



# Whistleblowing Annual Report 2021-2022



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## Introduction

In NHS Ayrshire & Arran the first year of The National Whistleblowing Standards (the Standards) has been interesting and busy. We continue to learn from each concern that is raised and taken forward to investigation.

Since the go-live date of the Standards on 1 April 2021, an agreed process has been implemented in NHS Ayrshire & Arran (NHSAA) to gather Whistleblowing information raised across all NHS Services to which the Standards apply. Within NHSAA, anyone who provides a service for NHSAA can raise a concern about the delivery of a health service using the same reporting mechanism which is in place for those staff employed by NHSAA. This includes former employees, agency workers (and others on short or insecure contracts such as locums and bank staff), contractors (including third-sector service providers), trainees and students, volunteers, non-executive directors, and anyone working alongside NHS staff, such as our colleagues in health and social care partnerships.

Whistleblowing is an ethical and moral thing to do, and NHS Ayrshire & Arran (NHSAA) is supportive of any member of staff who raise concerns through this process. The decision to whistleblow is rarely taken lightly, and we in NHSAA are committed to offering a compassionate and objective whistleblowing service. Whistleblowing is an important form of feedback, and provides the opportunity to receive direct and candid accounts of staff concerns. This in turn offers a key opportunity to learn and strive for improvement. Whistleblowing can also help the organisation in identifying risks and mitigating against any risks identified. We recognise that whilst risks can be to the service users they can also be to the service providers/the organisation itself.

This first annual report provides details of whistleblowing concerns raised across the organisation by staff and those who provide services on behalf of NHSAA. This will demonstrate our performance in the key performance indicators as required by the INWO and includes key areas of whistleblowing handling, as well as highlighting outcomes and providing more detail on whistleblowing themes. Over time, this approach will illustrate trends and more importantly, allow us to evidence necessary improvement and learning in response to the trends and themes demonstrated.

Jenny Wilson  
Nurse Director  
Executive Lead for Whistleblowing

## 1. Implementation

In order to deliver successful implementation of the Standards across the organisation and our wider groups, our Nurse Director, as Executive Lead, initially formed a Whistleblowing Steering Group (WBSG) to develop an implementation programme. This group included appropriate Directors, the Board's Non-Executive Whistleblowing Champion, the Employee Director and Area Clinical Forum Chair to ensure wide representation. As the work progressed this group developed into the Whistleblowing Oversight Group supported by an Implementation Group to deliver the detailed implementation programme. This implementation group involved sector leads, Nurse Director and Corporate Governance team representatives.

The Implementation plan was successfully delivered with the majority of actions completed by 1 April 2021 and signed off as complete at the end of June 2021. The Implementation Plan included a detailed Communication and Training plan to support the roll out of the Standards across the organisation.

As part of this implementation NHS Ayrshire & Arran developed the current Speak Up model of Confidential Contacts and Speak Up Advocates. This includes a dedicated Speak Up Helpline telephone number and dedicated email contact. Access to the helpline and mailbox is limited to ensure that confidentiality is maintained for those who require assistance or wish to raise a concern.

