

Meeting:	Grampian NHS Board Meeting
Meeting date:	7 October 2021
Item Number:	12
Title:	Whistleblowing Standards Quarter One – 1 April 2021 to 30 June 2021 Report
Responsible Executive/Non-Executive:	Adam Coldwells, Deputy Chief Executive
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1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Legal requirement under The National Whistleblowing Standards

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Following the introduction of the National Whistleblowing Standards on 1 April 2021, this is the first quarterly report covering 1 April 2021 to 30 June 2021. NHS Grampian must record and review information in relation to concerns raised about their services on a quarterly basis, reported via the governance structure to the Board. This Report was approved by the 30 September 2021 Staff Governance Committee.

The Report is outlined in Section 2.3 Assessment, for the Board to review and scrutinise and confirm that it provides assurance that the Whistleblowing Standards are being applied appropriately by NHS Grampian.

2.2 Background

Following the Francis report on The Freedom to Speak Up Review, the Cabinet Secretary for Health and Sport announced that an Independent National Whistleblowing Officer (INWO) would be established to provide independent and external review on the handling and outcome of whistleblowing cases.

The Scottish Government had a clear ambition to develop a culture within the NHS that welcomes concerns from staff and others that deliver their services. The role of the INWO is one of the ways they hope to achieve this. The INWO has similar powers for whistleblowing in the NHS to those it currently has for complaints; to set out a model procedure for NHS organisations to use (the Standards), and to be the final review stage for concerns that have already been considered within the NHS.

NHS organisations are required to follow the National Whistleblowing Principles and Standards.

Alongside this, the Scottish Government revised and promoted the role of Whistleblowing Champion as a formal member of each NHS Board. Their role is to ensure that the systems are in place to enable staff to raise concerns, and that the culture of the organisation supports the full application of these systems, by valuing staff concerns. Mr Bert Donald, NHS Grampian's Whistleblowing Champion commenced in February 2020.

2.3 Assessment

As a comparison for 2020/21 there were no cases raised under the NHS Grampian Whistleblowing Policy.

All of the staff (Board and non-Board members) who are leading the implementation of the Whistleblowing Standards have been giving consideration to the questions about the number of concerns which are raised through the Standards. There is the obvious dialogue about having none or very few concerns raised being very positive and in the same breath this also causing a worry that the organisational culture is one where staff feel unable to speak up. At this stage we do not believe that it is possible to be clear on what an organisation of the size of NHS Grampian should "expect". The report shows the number of issues raised through other policies as well to add some further intelligence for Board members to consider. To help support this difficult interpretation, we will monitor progress of the implementation and give ongoing consideration to testing the issues associated with the number of reported cases. We believe that discussion on this issue is of limited value at this early stage of the implementation of the Standards but may become increasingly important over the coming months.

For information regarding stage 1 and stage 2 with the Standards please see Appendix 1.

Number of concerns closed at stage 1 and stage 2 of the whistleblowing procedure as a percentage of all concerns closed

	Quarter 1	
		% of all concerns closed
Total number of concerns received *	Two	100%
Concerns closed at stage 1	Zero	0%
Concerns closed at stage 2 +	Two	100%
Concerns raised through Whistleblowing Standards but handled under business as usual	Zero -	Not applicable

* The Standards require four routes being available to staff to raise whistleblowing concerns. Through a line manager, a more senior manager if circumstances mean this is more appropriate, through identified Confidential Contacts and through a dedicated whistleblowing route. To encourage staff to raise concerns we have created an electronic form that can be accessed on the internet, intranet and through QR Codes on posters, which are directed to a dedicated whistleblowing email account. Both concerns raised this quarter were raised through the online form.

+ Were not handled under Stage 1 first, directly investigated under Stage 2.

- We are not aware of any concerns being raised through the Whistleblowing Standards this quarter which were dealt with by business as usual. On September 2021, a form has been created on Datix which allows whistleblowing concerns raised to management and dealt with locally, to be recorded centrally to ensure all concerns raised through the Standards are recorded and reported on. Due to some staff not having access to Datix, concerns handled in this way will be reported to a Whistleblowing Co-ordinator (in role from September 2021) through gram.whistleblowing@nhs.scot who will record these on Datix.

