Whistleblowing Report
Quarter 1 - 1st April 2022 to 30th June 2022

Guardians / Confidential Contacts
Julie McAndrew and Derek McIlroy

INWO Liaison and Lead Executive
Fiona Hogg

Whistleblowing Champion
Albert Donald

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 1 (Q1) report. The Quarter 1 report of 2021 provided further detail on legislation, the National Whistleblowing Standards and implementation of these standards in NHS Highland. The Q1 of 2021 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 and 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 2021 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 2021 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 ti he National Whistleblowing Standards Definitions: What is whistleblowing? | INWO (spso.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 in 2021, 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 30th June 2022 for Quarter 1 2022/3.

KPI	Qtr. 1		YTD	TOTAL
Concerns Received	2	100%	2	16
Concerns confirmed as WB concerns	1	50%	1	7
OPEN Concerns under investigation	1	100%	3	3
Stage 1 concerns closed in full within 5 working days	0		0	1
Stage 1 concerns closed in full later than 5 working days				
Stage 2 concerns closed in full within 20 working days	0		0	0
Stage 2 concerns closed later than 20 working days			0	2
Stage 2 concerns still open from prior reports	3		3	3
% of closed calls upheld Stage 1				
% of closed calls partially upheld Stage 1				
% of closed calls not upheld Stage 1				1
% of closed calls upheld Stage 2				1
% of closed calls partially upheld Stage 2				
% of closed calls not upheld Stage 2				1
% of closed calls not WB			1	9
% of closed calls where Whistleblower chose not to pursue.				2
% of closed calls which were for another Board to pursue	1	50%	1	2

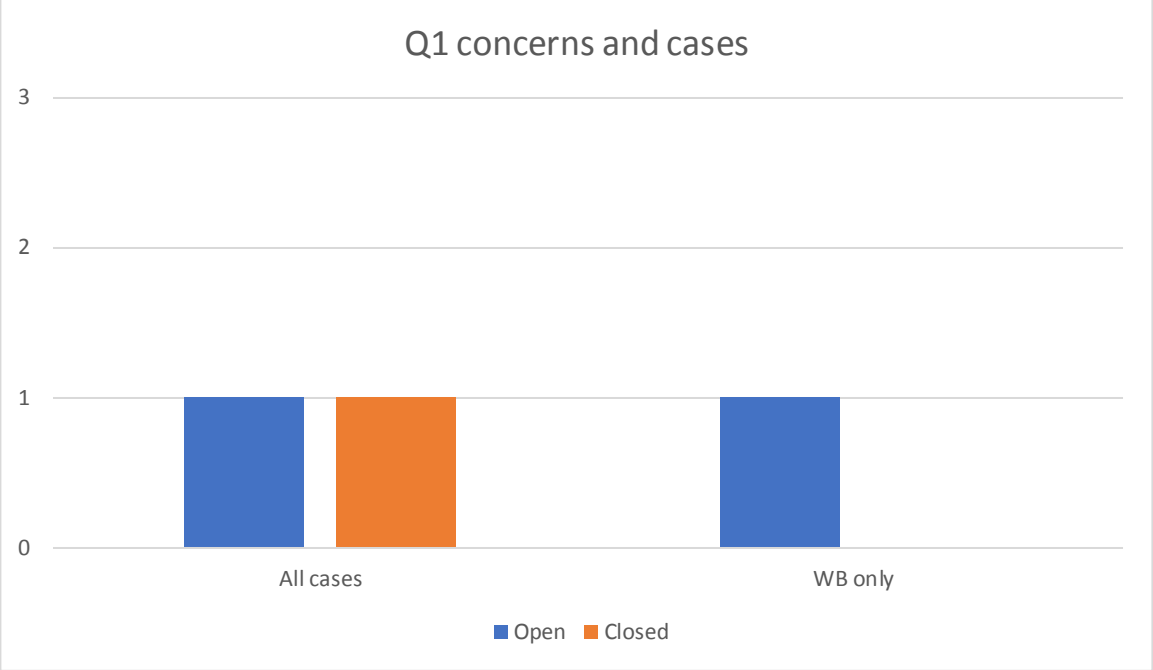
Number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1	0		0	
Number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2.	1	100%	1	6
Number of concerns which weren't Whistleblowing but were passed to Guardian services for resolution (as a percentage of non-Whistleblowing cases raised)	0		0	1

7. Statistical Graphs

The following graphs relate to the Quarter 1 reporting period 1st April 2022 to 30th June 2022.