## 2. At a glance

**13** Contacts made via Confidential Contacts, SpeakUp mailbox and phone line

**5** Contacts for information only

**8** Concerns Raising Whistleblowing

**5** Concerns Investigating through the Whistleblowing process

**3** Concerns not appropriate for the whistleblowing process

### 3. Whistleblowing handling performance

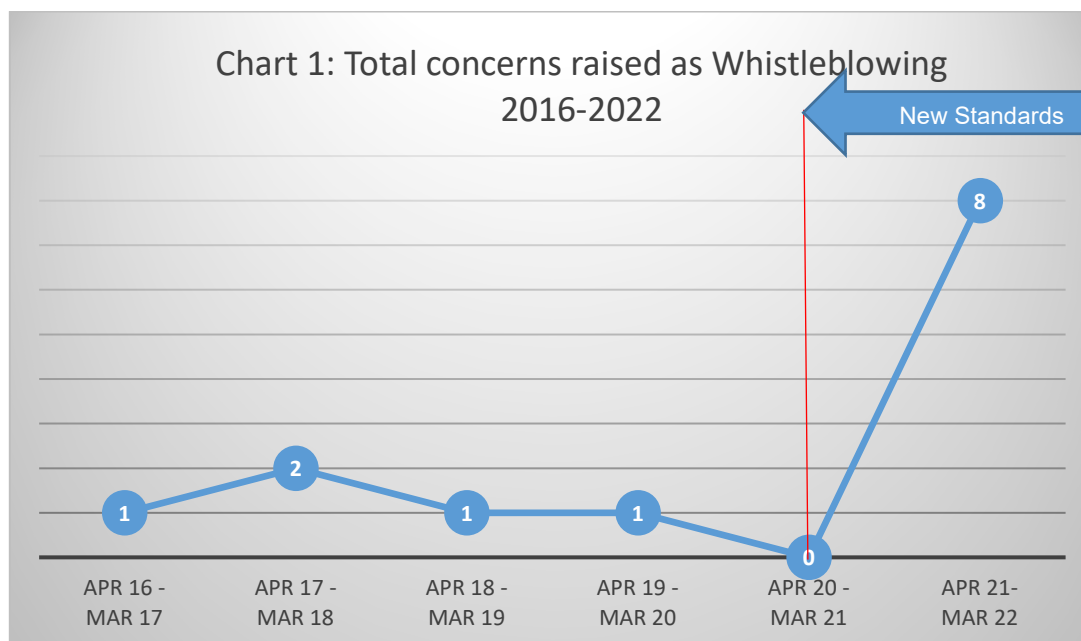


Chart 1 demonstrates the total number of concerns raised since 2016. In the five years prior to the implementation of the standards (April 2016 to March 2021) five concerns were received. This compares to eight raised in the first reporting year of the Standards. This may be reflective of the work which has been undertaken to promote The Standards with staff feeling more confident in both the process of raising concerns and the support provided by the Standards and the INWO.

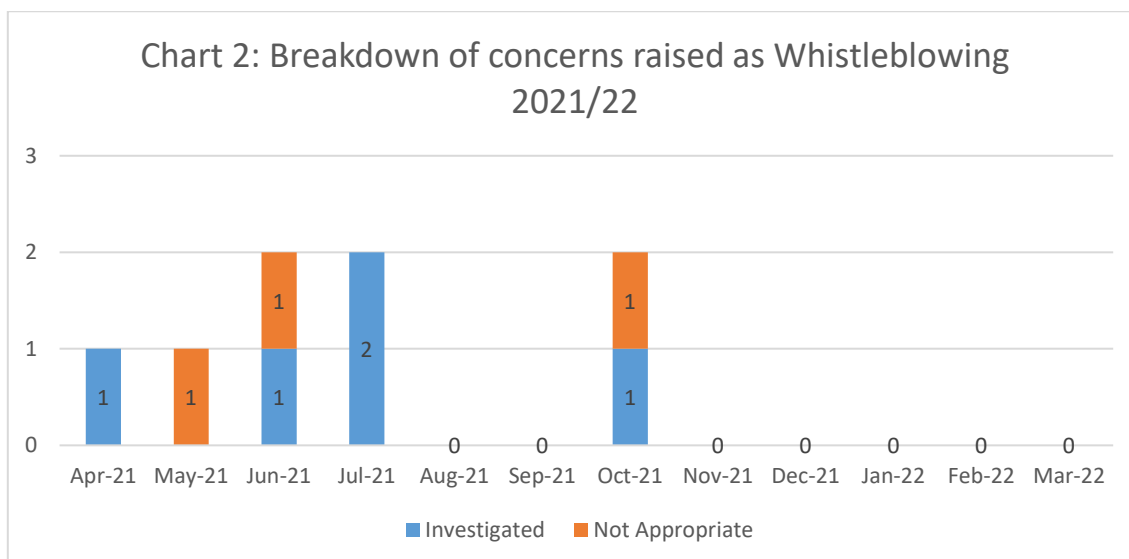
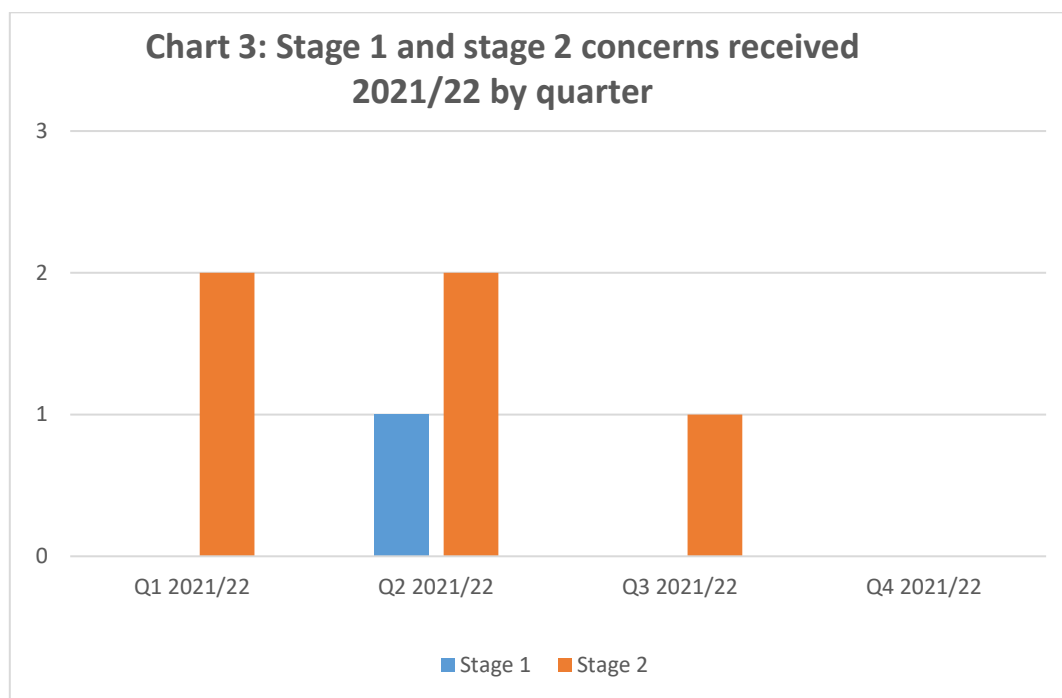