Outcome at each stage of the whistleblowing procedure as a percentage of all concerns closed in full at each stage

Stage 1	Quarter 1	
		% of all concerns closed
Concerns upheld	Not applicable	Not applicable
partially upheld	Not applicable	Not applicable
not upheld	Not applicable	Not applicable

Stage 2	Quarter 1	
		% of all concerns closed
Concerns upheld	Zero	0%
partially upheld	Two *	100%
not upheld	Zero	0%

* In both these cases a management review has been requested in 6 months to ensure that changes made have been embedded and that the concerns raised have been fully resolved.

Average time in working days for a full response to concerns at each stage of the whistleblowing procedure

	Quarter 1
Stage 1	Not applicable
Stage 2	40 working days *

* Whistleblowing concerns should be responded to in 20 working days where possible. Where this is not possible the whistleblower should be kept informed of progress and when to expect a response, which has happened in both these cases. Due to the nature and complexity of whistleblowing cases, it can take longer to tease out and establish the key areas of concerns which can be investigated under the Standards, and to seek out an appropriately knowledgeable, independent and conflict free investigator.

Number and percentage of concerns at each stage which were closed in full within the set timescales of 5 and 20 working days

	Quarter 1	
	Stage 1	Stage 2
Closed within 5 working days	Not applicable	Zero
Closed within 20 working days	Not applicable	Zero

Number of concerns where an extension was authorised as a percentage of all concerns

	Quarter 1	
		% of all concerns closed
Stage 1	Not applicable	Not applicable
Stage 2	Two	100%

Number Grievance and Bullying and/or Harassment cases

	Quarter 1
Grievance	4
Bullying and/or harassment	10

Concerns of staff can be raised by following a number of organisational policies, for example, through the Bullying and Harassment policy or the Grievance policy. The data for these two policies, for quarter one, has been added to this report in the interest of transparency and to provide further assurance to the Board that the organisation has a culture in which people feel confident and able to raise their concerns.

Statement outlining learning, changes or improvements to services or procedures as a result of consideration of whistleblowing concerns.

These are summarised as:

- Management and staff awareness raising will take place to ensure that all staff within the team know how to follow recruitment and HR processes fairly and consistently.
- Management training and support will be given to ensure any requests for a change in care provider, or concerns and complaints raised, are dealt with in line with local and national policies in a consistent, fair and supportive way.
- Senior management will undertake a follow-up interview of staff who leave the team in the next 12 months, to ensure any issues that may have influenced them to leave are addressed.

Statement to report the experiences of all those involved in the whistleblowing procedure (where this can be provided without compromising confidentiality).

Through feedback given to a Confidential Contact, both concern raisers reported to have been well supported and well informed through-out the process. There was on average four meetings that took place with both concern raisers, initially when the concern was raised, to discuss and agree the main areas to be investigated and what outcome was hoped for, an interim meeting at 20 working days to apologise for the delay, update on progress, feedback what was known at that point and let them know the indicative timeline to conclude the investigation. Finally a meeting took place to feedback the outcome, to find out how they felt about the outcomes and what their experience had been. Both concern raisers reported feeling satisfied that they had been listened to and action had been taken. They felt their concerns had been taken seriously and they hoped it would mean someone else would not experience the same concerns that they had.

Statement to report on levels of staff perceptions, awareness and training.

A review of our Turas system has shown that so far 17 managers have completed the Management Whistleblowing module, and 41 staff members have completed the Staff Whistleblowing module. A further reminder, in the Daily Brief went out to staff on the 15th July 2021, which has a reach across the health and social care partnerships, primary care and NHS Grampian. This was the third promotion of the Standards and training since 1 April 2021, and we will continue to encourage staff to undertake these. We will continue to promote both the Standards and the training module throughout this year.

2.3.1 Quality/ Patient Care

Whistleblowing principles for the NHS underpin how NHS services must approach concerns that are raised by staff, students and volunteers about health services. One of the principles is focused on improvement which will have a positive impact on the quality of care and services. NHS Grampian must actively encourage staff, students and volunteers to report any concerns about patient safety or malpractice, as part of their day-to-day work, even before the start of any formal procedure. The procedure for raising concerns should reflect and promote excellence in providing services. Use the outcomes of concerns to identify and demonstrate learning and improvement and share best practice, both in providing services and in the procedure itself.

