employer reported to NHS Highland that the concern was managed under Stage 1 and resolved within 4 working days through their process.

Case 7 CLOSED

This concern was raised by a non-NHS Highland employee, but after review by NHS Highland it was confirmed that the concern did not fall under the Whistleblowing Standards. The Whistleblower was advised how to refer the matter to the INWO to allow them to review the decision.

Case 8 CLOSED

An NHS employee contacted the Confidential Contact to discuss whether to take forward a concern. Discussion took place on taking a concern forward via Whistleblowing or through the Guardian Service. The employee decided to take no further action and would progress the concern internally.

Case 9 CLOSED

An NHS Highland employee wished to raise a Whistleblowing concern but wished to remain anonymous. Following discussion on the Whistleblowing Standards and that complainants cannot be anonymous; the employee was directed towards raising the concern through the Guardian Service.

The concern was then managed through the Guardian Service and escalated to the Area Manager. The Area Manager actioned the concern and provided feedback to the Guardian. This feedback could not be provided to the caller as they had not provided any contact details and did not call back. The concern was resolved within 2 days.

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