Chart 2 shows the breakdown of concerns received in 2021-22. Of the eight concerns received, three were not appropriate for the whistleblowing process. Feedback was provided to those who raised two of the concerns and they were directed to the most appropriate policy under which to pursue their concerns. These were managed through the Boards Grievance policy. The remaining concern was raised anonymously and this was taken forward through local processes.

The five concerns appropriate for whistleblowing were taken forward and fully investigated at Stage 1 and Stage 2 of the process as shown in **Chart 3**. It is worth noting that the concern initially reviewed at Stage 1 of the process was escalated to Stage 2.



## 4. Responding to concerns

### 4.1 Concerns closed at Stage 1 and Stage 2 as a percentage of all concerns closed

Whistleblowing Handling Performance	
Stage 1 Concerns	
1	Total number of Stage 1 concerns received
100%	Percentage of Stage 1 concerns that were closed
100%	Percentage of Stage 1 concerns closed within the 5 working days target
Stage 2 Concerns	
5	Total number of Stage 2 concerns received
100%	Percentage of Stage 2 concerns that were closed
20%	Percentage of Stage 2 concerns closed within the 20 working days target

The Stage 1 concern was received in Quarter 2. No additional stage 1 concerns were received in quarters 1, 3 and 4. This Stage 1 concern was escalated to a Stage 2.

## 4.2 Concerns closed at Stage 1 and Stage 2 on target

### 4.2.1 Stage 1 on target

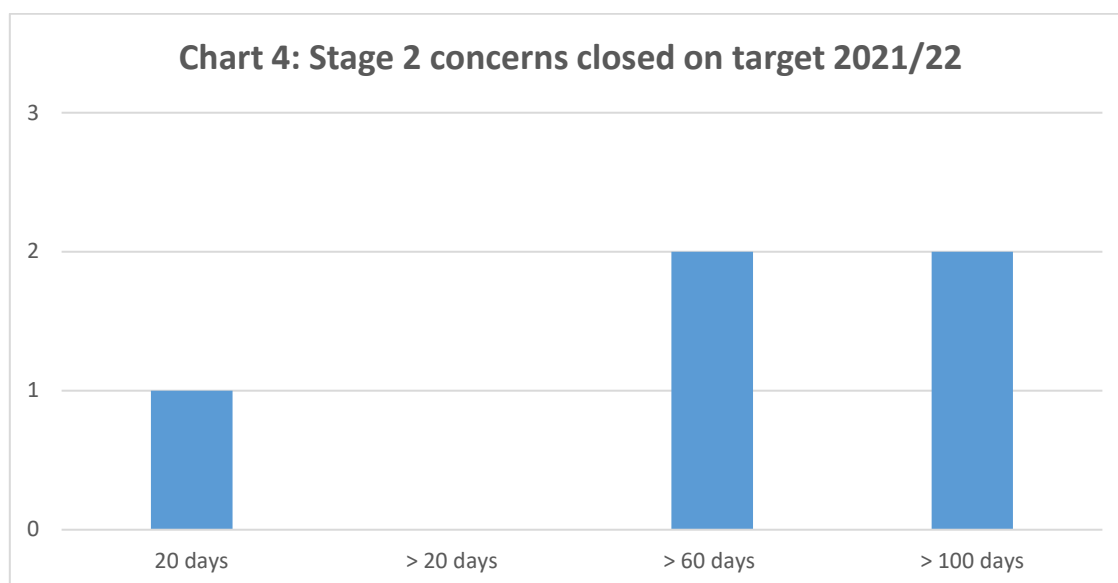
Total concerns received Stage 1	Closed within 5 working days	Total concerns received Stage 2	Closed within 20 working days
1	1	5	1

