

# NHS Orkney

<b>Meeting:</b>	<b>NHS Orkney Board</b>
<b>Meeting date:</b>	<b>Thursday, 23 June 2022</b>
<b>Title:</b>	<b>Whistleblowing Standards Annual Report 2021/2022</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Executive: Mark Henry Whistleblowing Champion: Jason Taylor</b>
<b>Report Author:</b>	<b>Mark Henry</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to a:**

- Legal requirement
- Local policy

**This aligns to the following NHSScotland quality ambition(s):**

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

This is NHSO's first annual Whistleblowing Standards Report since the national standards came into force on 1 April 2021 and covers the period 1 April 2021 to 30 March 2022.

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.

## 2.2 Background

Whistleblowing is defined as:

"when a person...raises a concern that relates to speaking up, in the public interest, about an NHS service, where an act or omission has created, or may create, a risk of harm or wrong doing."

<https://inwo.spsso.org.uk/>.

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

<https://inwo.spsso.org.uk/>.

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. The standards set out the requirement that the NHS Orkney 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.

### Roles and responsibilities

The Medical Director is the **Executive Lead** for Whistleblowing in NHS Orkney and is responsible for overseeing progress, ensuring timelines and communications are maintained and that follow up actions and learnings are progressed appropriately.

The role of **Whistleblowing Champion** is held by Jason Taylor. The purpose of the role is to monitor and support the effective delivery of the NHS Orkney's whistleblowing policy and is predominantly an assurance role which helps the NHS Board comply with their responsibilities in relation to Whistleblowing. The Whistleblowing Champion is expected to raise any matters 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.

**NHS Orkney Board** plays a critical role in ensuring the standards are adhered to with a particular focus on: Leadership - setting the tone to encourage speaking up and ensuring concerns are addressed appropriately and Monitoring – ensuring quarterly reporting is presented and robustly scrutinised

## 2.3 Assessment

NHSO is compliant with the Standards set out by INWO.

There have been two concerns raised under the Whistleblowing Standards during 2021/2022. The resulting outcomes and performance against the whistleblowing indicators are detailed in Table 1 below.

Table 1: NHS Orkney Performance against Whistleblowing Key Performance Indicators 21/22

Indicator	Performance
The total number of concerns received	2 – both in Q3
Concerns closed at each stage in the process	There were no concerns logged or closed at Stage 1. Two concerns (100%) progressed to Stage 2 and were closed after investigation.
Concerns upheld, partially upheld and not upheld	1 concern (50%) was partially upheld. 1 concern (50%) was not upheld
Average times	1 of the 2 concerns (50%) was acknowledged and taken into the Stage 2 process within the 5 day timeframe. In the case where this did not happen the cause was relating to staff absences impacting on the routine monitoring of the Whistleblowing email inbox. Access had been restricted to 2 members of staff who became absent at the same time. This was rectified as soon as it was highlighted, and a resilient system of cover has now been put in place.  The investigation process was not completed within the suggested 20-day time frame for either concern. The average time for the investigation process was 70 days. In both instances the extension to the timeframe was required to facilitate a thorough investigation in line with the standards.
Number of concerns closed at each stage within the set timescales	No concerns (0%) were closed within the set timescales.
Number of cases where extension was authorised	2 (100%)
Learning from concerns raised	Both concerns were investigated. One investigation identified improvements required within the Whistleblowing process which were rectified immediately.

	<p>The second investigation identified 2 areas which required improvement:</p> <ol style="list-style-type: none"> <li>1. In relation to the use of risk assessments as part of care planning within the Inpatient areas (action raised and complete)</li> <li>2. Refreshing the Discharge Policy for the Balfour (action raised and in progress)</li> </ol>
Experience for those raising concerns	<p>One person who raised a concern asked for no further contact regarding the concern once it had been logged and intention to investigate confirmed. No formal feedback has therefore been requested.</p> <p>One person who raised a concern was offered the opportunity to further discuss the findings and provide feedback.</p>
Staff awareness and training	<p>The most recently available training data shows that 126 staff have completed eLearning in relation to Whistleblowing, with a further 27 in progress.</p>

There has been an element of refining local processes and SOPs with each of the 2 concerns. This has focussed particularly on smoothing the process for the individual raising the concern.

There are 2 areas that require further development:

1. Raising and maintaining staff awareness. Whistleblowing features within NHSO's digital induction with subsequent awareness supported via various methods, including walk rounds and information screens. However, this primarily targets staff within the Balfour. Alternate methods need to be developed to support staff working within primary care, the wider IJB, and within partner organisations.
2. Improving manager awareness and competence. There are a range of supporting courses available on TURAS Learn and all staff are encouraged to undertake this training. However, the training is not mandatory and only 27 colleagues have completed *Whistleblowing: for managers and people who receive concerns* within year 21/22.

### 2.3.1 Quality/ Patient Care

For an organisation to achieve high performance and deliver quality care any opportunity for learning must be vigorously pursued. Learning from whistleblowing is essential to shape our services and uphold the values of being caring, safe and respectful.

As a result of learning from the investigation of a whistleblowing concern improvements are being made in the handling of hospital discharges and the policy through which they are supported.

### **2.3.2 Workforce**

All staff have access to training through TURAS Learn. Information to support staff in raising or dealing with a concern is available on a dedicated Whistleblowing page on the Blog. This includes signposting to internal and external sources of information and support as well as relevant Standard Operating Procedures. [NHSO Whistleblowing Dashboard](#)

The handling and management of Whistleblowing concerns has been Incorporated into business as usual and does not require additional staffing.

### **2.3.3 Financial**

There are no financial implications arising from this report.

### **2.3.4 Risk Assessment/Management**

All risks identified in relation to Whistleblowing are assessed and managed in line with NHS Orkney's Risk Management Strategy and Policy.

### **2.3.5 Equality and Diversity, including health inequalities**

The national Standards were subject to public consultation and equality and diversity impact assessment. Through the implementation of the standards it is expected that a culture of openness and psychological safety where staff and those who provide services for the NHS feel able to speak up will be created, ensuring that every voice is heard.

### **2.3.6 Other impacts**

Throughout the first year of implementation work has progressed to refine the reporting template used in Datix to ensure it fully aligns with the standards and supports accurate reporting and to raise aware of the standards across NHS Orkney.

The 2 occasions of Whistleblowing concerns being raised has allowed the organisation to shape its approach. This has included changes to mailbox monitoring and providing alternative mechanisms of raising a concern.

### **2.3.7 Communication, involvement, engagement and consultation**

There are no formal consultation requirements associated with this paper. Communication to staff has been supported through news bulletin entries and the development of a Blog page on the intranet.

### **2.3.8 Route to the Meeting**

The report was provided the Staff Governance Committee on the 8 June 2022.

## **2.4 Recommendation**

- **Awareness** – For information only.