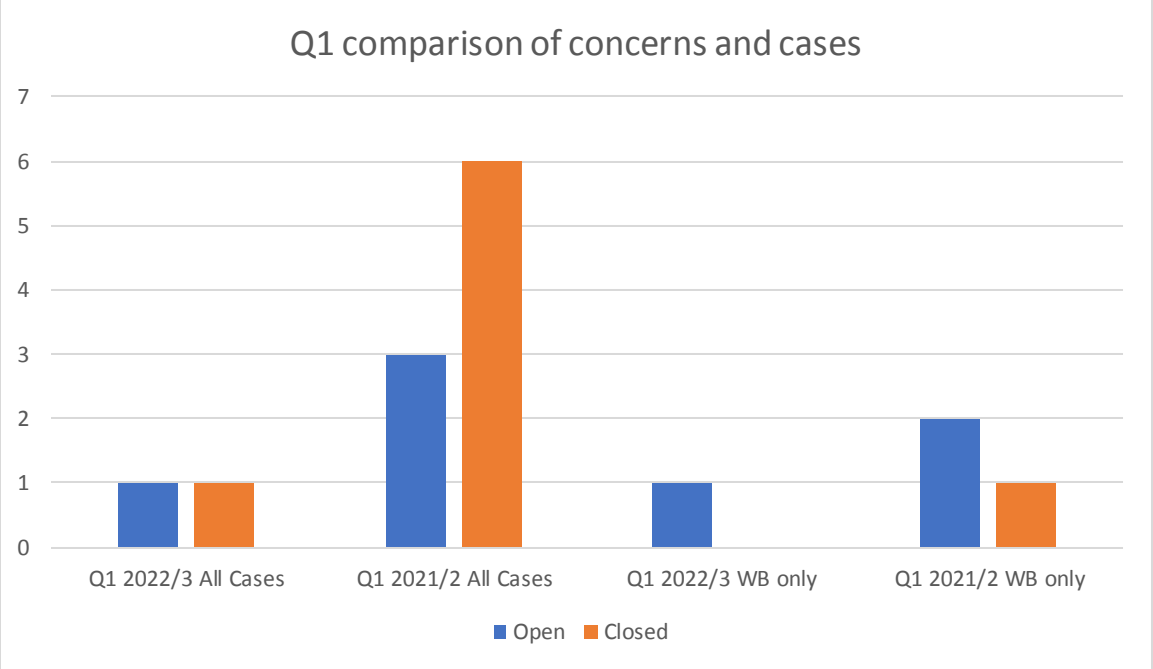
Data has been presented in such a way to ensure that confidentiality is preserved.