Table 1

### 4.2.2 Stage 2 on target

The INWO's expectation is that there will be a thorough investigation of stage 2 concerns, and as a result they recognise that the 20 working day timeline may not always be achieved, especially given the often complex nature of concerns and the requirement for support and confidentiality. The timescale is provided to ensure that organisations take prompt action, and that there is an ongoing focus on investigating and addressing the concern.

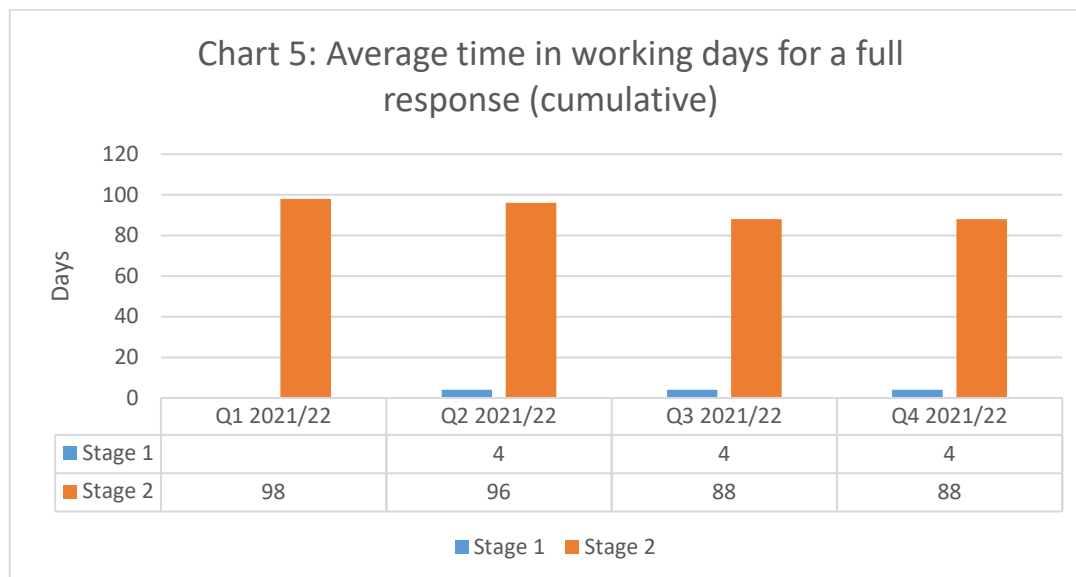
NHS Ayrshire & Arran aims to respond to Stage 2 concerns within 20 working days but will ensure that the time needed for a thorough investigation is given.



In 2021/22 one concern was closed within the 20 working day time line. Four concerns were closed in excess of this timeline with the longest outcome being 128 working days.

### 4.3 Average response times

Chart 5 provides the average time in working days for a full response to be provided to concerns at each stage of the whistleblowing procedure.



Due to the complexity of the stage 2 concerns received it has taken an average of 88 working days to conclude investigations and for the outcome of the investigation to be communicated to the Whistleblower. The Whistleblower is kept fully informed throughout the whistleblowing investigation, this includes when there is a requirement to extend the time scale.

## 5. Concerns outcomes

Table 2 details the outcome of the five concerns which have been closed at Stage 1 and Stage 2, all concerns for 2021/22 are closed in full.

Total Number for Concerns received		Not Upheld		Partially Upheld		Fully Upheld	
Stage 1	1 (Stage 2 escalation)	-	-	1	100%	-	-
Stage 2	5	2	40%	2	40%	1	20%

Table 2

## 6. Primary Care and contracted services

### 6.1 Primary care contractors

Primary Care contractors (GP practices, dental practices, optometry practices and community pharmacies) are also covered by the Standards.



