



**Whistleblowing Report**  
**Quarter 2 - 1st July 2021 to 30th Sept 2021**

**Guardians / Confidential Contacts**  
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1. Introduction.....	1
2. Roles and Responsibilities for National Whistleblowing Standards.....	1
3. Governance, Decisions and Oversight.....	2
4. Raising a Whistleblowing Concerns in NHS Highland.....	3
5. The Role of the Guardian Service.....	3
6. KPI Table.....	4
7. Statistical Graphs.....	5
8. Detriment as a result of raising a concern.....	8
9. Concerns Received - Average time for a full response.....	8
10. Lessons learned, changes to service or improvements.....	8
11. Staff experience of the Whistleblowing procedures.....	9
12. Colleague awareness and training.....	9
13. Audit of Whistleblowing Standards Implementation.....	9
14. Summary of Whistleblowing Cases.....	10

## 1. Introduction

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

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

Reports are produced quarterly; this is Quarter 2 (Q2) report. The Quarter 1 report (Q1) provided further detail on legislation, the National Whistleblowing Standards and implementation of these standards in NHS Highland. The Q1 report also provides information on the role of the Confidential Contact.

## 2. Roles and Responsibilities for National Whistleblowing Standards

Everyone in the organisation has a responsibility under the Standards. We have set out the Board level roles and responsibilities, as a reminder, within NHS Highland in respect of the Whistleblowing Standards. The others are set out in the Q1 report.

### 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.

## **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 meeting and the NHS Highland Staff Governance Committee and other management meetings and committees as appropriate. Further information is set out in Section 2 of this report and more details are in Section 5 of the Q1 report.

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 4 and 5 below and sections 5, 7 and 8 in the Q1 report) 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 Operational Leadership (Chief Officers, Senior Management) 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, this is drafted by the Director of People and Culture and sent to the complainant by the Guardian Service, who keep a record of this. If there is another process or route for their concern, this is signposted. This senior level of oversight of the decision making is critical to ensure consistency, compliance with the standards and visibility of concerns. During Q2, one of our decisions was reviewed by the INWO following an appeal and was found to be in line with the Standards.

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 our reports, including any outcome and action taken or planned. Reporting will be limited during the ongoing investigation of a concern.

#### **4. Raising a Whistleblowing Concerns 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” via a dedicated email address or telephone number.

To date, concerns have been raised directly by individuals or by their trade union representative using both the Guardian email address and the dedicated telephone number for whistleblowing concerns.

An essential aspect of the new Whistleblowing standards is that anyone who provides services for the NHS 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.

#### **5. 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.

## 6. KPI Table

The KPI data is taken as at 30<sup>th</sup> September 2021 for Quarter 2.

