



# Whistleblowing Standards

**ANNUAL REPORT 2022/2023**

CLINICAL GOVERNANCE & QUALITY IMPROVEMENT DEPARTMENT

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# NHS Orkney Whistleblowing Standards

## Annual Report 2022/23

### 1. Introduction

This is NHS Orkney's second annual Whistleblowing Standards Report since the national standards came into force on 1 April 2021 and covers the reporting period 1 April 2022 to 30 March 2023. NHS Orkney (NHSO) has had one whistleblowing concern logged during this year in Quarter 3. One additional contact was also made in Quarter 3; however, this concern did not meet the threshold and was subsequently dealt with through managerial routes.

### 2. Background

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'.

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 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.

INWO have recently published [Findings from NHS boards' annual whistleblowing reporting 2021—22](#) which outlines further detail and information from all NHS Boards in Scotland.

#### Roles and Responsibilities

The Medical Director is the Executive Lead for Whistleblowing in NHSO 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 a Non-executive member. The purpose of this role is to monitor and support the effective delivery of the NHSO 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.

NHSO Board plays a critical role in ensuring the standards are adhered to with a particular focus on effective:

- Leadership - setting the tone to encourage speaking up and ensuring concerns are addressed appropriately.
- Monitoring – ensuring quarterly reporting is presented and robustly scrutinised.

### 3. Activity during 2022/23

Since the introduction of the Whistleblowing Standard in 2021, NHSO has maintained close working relationships with NHS Shetland to share learning and resources. There are quarterly meetings chaired by the Medical Director in NHS Shetland (NHSS) and this provides reciprocal support and shared learning. An area where this has been explored in more detail is regarding the Confidential Contacts (CC). NHSO has two CC and due to the low level of activity, skills and confidence can diminish over time. NHSS Lead CC has arranged joint meetings for both NHSO and NHSS CC to come together and discuss any new developments and challenges. This has been established since February 2023 and its effectiveness will be monitored over this year.

This mutual arrangement has been particularly helpful to NHSO over this year due to changes in key posts and periods of absence. It is recognised by both Boards the nature of very small teams involved in the process that sharing resources and experience can support teams and help to maintain the strictest of confidentiality. The non-executive whistleblowing champion (WBC) in NHSO provided this role across both boards until an appointment was made. The Medical Director in NHSS has been able to provide external oversight and guidance when required and this mutual arrangement provides an important level of resilience.

Speak Up Week ran from 3rd to 7th October 2022 and provides Boards with opportunities to share learning, awareness of the whistleblowing process and the benefits of a supportive speak up culture. Locally this was led by NHS Orkney's Chief Executive (CE) and Whistleblowing Champion (WBC) who at the time worked across both NHSO and NHSS in their roles.

The joint NHSO/NHSS Communications Team created a communication plan which outlined the range of activities being undertaken and shared resources, using the same format and changing details to reflect either Board.

The Whistleblowing Champion attended Area Partnership Forum to highlight the role and the processes, and several drop-in Teams based sessions led by a responsible Director was set up to allow staff to ask questions. The week was promoted through staff communications channels, and in Orkney this included the internal TV screens showing messages across the sites and the week was mentioned in the CE monthly Facebook Live broadcast.

Although numbers are small and data only pertaining to two years, it is interesting that the concerns raised during 2021/22 and 2022/23 were all in Q3. This is at the same time as the national awareness raising campaign and worthwhile monitoring in future.

## 4. Whistleblowing Complaints

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 2022/23**

<b>Indicator</b>	<b>Performance</b>
The total number of concerns received	Two – both in Q3
Concerns closed at each stage in the process	One concern did not meet the threshold for the whistleblowing standard and was managed through managerial routes. One concern (100%) progressed to Stage 2 and closed after investigation and recommendations made.
Concerns upheld, partially upheld and not upheld	From the concern raised and investigated, there were 4 separate elements that were investigated. <ul style="list-style-type: none"> <li>• 2 were upheld.</li> <li>• 1 was partially upheld.</li> <li>• 1 not upheld.</li> </ul>
Average times	The concern was initially raised through the confidential contact, and the contact recorded the concerns in the Datix system. The concern was acknowledged and taken into the Stage 2 process within the 5-day timeframe. However, the investigation process was not completed within the suggested 20-day time frame, mainly as this fell over the Christmas period and due to staff absences. An additional challenge to staying within the timeframe was that the concern was raised by a group rather than an individual, and this resulted in some delays whilst coordinating responses and communication. The time from initial concerns being raised to investigation commencing was 40 working days. The investigation was completed, and response sent in 35 working days. Through the confidential contact, regular communication and updates were provided on progress and an extension agreed to the timeframe to facilitate a thorough investigation in line with the standards.
Number of concerns closed at each stage within the	The concern 1 (0%) was not closed within the set timescales.