Whistleblowing is defined in the Public Services Reform (the Scottish Public Services Ombudsman) (Healthcare Whistleblowing) Order 2020 as:

- when a person who delivers services or used to deliver services on behalf of a health service body, family health service provider or independent provider (as defined in section 23 of the Scottish Public Services Ombudsman Act 2002) 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.

This includes an issue that:

- has happened, is happening or is likely to happen; and
- affects the public, other staff or the NHS provider (the organisation) itself.
- People also often talk about 'raising concerns' or 'speaking up'. These terms can also refer to whistleblowing.

Risks can relate to a wrongdoing, patient safety or malpractice which the organisation oversees or is responsible or accountable for. In a health setting, these concerns could include the following. The concern and outcome would be used to improve services and patient safety

- patient-safety issues
- patient-care issues
- poor practice
- unsafe working conditions
- fraud (theft, corruption, bribery or embezzlement)
- changing or falsifying information about performance
- breaking any legal obligation
- abusing authority;
- deliberately trying to cover up any of the above

2.3.2 Workforce

Whistleblowing gives staff a route which enables employees to raise confidentially those concerns they feel may be in the public interest. This assists NHS Grampian in being able to identify, respond to, and learn from workforce concerns.

Another of the Whistleblowing principles is focused on being supportive to people who raise a concern and all staff involved in the procedure. This would include offering support and protection to all staff, students and volunteers who raise a concern or who are directly involved in a concern, at all stages of the process. When someone raises a concern, listen to them, support them, treat them with dignity and respect, and be sensitive and professional. Offer alternative methods to people who may not want to raise concerns with their line manager. Make staff, students and volunteers aware of all forms of support and guidance that are available to people involved in whistleblowing,

2.3.7 Route to the Meeting

This has been previously been considered at the 30 September 2021 Staff Governance Committee, as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

2.4 Recommendation

The Board is asked to:

- **Assurance** –review and scrutinise the information provided in this paper and confirm that it provides assurance that the Whistleblowing Standards are being applied appropriately by NHS Grampian.
- **Future reporting** – a quarterly report and annual report are required to be submitted to the Board. A schedule will be provided in the next quarterly report taking into account the Board and Staff Governance Committee meeting frequency.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Information on Stage 1 and 2 within the Whistleblowing Standards

Appendix 1

Stage 1: Early resolution

Stage 1 is for simple and straightforward concerns that can be responded to within five working days or less. These concerns will involve little or no investigation, and can be handled by providing an explanation or taking limited action. The line manager should be involved in resolving the situation, where appropriate. Issues that are more complex, and will clearly take more than five working days to address, should move straight to stage 2.

Organisations must make sure that staff have access to an impartial, confidential contact who they can contact by email or phone, or talk to in person. People can raise their concerns with their line manager, the confidential contact or another representative such as a senior manager (more information on NHS board and staff responsibilities is available under Governance).

Ideally, the person raising the concern will have a face-to-face discussion about the situation. However, if the concern is straightforward and has been raised with someone who is able to take appropriate action, this may be enough to resolve the issue. The person raising the concern must be updated with what has been done.

More information about Stage 1 can be accessed [here](#).

Stage 2: Investigation

Concerns handled at stage 2 of the whistleblowing procedure tend to be serious or complex, and need a detailed examination before the organisation can provide a response. Concerns can move straight to stage 2 if they include issues which are too complex to handle at stage 1, which means a full investigation is needed from the start.

An investigation aims to establish all the facts relating to the points raised in the whistleblowing concern. It should be thorough, in proportion to the seriousness of the concern and impartial, so that the organisation can identify any problems and consider what improvements can be made. This may include action to put things right in the short term, or an action plan for future changes. It is also very important to give the person raising the concern a full response that is based on evidence and sets out the organisation's final position.

If a concern which is appropriate for stage 2 is raised with someone who was involved in the situation, or was involved in a decision at stage 1, the organisation should do all it can to make sure the person can discuss the situation and their concern with an appropriate person who has not been involved in the situation. This may be a confidential contact or an impartial manager.

More information on Stage 2 can be accessed [here](#). The full Whistleblowing Standards can be accessed [here](#).