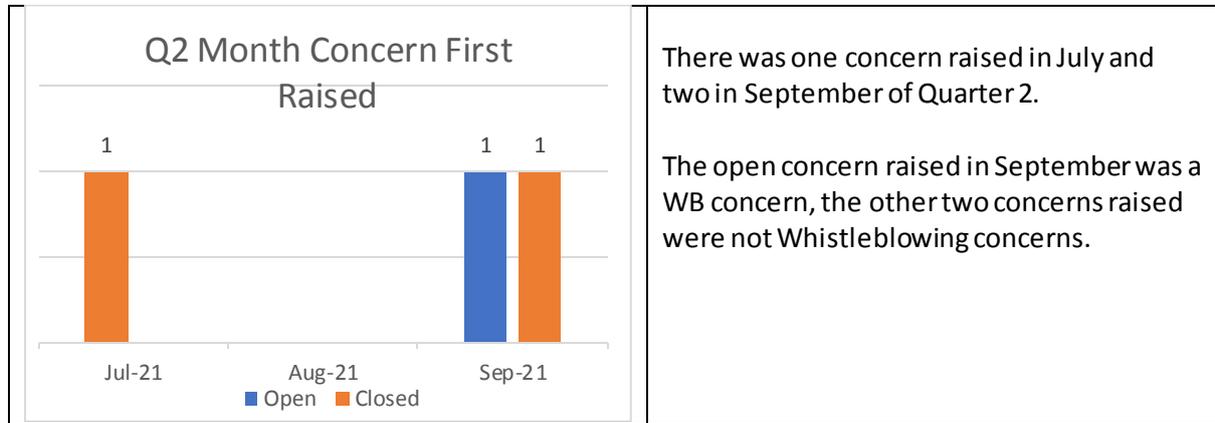
KPI	Qtr. 2		YTD	
Concerns Received	3	100%	12	100%
Concerns confirmed as WB concerns	1	33.3%	3	25%
OPEN Concerns under investigation	1	33.3%	2	66.6%
Stage 1 concerns closed in full within 5 working days	0		0	
Stage 2 concerns closed in full within 20 working days	0		0	
Stage 2 concerns still open from prior report	1	50%	1	50%
% 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			1	10%
% of closed calls not WB	2	66.6%	6	60%
% of closed calls where Whistleblower chose not to pursue.	0		2	20%
% of closed calls which were for another Board to pursue			1	10%
Number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1	0		0	
Number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2.	1	100%	3	100%
Number of concerns which weren't Whistleblowing but were passed to Guardian services for resolution (as a percentage of non-Whistleblowing cases raised)	0		1	11%

## 7. Statistical Graphs

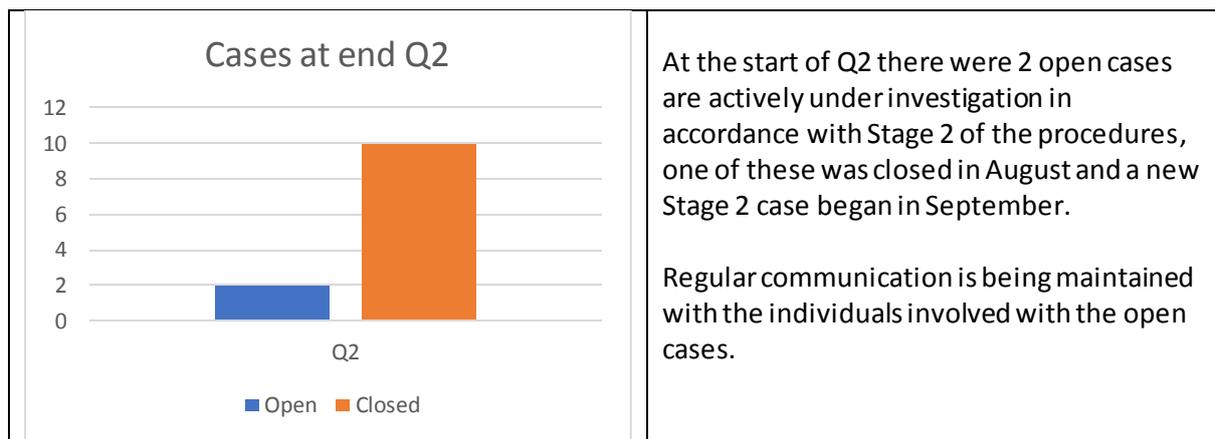
The following graphs relate to the Quarter 2 reporting period 1<sup>st</sup> July 2021 to 30<sup>th</sup> September 2021. As this is only the 2<sup>nd</sup> reporting period and the number of concerns is low, no trend information can be established yet.