Graph 1

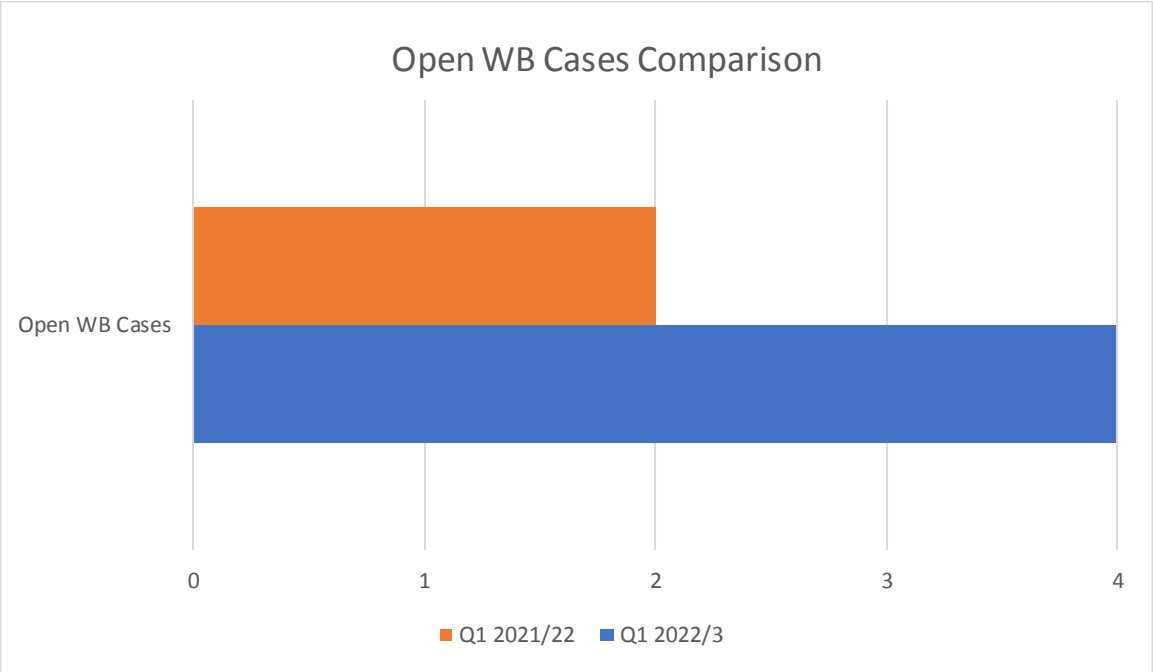


There were 2 concerns raised in Q1, 1 was investigated under stage 2 of the whistleblowing standards and 1 was deemed not to be whistleblowing as it was being overseen by another board but a response was progressed.