The Primary Care Team wrote to all practices and community pharmacies advising of the new National Whistleblowing Standards for the NHS in Scotland and the requirements for local policies and information on the reporting process.

Primary care contractors were made aware of how to access NHSAA Speak up Service for guidance through the process.

Primary Care contractors are required to report in line with the same key performance information as NHSAA i.e. quarterly reports on the number of cases, cases closed etc. In instances where no concerns have been raised within wider primary care or other contracted services there is no need to provide a quarterly return to the Board, but annual reports must still be submitted, setting out the concerns that have been raised. Three quarters data has been requested in 2021/22.

There were no concerns recorded during 2021/22.

Q2, Q3 & Q4 returns have been received as outlined in Table 3 below:

Primary Care Contractor (PCC)	Current PCC Cohort	Returns received by Quarter 2021/22			No of concerns received		% PCC who provided response 2021/22	% PCC who failed to respond 2021/22
		Q2	Q3	Q4	Stage 1	Stage 2		
GP Practices	53	52	42	50	0	0	91%	9%
Dental Practices	66	63	64	59	0	0	94%	6%
Optometry Practices	58	30	30	26	0	0	50%	50%
Community Pharmacy	99	26	37	33	0	0	33%	67%

Table 3

## 6.2 Other Contracted Services

As part of the implementation programme contractors who provide services to NHS Ayrshire & Arran were made aware of the Standards and the requirement to ensure that they have procedures in place. A process for the collection of quarterly and annual returns from contractors was agreed. The work to implement this process of quarterly and annual returns has been impacted by the retirement of the Interim Head of Procurement, which resulted in the work being paused. At this time there is no reporting information available for 2021/22.

With a new Head of Procurement, the procurement team are collating information from local suppliers, who are not contracted through the National Procurement Framework and this information will inform into a Contract Register providing a list of all local contracts and Service Level Agreements (SLAs) that the Board have in place. This will ensure a process for reporting Whistleblowing concerns in accordance with the requirements of The Standards.

NHS National Procurement Services are responsible for those contracts covered by the National Procurement Framework. A National process is in place which supports the requirements of the Standards for reporting and recording.

## 7. Anonymous Concerns

Concerns cannot be raised anonymously under the Standards, nor can they be considered by the INWO. However, good practice is to follow the whistleblowing principles and investigate the concern in line with the Standards, as far as practicable. NHS Ayrshire & Arran has decided that anonymous concerns will be recorded for management information purposes. The definition of an anonymous concern is 'a concern which has been shared with the organisation in such a way that nobody knows who provided the information'. All anonymous concerns will be considered and investigated to the organisation as appropriate.

In 2021/2022 two anonymous concerns were received one in Q1 and one in Q3. The concern received in Q1 was taken forward as Whistleblowing as the individual came forward. This may indicate an increased trust in the process since its initial launch. Where appropriate the outcomes from investigations into anonymous concerns are shared with the service area.

## 8. Learning, changes or improvements to service or procedures

NHS Ayrshire and Arran is committed to learning and improving from whistleblowing complaints. For each complaint that is upheld or partially upheld a documented improvement plan is put in place to address any learning. The action plan is agreed by the Director responsible for commissioning the investigation under the standards. We recognise that system-wide learning, changes or improvements to services can be limited by the need to maintain confidentiality of individual whistleblowers.

To date recommendations from investigations have resulted in improvement being made to clinical supervisions, communication and digital systems. Learning has come from poor local induction for staff new to areas, patient centred care and record keeping. Plans are in place for areas where training needs have been identified, such as in clinical procedures, staff development and HR policies, to ensure improvement

Of the five Stage 2 concerns recorded, four implementation plans and one learning plan have been put in place. One implementation plan has been completed with all recommended actions closed.

Number Investigations closed	Numbers of Improvement Plans		Number of Learning Plans	
	In Progress	Closed	In Progress	Closed
5	3	1	1	

Table 4

Those plans that remain current are monitored through Directorate Governance routes with feedback on closure to Whistleblowing Oversight Group.

In general, the concerns received to date have been complex and have been overlaid by cultural, relationship and communication issues.

## 9. Whistleblowing themes, trends and patterns

Analysis of the concerns raised by key themes is provided below. Where possible comparisons have been made against the Whistleblowing cases received pre-April 2021 with those raised post implementation. This information will aid identification of any improvement priorities, and to progress learning in a targeted manner.