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

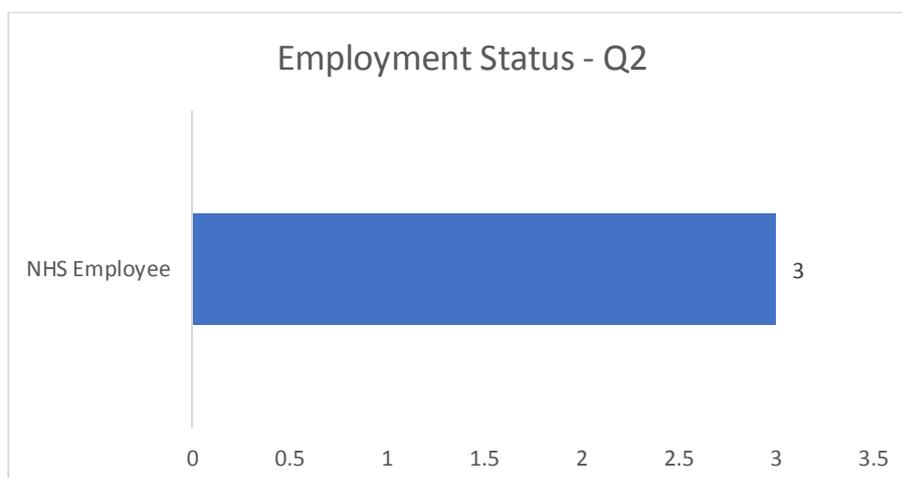
Graph 1



Graph 2

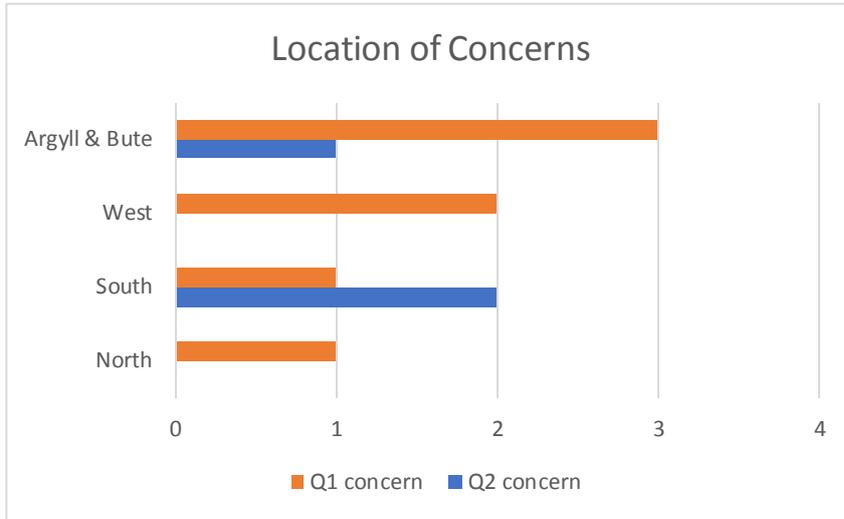


Graph 3



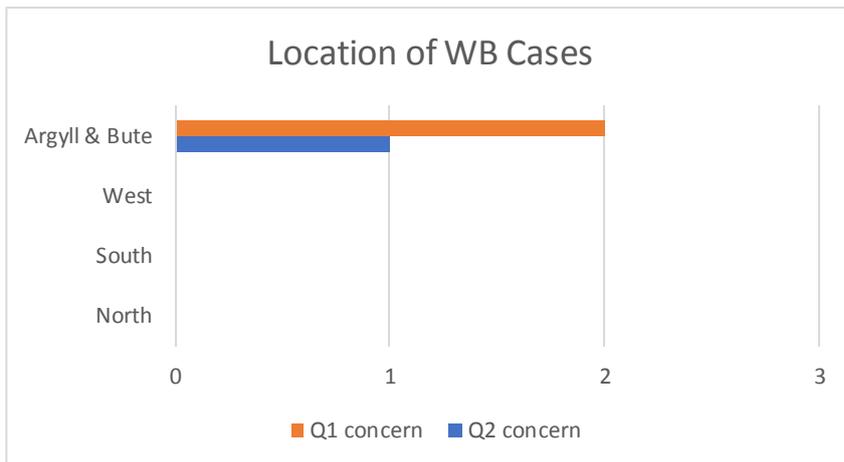
All whistleblowing concerns received are recorded regardless of their origin, hence the receipt of concerns from individuals outside of NHS Highland.