Graph 2

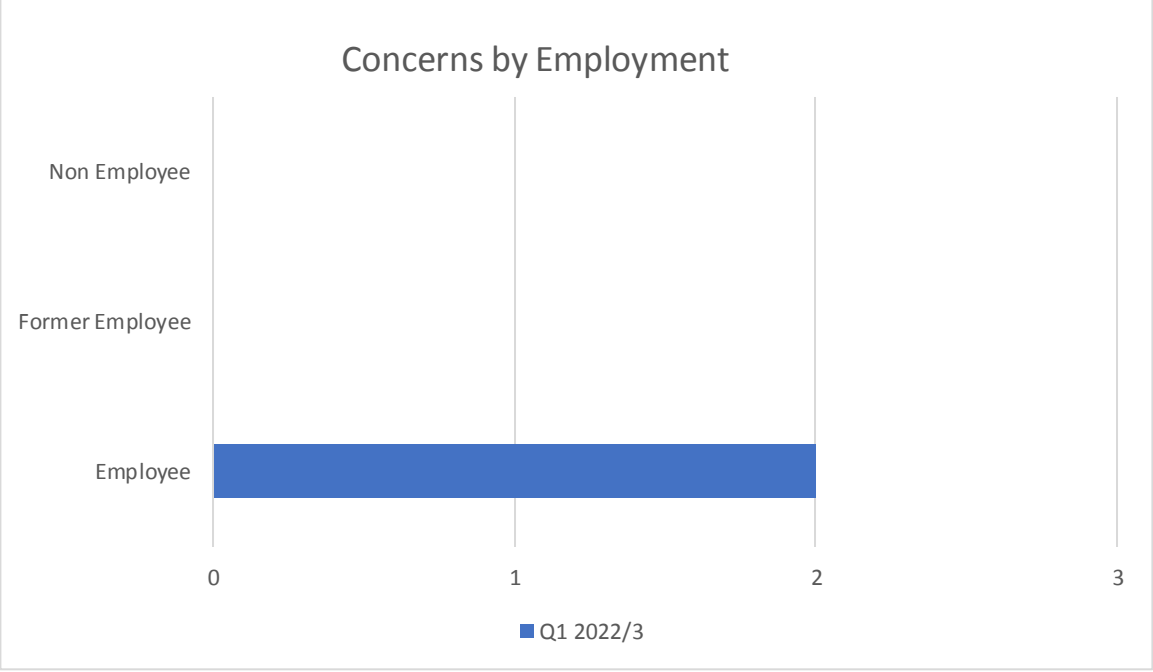


Graph 3



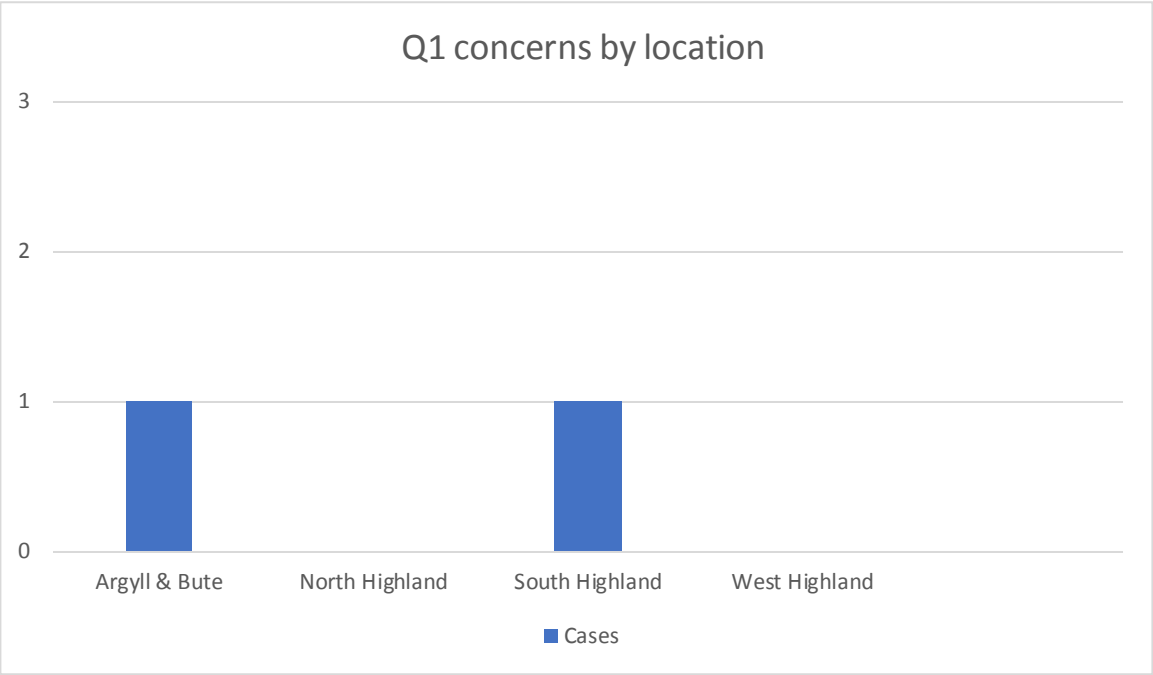
At the end of Q1 there were 3 open cases actively under investigation from 2021-2022 in accordance with stage 2 of the procedures, including the monitored referral which is a reopened case. All cases have appropriate extensions in place for investigation.