set timescales	
Number of cases where extension was authorised	1 (100%)
Learning from concerns raised	<p>The concern raised that did not meet the threshold identified learning and improvements required within the Whistleblowing process which have been resolved.</p> <p>The whistleblowing concern investigated at stage 2, identified several recommendations:</p> <ol style="list-style-type: none"> <li>1. When actions are put in place, this should be clear and include identifying who has the managerial lead for the overall plan, target completion dates, regular updates on progress, along with risks and be communicated appropriately.</li> <li>2. Risks and/or issues require to be assessed and placed on departmental risk register where appropriate.</li> <li>3. Procurement of any Electronic Patient Record (EPR) system must be 'Fit for the Purpose' for the area it is being purchased for, and remain so, e.g., funding allocated to support upgrades.</li> <li>4. Following the introduction of any further EPR system an additional audit is conducted at 6/12 month, or longer, to confirm the system is 'Fit for Purpose' and has resulted in the projected benefits and improvement.</li> <li>5. The need to review / write local Standard Operating Procedures regarding the management of clinical records, incorporating regular audit of clinical records and by whom.</li> <li>6. Rationale for changes agreed by managers/leaders to systems, processes, practice to be communicated in a timely manner to staff/teams.</li> </ol>
Experience for those raising concerns	<p>Throughout the process of both concerns being raised, communication was regularly maintained with those who raised their concerns, informing them of any delays and next steps by the Clinical Governance (CG) Team.</p> <p>The group who had their concerns investigated at Stage 2 got back in touch following their outcome response asking for clarity on the concern that had not been upheld. The investigator was able to respond to the query raised immediately. The group also articulated their ongoing concern and lack of confidence that timely action in relation to the recommendations was being taken. The CG team contacted the senior managers and owners of the recommendations and subsequent actions, several times and a fulsome response was received 35 working days later. The group was then given a formal response from Deputy Medical Director as commissioner of their concern.</p>

Staff awareness and training	<p>All NHS Orkney staff have access to training through TURAS Learn with information to support staff in raising or dealing with a concern is available on a dedicated Whistleblowing page on NHSO Blog. This includes signposting to internal and external sources of information and support as well as relevant Standard Operating Procedures.</p> <p>Table 1 – 2022-23 Training Figures</p> <table border="1"> <thead> <tr> <th>Training Figures from TURAS</th> <th>April - June 2022</th> <th>July - Sept 2022</th> <th>Oct - Dec 2022</th> <th>Jan - March 2023</th> </tr> </thead> <tbody> <tr> <td>Whistleblowing: an overview (completed)</td> <td>113</td> <td>114</td> <td>112</td> <td>115</td> </tr> <tr> <td>Whistleblowing: for managers/Senior managers and people who receive concerns. (completed)</td> <td>30</td> <td>31</td> <td>37</td> <td>37</td> </tr> </tbody> </table> <p>Training figures are collected at the end of each quarter and are consistently low. The completion rate has remained static throughout the reporting year and demonstrates a low percentage (&lt;10%) of staff who could have undertaken the training. This TURAS training is not currently part of NHSO mandatory suite of learning, and this may be something to consider going forward, especially for leaders/managers as part of induction and those new into roles.</p>	Training Figures from TURAS	April - June 2022	July - Sept 2022	Oct - Dec 2022	Jan - March 2023	Whistleblowing: an overview (completed)	113	114	112	115	Whistleblowing: for managers/Senior managers and people who receive concerns. (completed)	30	31	37	37
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## 5. Action Plans & Progress on Upheld Concerns

For an organisation to achieve high performance and deliver high quality care all opportunities for learning must be vigorously pursued.

Over this year, there has been an element of refining local processes and templates with each of the 2 concerns. The CG team has focussed particularly on smoothing the process for the individual(s) raising the concern(s) and establishing templates to ensure feedback and written responses are given at all stages of the process.

A managerial report with recommendations from the investigation was completed regarding the whistleblowing concerns that were upheld. The report was sent to the senior leaders/managers with responsibility for the department to create an action plan and subsequently monitor progress. There was a delay in this progressing which led to the group who had raised the concern contacting the confidential contact with further questions in relation to the actions from the upheld and partially upheld concerns. The timeliness of responses to staff is an area for learning and improvement. At the time of reporting, the actions and recommendations have been assigned to a senior leader and are being taken forward as a matter of priority.

## 6. Primary Care and Contracted Services

NHS boards are responsible for ensuring all primary care and other contracted service providers supply the appropriate information to the board as soon as possible after the end of each quarter (when concerns have been raised) and at the end of the year. This is an area where further exploration and discussion is needed over the coming year to ensure awareness, compliance and learning outcomes are included.

## 7. Conclusion

Although whistle blowing numbers are very small in Orkney, the clear theme over both reporting periods 2021 – 2023 is in relation to a lack of timely and consistent communication. This has led to staff frustration and a lack of confidence, not necessarily in the process, but that any subsequent action and learning will be acted upon in a timely manner. This is an area of focus in the coming year for the Executive Leadership Team.

We would like to extend our sincere thanks to the staff who have taken the time to raise concerns, the senior leader from NHSS who stepped in to support at short notice, the confidential contact who has provided a safe space and coordination role for teams and to our investigator for conducting a timely, thorough, and impartial investigation.

Learning from whistleblowing is essential to shape our culture, services and uphold our values of being caring, safe and respectful.