Graph 4

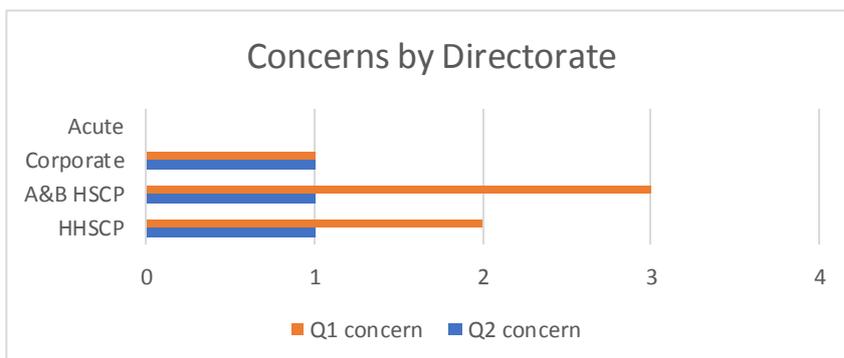


Concerns received from out with the NHS Highland or Argyll & Bute HSCP geographical area have been excluded.

Graph 5



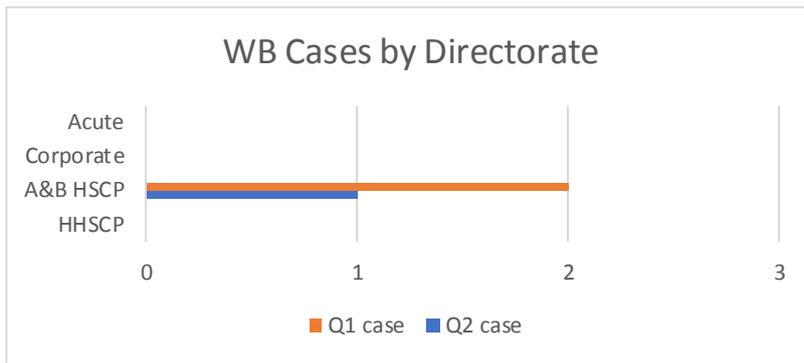
Graph 6



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

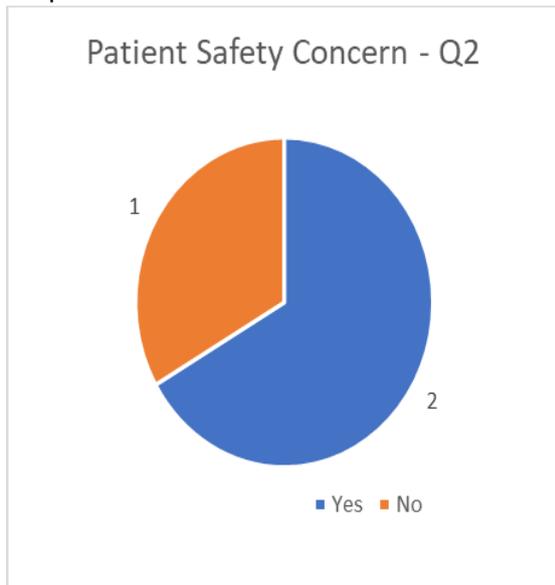
Argyll & Bute is classed as one Directorate due to the lower number of staff and services in the area.