Graph 4

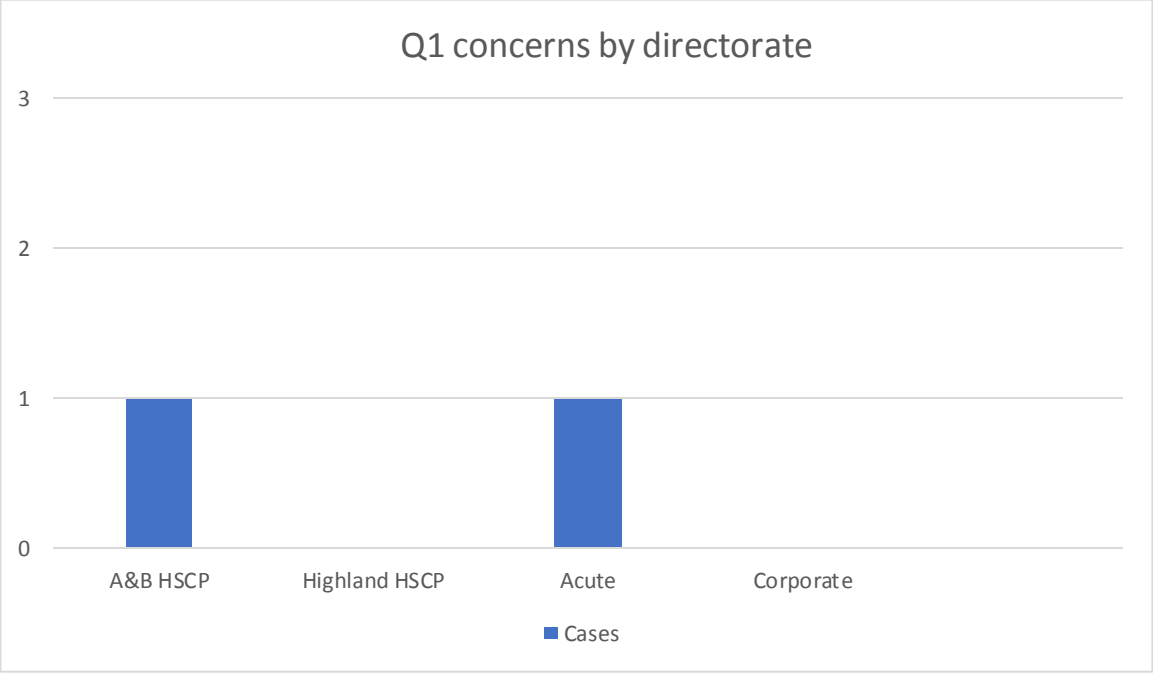


Both concerns were raised by NHS Highland employees, although 1 was anonymous to us, but not to NES who they raised it with.