Theme* <sup>1</sup>	Pre April 2021* <sup>2</sup>	Q1	Q2	Q3	Q4	Annual 2021/22
Patient Care	n/a	1	2	1	0	4
Patient Safety	n/a	1	2	1	0	4
Poor Practice	n/a	1	1	1	0	3
Unsafe working conditions	n/a	0	0	0	0	0
Fraud	n/a	1	0	0	0	1
Changing or falsifying information about performance	n/a	0	0	0	0	0
Breaking legal obligations	2	0	0	0	0	0
Abusing Authority	n/a	0	0	0	0	0
Criminal offence	1	n/a	n/a	n/a	n/a	n/a
Miscarriage of justice	0	n/a	n/a	n/a	n/a	n/a
Health and Safety risk	2	n/a	n/a	n/a	n/a	n/a
Damage to environment	0	n/a	n/a	n/a	n/a	n/a
None of the Categories listed	0	n/a	n/a	n/a	n/a	n/a
Concealment of the above	1	n/a	n/a	n/a	n/a	n/a

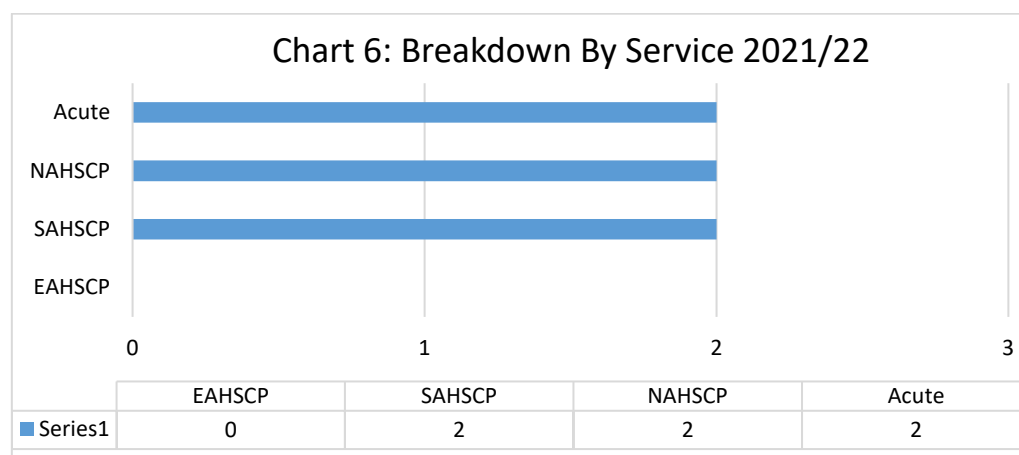
Table 5

\*<sup>1</sup> more than one theme may be applicable to a single Whistleblowing concern

\*<sup>2</sup> themes were broadened for reporting post April 2021

## 10. Concerns raised by Service

Chart 6 shows the breakdown of concerns by service for 2021/22. It is worth noting that one investigation covered concerns raised across two Health & Social Care Partnerships (HSCPs).



## 11. Experience of individuals raising concern/s

All those who raise concerns are given the opportunity to provide feedback, through an anonymous survey, on their experience of using the Whistleblowing procedure in order that we can learn and make any improvements in our processes as appropriate. The response rate has been 40%. Responses indicate a positive experience in terms of how the investigation was undertaken, being kept up to date throughout the process and the way in which anonymity was maintained throughout. A copy of the Whistleblowing Experience Survey can be found at **Appendix 2**

Example of questions asked and feedback given:

Question	Feedback
What their impression was of staff dealing with the concerns?	'Very helpful and I truly felt I was being taken seriously'
Do you have any suggestions to help improve our whistleblowing process?	'Only to reassure people that it is anonymised and I feel like myself people will open up'

Table 6

A process to gather feedback from all those involved in the whistleblowing process is being developed.

## 12. Level of staff perception and awareness and training

### 12.1 Staff perception and awareness

NHS Ayrshire & Arran began raising awareness of the Standards with staff from February 2021. It is difficult to quantify staff perceptions, however prior and since the implementation of the standards, there has been a wide-ranging communication exercise across the organisation. This has included:

- Communications via Daily Digest and weekly e-News promoting raising concerns in NHS Ayrshire & Arran and guidance on how to raise a concern. Communications on the whistleblowing process used a 7-Minute Brief format which received good feedback. These briefings were issued widely across the organisation, via 700+ managers, to be shared with staff, volunteers, contractors, HSCP staff and students, for use in team meetings, noticeboards and shared work spaces. Each briefing provided contact details for the Speak Up mailbox and phone line and Confidential Contacts.
- Posters were used to promote the organisation's process for raising a whistleblowing concern. The posters provided information and questions to consider prior to raising a concern and reminded users of the confidentiality and support which is available. A poster with a QR code was also created to make it easy for users to access the Whistleblowing page on the internet.
- Both internal and external web pages for Whistleblowing were created. Internally on the organisation's [Athena intranet](#) with a one-click access button enabling easy

access for users and a Whistleblowing web page on the [NHSAA external website](#). The pages provide a wide range of information on the requirements of The Standards including guidance for users. The external page ensures access for all those who can raise a concern through the Standards.

- For Student Nursing and Midwifery colleagues information on raising concerns was added to their [external student support pages](#).
- For partnership colleagues an overview session on the Standards was provided via the Health and Social Care Providers Forums across our three partnerships. These groups involve colleagues from across the health and social care sector, including team and senior managers.
- The Corporate Induction programme for new staff joining the organisation contains a dedicated section on whistleblowing and raising concerns.
- Within Primary Care we have worked closely with primary care colleagues to raise awareness. Processes are in place with each primary care contractor group.
- To support the standards, guides are available for managers and staff and these have been widely publicised through routes described above.
- The organisations first [Whistleblowing Annual Newsletter](#) was developed and included input from our Nurse Director who is the Whistleblowing Executive Lead and also important comment from our Whistleblowing Champion.

## 12.2 Training

Training is available through NES Turas Learn for anyone who provides services on behalf of the NHS in Scotland, including students, contractors and volunteers. This provides learning on the National Whistleblowing Standards and the role of the Independent National Whistleblowing Officer (INWO). The modules have been provided by the INWO and are set out in 3 different learning programmes for:

- people who need an overview of the Standards;
- people who are line managers or work in a similar role, who are likely to receive concerns from colleagues in their day-to-day work; and
- senior managers who are involved with not only receiving concerns, but also investigating, responding to, and reporting on whistleblowing concerns to the board.

The training modules have been widely advertised throughout the organisation in 2021-2022 and were supported by a series of one-hour facilitated learning sessions for managers, supervisors and team leaders which took place throughout May and June 2021 via MS Teams. The sessions required managers to have completed the modules in advance and provided an opportunity learn more about what the introduction of the Standards means for managers and their responsibilities under the Standards. Due to demand, further sessions took place during October - December 2021.

To date 24% of staff and 39% of managers have accessed the Turas Learn modules. The organisation is continuing to encourage users to complete the appropriate modules through regular communications. Line Managers are required to complete the appropriate modules as mandatory learning. This will continue to be developed

and communicated through our Organisation and Human Resource Development team including through leadership programmes.

## 13. Whistleblowing and Speaking Up

The NHS Ayrshire & Arran Speak Up model supports the organisations culture of psychological safety where all staff are encouraged to be confident to bring forward any concerns. The Speak Up model provides access to Confidential Contacts and a cohort of Speak Up Advocates who work alongside the Confidential Contacts to broaden access for those with concerns, ensuring that we can provide access to a contact and support for those raising concerns across the organisation at all levels.

Of the concerns received during the reporting year these have been received via the Confidential Contacts or the SpeakUp mailbox.

## 14. Independent National Whistleblowing Officer

A clear indicator of the satisfaction of those who raise concerns can be derived from the number of concerns that are escalated to the Independent National Whistleblowing Officer (INWO). At the end of the first year there have been no referrals to the INWO.

## 15. Our plans for 2022/2023

- It is recognised that processes implemented prior to and during the first year would benefit from review to identify learning from managing the concerns raised. This review is underway to identify any improvements and proposals for change. We will review feedback from users of the process, best practice from colleagues in other boards and also from national forum meetings in which NHS Ayrshire & Arran participates.
- We will develop a pulse survey to help us understand staff awareness and perception in regards to the Standards.
- We will continue to promote the Standards and how to raise concerns safely within the organisation and a systematised approach to sharing learning.
- We will work with investigators and Directors, to review learning from the process and share as appropriate across the organisation.
- We will continue to engage with our Speak Up Advocates to address any barriers identified by staff about raising concerns.
- We will continue to provide communications on a monthly basis using the mediums of Daily Digest and eNews and our 7-minute briefing format.