Graph 7



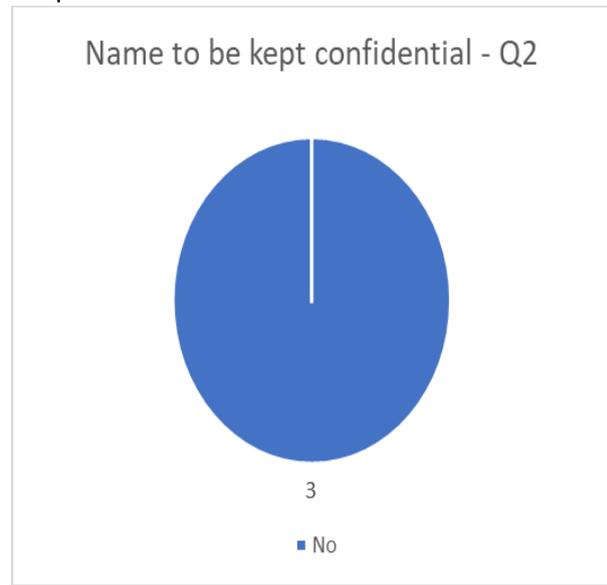
Non-NHS Highland concerns are not included.

Graph 8



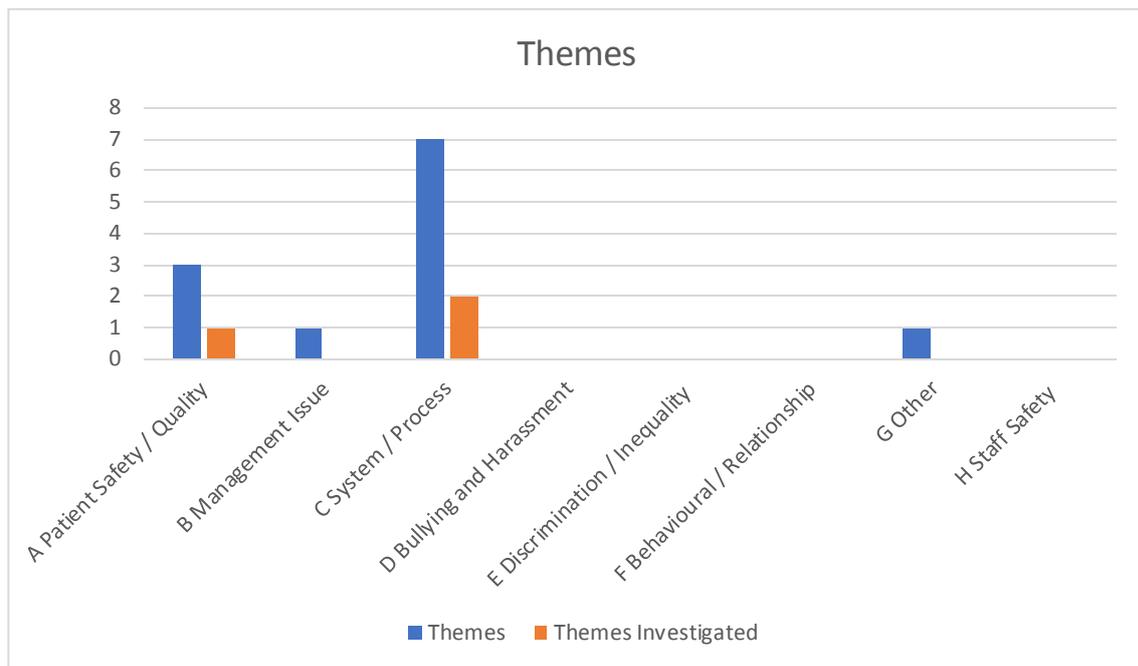
Half of the concerns raised by NHS Highland employees were in relation to Patient Safety.

Graph 9



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 10



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. Further data will be collated once survey is sent out to staff.

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

Out of the three concerns received under Whistleblowing this month, only one has undergone a full investigation. Due to the low number of Whistleblowing concerns which have been closed to date, it is not possible to provide an average time for a full response, but this will be added in future. It is also important to note that the two ongoing concerns are substantial reviews into service provision, which impacts on the timescales.