Graph 5

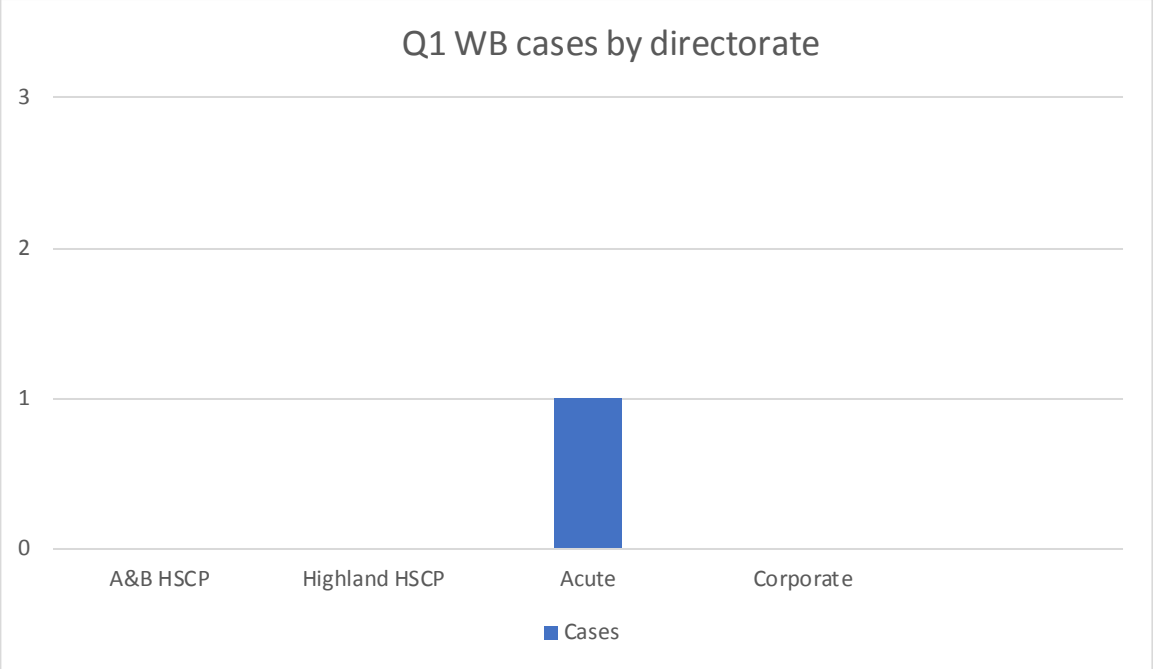


Graph 6

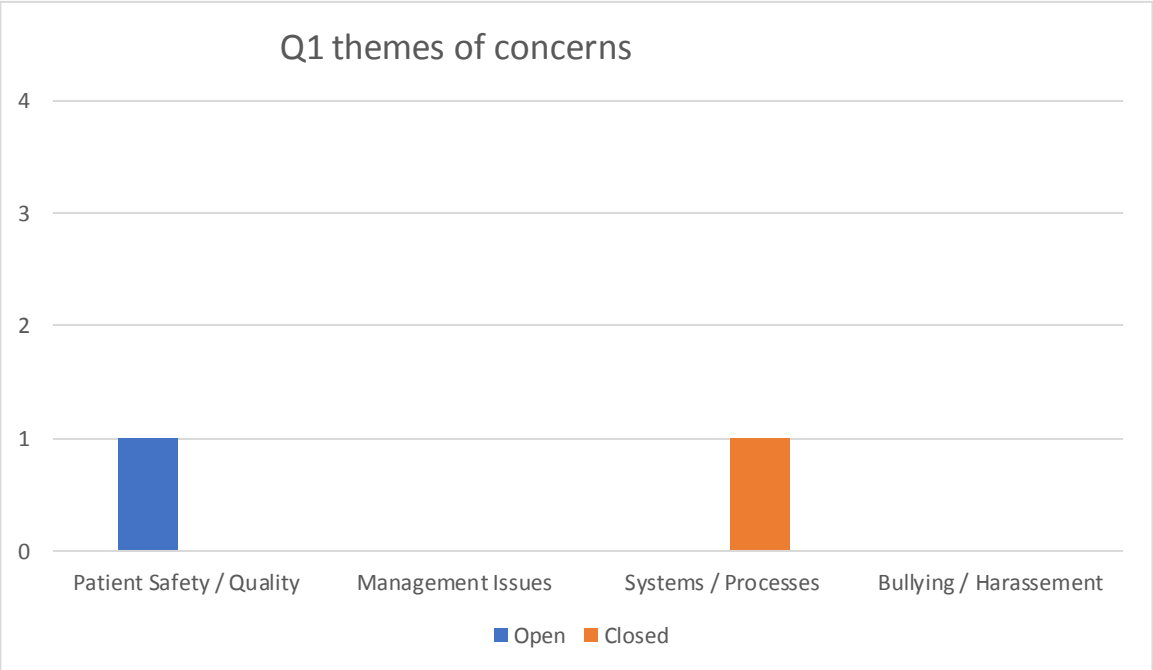


Directorates are used for reporting purposes to preserve the confidentiality of the person raising the concern.