## 16. Conclusion

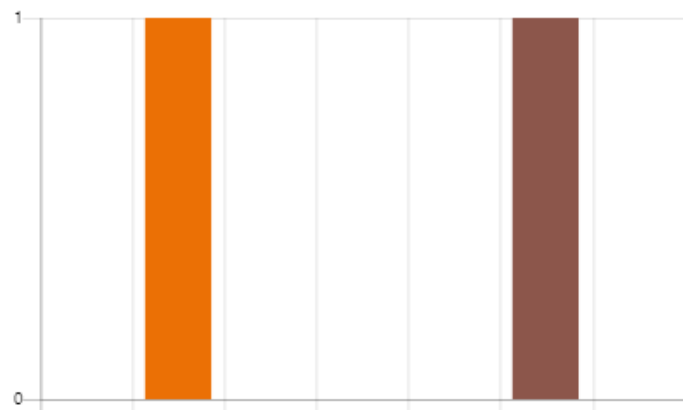
From implementation of the Standards, Year One has shown a rise in the number of Whistleblowing concerns received when compared with those received under the previous policy. It is hoped that continued improvements in process, continued communications and using feedback from colleagues will enable NHSAA to develop its culture so that all those who might have a concern feel able to Speak Up freely without fear of any adverse impact against them. It is recognised, as noted in Our Plans above, that this is a continuous improvement process and the learning gained from the first year will inform improvements as we go forward.

The organisations Whistleblowing Oversight Group (WBOG) will continue to meet to provide oversight of our processes and systems, recognising that this is a learning process and performance reports will continue to be provided to our Staff Governance Committee and Board meetings to provide assurance that the organisation is delivering the requirements of the Standards.

## Appendix 1 - Whistleblowing Experience Survey – Feedback

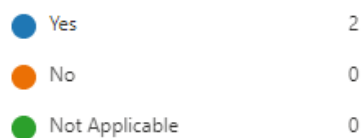
### 1. How did you find out where to submit your whistleblowing concern to?

[More Details](#)



### 2. Did you find it easy to find out how to raise your concerns?

[More Details](#)



### 3. If you answered no to question 2, why not?

[More Details](#)

2  
Responses

Latest Responses

"N/A"

"Answered yes"

### 4. Were you aware of who was dealing with the concerns and who to ask if you had any questions?

[More Details](#)





## 5. Did you feel listened to during the process?

[More Details](#)

## 6. If there was any delay in receiving the response, did someone contact you to let you know this and explain the reasons why?

[More Details](#)

## 7. On receipt of the written response to the concerns, did you feel that it:

[More Details](#)

Yes No

Answered all the concerns?

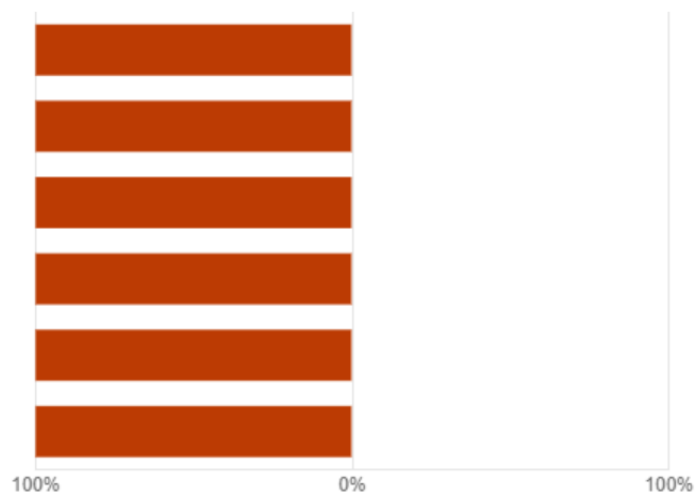
Was objective and impartial?

Was clear and explained reasoning well?

Was empathetic and understanding?

Offered an apology for where we got things wrong?

Indicated if we had learned lessons / made improvements as a result of the complaint?



8. What was your impression of the staff that were dealing with the concerns? For example, were they polite, helpful or approachable?

[More Details](#)

2  
Responses

Latest Responses

"Very helpful and I truly felt I was being taken seriously "

"Very helpful "

9. Overall, how satisfied were you with:

[More Details](#)

■ Very Satisfied ■ Satisfied ■ Unsatisfied ■ Very unsatisfied

How the concerns were handled?



10. Do you have any suggestions to help us improve our whistleblowing process?

2 Responses

ID ↑	Name	Responses
1	anonymous	No
2	anonymous	Only to reassure people that it is anonymous and I feel like myself people will open up