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

It is anticipated that some further information will be available for the Quarter 3 and 4 reports depending on when investigations conclude. The number of Whistleblowing concerns received in Quarter 1 & 2 have been low and most are still under investigation.

## **11. Staff experience of the Whistleblowing procedures**

Proposals of a voluntary staff survey were approved at the implementation group in August. A draft version 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 collated once this process is in place, which will provide data for detailed commentary on staff experiences for the next reporting quarter.

## **12. Colleague awareness and training**

The implementation group continue to meet and review progress with awareness raising and monitoring uptake of training.

A non-employed partner survey is being carried out in December and January which will include questions to understand awareness of the standards in those who are not employed by NHS Highland but are covered by the Standards.

Our Whistleblowing non-executive Director continues to visit across the Board area and promote his role and speak with colleagues as well as internal and external communications and media. This has been of great value to the Board and has given the Standards good visibility in some of our more remote and rural areas. Reports have been provided on the findings of the visits.

A national review of the training and awareness materials is ongoing and there are proposals to introduce another module for manager awareness. Due to the low number of cases raised, and the senior level these have been managed at, we would expect that those asked to take on an investigation or management role in a case would complete the detailed training ahead of starting their investigation. Promotion of take up of the awareness training to the general manager and colleague population will be the focus.

## **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 2022. The report was positive overall and very helpful in focussing our efforts for ongoing improvement.

The recommendations are being implemented and a further update on progress will be provided in the Q3 report. The audit report is attached to this paper. 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 document - 31 March 2022
5. Contact details for WB Champion - 31 January 2022
6. Ongoing refinement of Quarterly reporting format and content - 31 March 2022

## **14. Summary of Whistleblowing Cases**

### **Quarter 2 Case**

#### **Case 10 Open – System/Process**

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 process. This complaint relates to provision of services and staffing in a remote location in Argyll & Bute and is being overseen by the Interim Chief Officer for the A&B HSCP, Fiona Davies and the Director of People & Culture, Fiona Hogg. Meetings with the complainant and the local community are ongoing, and a terms of reference for the service review are being finalised. Regular updates are being provided.

#### **Case 11 – Management Issue**

This concern was raised by an NHS Highland employee. The issue was already being addressed internally through a different process and it was therefore deemed not to be a whistleblowing concern. The Whistleblower was advised how to refer the matter to the INWO if they were looking for a review of the decision.

#### **Case 12 – System Process**

This concern was raised by a non-NHS Highland employee, after review by NHS Highland it was confirmed that the concern did not fall within the scope of the whistleblowing standards as the service was not provided to the NHS. The Whistleblower was referred back to their employer and advised how to refer the matter to the INWO to allow them to review the decision.

### **Cases ongoing from Quarter 1**

#### **Case 1 OPEN – Patient Safety/Quality**

This is a Stage 2 WB concern where an extension has been authorised beyond 20 days. This relates to some complex and wide-ranging concerns raised about the management and delivery of GP services in a remote and rural location in Argyll & Bute. The complaint was overseen by the Interim Chief Officer, Fiona Davies, and the Director of People & Culture Fiona Hogg, with regular 20-day updates to the complainant throughout.

A full investigation was carried out by the Head of Primary Care for Highland HSCP and recommendations are being implemented. We have shared the outcomes with the complainant and have continued to update on progress with implementation.

#### **Case 2 CLOSED - System Process**

This was a Stage 2 WB complaint regarding concerns about health and safety systems and processes in Argyll & Bute. The case was investigated by Bob Summers, Head of Occupational Health and Safety for NHS Highland and his recommendations were reviewed and accepted by George Morrison, Deputy Chief Officer and the case closed in August 2021 following feedback to the complainant.

The complaint was not upheld, as it was found that appropriate systems, processes, and governance were in place. However, it was clear that awareness and understanding of these systems and processes was not as widespread as it should be and a set of actions to improve this were taken forward locally.