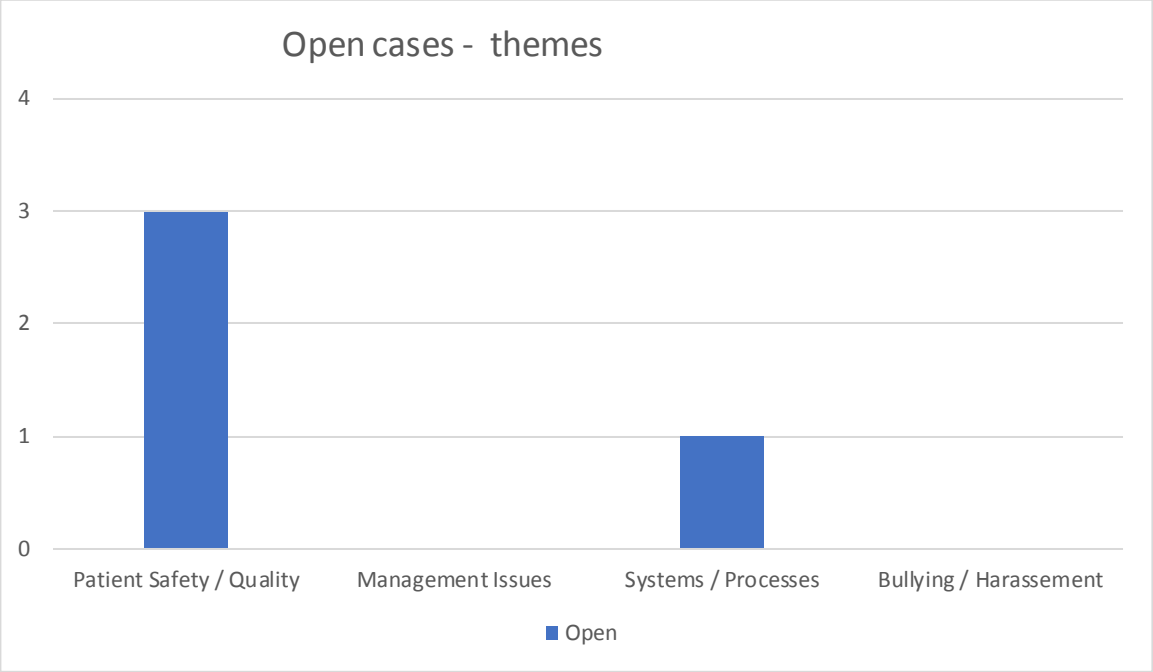
Graph 7



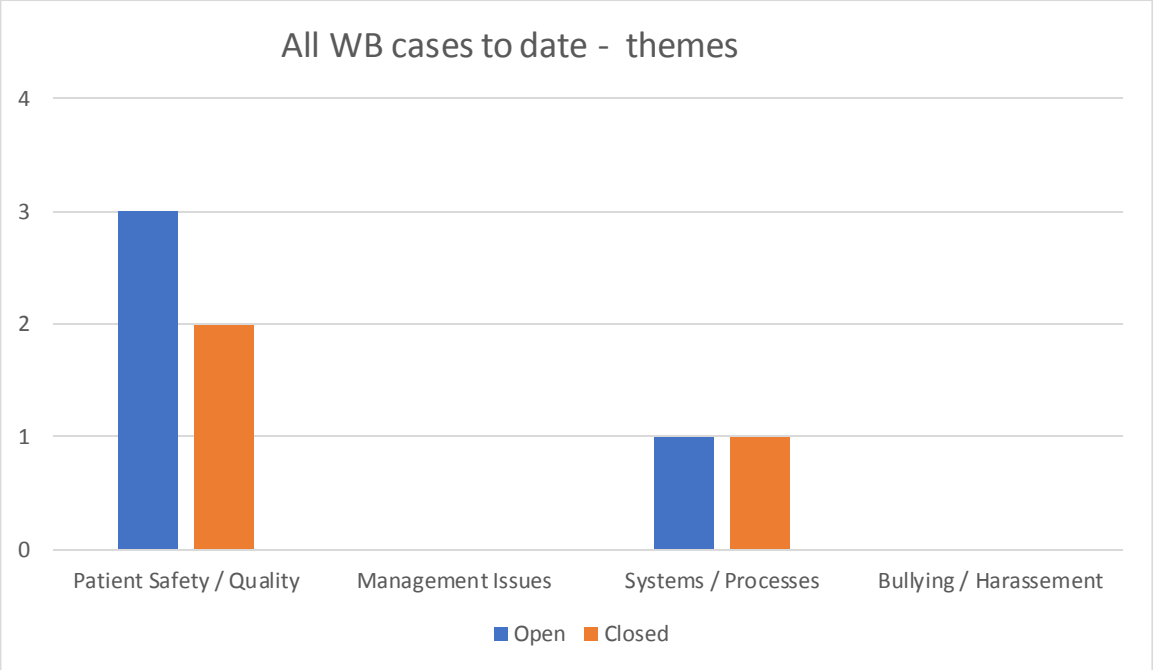
Graph 8



Graph 9



Graph 9



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

The Whistleblowing concerns in Q1 were received in June and are still open and full investigations are still underway. Further data on timescales will be provided in future reports.

10. Lessons learned, changes to service or improvements

Learnings from the previous year are detailed in the NHS Highland Annual Whistleblowing Report. Further improvements or changes to service will be considered as cases conclude and additional data gathered.

11. Staff experience of the Whistleblowing procedures

Proposals of a voluntary colleague survey were approved at the implementation group And 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 was carried out in December and January which included questions to understand awareness of the standards in those who are not employed by NHS Highland but are covered by the Standards. This showed that awareness was good amongst respondents, and the details are in the Annual Report.

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. Details of the extent of the visits is also included in the annual report.

The National Speak Up Week takes place from 3rd - 7th October 2022 and a programme of visits by the Guardian Service is planned and a range of webinars and online events about Speaking Up and responding to concerns will take place. Internal and External Communications and Media activity, including social media postings will also take place across the week. X

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 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 - to be completed by end November 2022
5. Contact details for WB Champion - Completed January 2022
6. Ongoing refinement of Quarterly reporting format and content - Completed Q3 final report.

14. Annual report

The first annual Whistleblowing Standards report for NHS Highland is to be presented to the Board on 27 September 2022 and can be accessed here.
https://www.nhshighland.scot.nhs.uk/Meetings/BoardsMeetings/Documents/September%202022/Item%2012%20Annual%20Report%202021%202022%20Final%20for%20board.pdf

This report will be widely circulated, including in a summary form and will be sent to the INWO following the Board meeting. The report will also be widely referenced during Speak Up Week, which is from 3rd to 7th October 2022.

15. Summary of Whistleblowing Cases

Quarter 1 Cases

Case 15 CLOSED
This was a case that was raised not with NHS Highland but with NHS Education for Scotland (NES) as the Board responsible for education and employment of medical trainees. Therefore, it is not being dealt with as a Whistleblowing case in NHS Highland, although the matters are being addressed. It is an anonymous concern so we cannot respond to the complainant, but an action plan is in place and changes have been made, overseen by the Director of Medical Education and Chief Officer for A&B HSCP and NES have been kept fully updated and will report back directly to the complainant about the actions taken to address the concerns.

Case 16 OPEN
This is a stage 2 WB concern raised in June 2022 where an extension has been authorised beyond 20 days. The concern is actively under investigation, with the individual who raised it kept aware of the investigation process. The complaint refers to the clinical practice and management of an AHP service in an acute hospital. This is being overseen by Tracey Gervais, Head of Operations Women and Children's Directorate and Jo McBain Director of Allied Health Professionals and an investigation has taken place. The final report is expected in October. Regular updates are being provided to the complainant.

Cases ongoing from 2021-2022

Case 12 REOPENED - Systems / Processes
This is a monitored referral from the INWO, who asked that we review our decision that the original complaint was not in scope. We agreed to review the case and a manager is now investigating the 3rd party cleaning arrangements and training specifically in relation to a dental facility, as a Level 2 concern. The case has been extended beyond 20 days and regular updates are being provided.

Case 13 OPEN - Patient Safety
This is a stage 2 WB concern opened in October 2021 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 Chief Officer for the A&B HSCP, Fiona Davies and the Director of People & Culture, Fiona Hogg. Significant progress has been made and regular meetings and engagement are in place, addressing service provision, governance and relationship concerns, with a final close down of the WB complaint expected soon, although there is ongoing service redesign activity. Regular updates are being provided.

Case 14 OPEN – Patient Safety
This is a stage 2 WB concern opened in February 2022 where an extension has been authorised beyond 20 days. The concern is actively under investigation, with the individual who raised it is kept aware of the investigation process. The complaint relates to the impact of poor patient flow on cardiac patient care in an acute hospital. The concerns focused on the lack of available beds resulting in limited access to early specialist care for high-risk cardiac patients. This is being overseen by Dr Robert Cargill, Deputy Medical Director and Kate Patience-Quate, Deputy Nursing Director. Interviews have been completed and a report is being prepared and is expected by early October. Regular updates are being provided.