



NHS Grampian

Whistleblowing Annual Report

2021-2022

NHS Grampian – Caring – Listening – Improving

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Introduction

This is NHS Grampian's first annual Whistleblowing report and it covers the period from 1 April 2021 to 31 March 2022. This report includes all concerns raised to NHS Grampian from across the Health and Social Care System, which have met the whistleblowing criteria as set out in the new National Whistleblowing Standards (the Standards) which were newly implemented on 1 April 2021. Information on the Standards can be found on the Independent National Whistleblowing Officer (INWO) website [National Whistleblowing Standards INWO\(spsso.org.uk\)](https://www.spsso.org.uk)

A key part of the Standards is to encourage and simplify the way public interest concerns can be raised, in a more supportive and confidential way, to ensure organisations can address and learn from concerns they may not otherwise hear about.

Another key component of the new Standards is the introduction of Independent Whistleblowing Champion role, recruited by the Scottish Government (SG) and appointed to all NHS Boards in Scotland. The Whistleblowing Champion is a non-executive member of their appointed NHS Board, but they are directly accountable to the SG.

The role of the Whistleblowing Champion is to seek assurance that the NHS Board they are assigned to, are taking the steps required to be an organisation that encourages, truly values, and responds efficiently and effectively to whistleblowing concerns as laid out in the new Standards.

To support and enable them to fulfil their role, all Whistleblowing Champions attend quarterly National Whistleblowing Champion meetings which are also attended by the SG and INWO. NHS Grampian's Whistleblowing Champion is also a member of NHS Grampian's Staff Governance Committee.

In addition to this the Whistleblowing Champion has regular meetings with the Executive Lead for whistleblowing, which for NHS Grampian is the Deputy Chief Executive, along with NHS Grampian's two Whistleblowing Confidential Contacts and NHS Grampian's Staff Governance Manager.

At this meeting updates are given on active and newly closed cases by the Confidential Contacts (CCs) in a confidential and non-identifiable way, which allows for a discussion around process, whistleblowing experience, action being taken (and follow up if requested) and learning being achieved and shared as needed.

Governance and Reporting of Whistleblowing

All NHS Boards are required to produce quarterly and annual whistleblowing reports. These reports should include all whistleblowing concerns that have been raised and handled in line with the Standards within the Board area.

The reporting line for quarterly reports is firstly to the NHS Grampian Staff Governance Committee as a draft. Then following discussion and comments on the

report from the committee members, the report is then finalised and submitted to NHS Grampian's Board.

There is a requirement that all primary care organisations (PCOs) report any concerns handled under the Whistleblowing Standards with the NHS Board in their area for inclusion in their annual report. Health and Social Care Partnerships (HSCPs) must also report any concerns handled by them under the standards to the Board, or must produce their own annual report.

We are not currently aware of any whistleblowing concerns that have been raised directly to any PCOs or HSPCs, all concerns we are aware of have come directly to NHS Grampian.

NHS Grampian's Whistleblowing Ambitions

In the run up to the Standards coming into effect on 1 April 2021, a working group with representation from across the health and social care system met monthly to plan and take the required steps to be ready to implement.

Due to the Covid-19 Pandemic, this was a very challenging time to plan for and introduce a cross system, new way of working. Through these meetings it was agreed by members that there were four key areas that we needed to be working towards to allow successful implementation of the Standards, which are:

1. Establishing a culture that values concern raising, handles them openly and transparently, and has a focus on supporting concern raisers and protecting their identity is vital to increase system wide learning and improvement opportunities.
2. Leadership behaviours are key in setting the tone for the way other staff behave, and this is vital in striving for behaviours and a culture that welcomes concerns from people working within their services, whoever they are.
3. Recognising that raising a concern can be stressful and isolating, and that great trust is being placed in an organisation when in some cases trust will have been eroded due to feeling concerns are deliberately being overlooked by some individuals. Concern raising creates opportunities to put things right or reduce risk, and this should be repaid by ensuring support and protection is given to the concern raiser throughout the process, and ensuring no harm or consequences come as a result of speaking up.
4. Being mindful that some people feel at greater risk and therefore need greater support and encouragement to raise concerns. Examples of this are; staff in small teams, agency staff, locums, students, trainees, apprentices and people who need a visa to work in the UK or are from recognised equality groups.

These key ambitions will continue to be worked towards and success monitored during 2022/2023.

What is Whistleblowing

The public value of whistleblowing has been increasingly recognised since the term was introduced in the 1960s, and is an invaluable mechanism for organisations to become aware of issues that need to be addressed.

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 2020) 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”*.

There are two helpful tests to help decide if a concern should be handled through the whistleblowing process:

1. Does the concern relate to a public interest issue, or does it relate to the concern raiser's own employment situation.
2. Is the outcome the concern raiser is hoping for addresses or improves things for members of the public, patients or staff, or would the outcome be more about improving things for them as an individual.

Concerns raised about employee's own situation falls into the category of being a grievance, and the Human Resources (HR) Hub can offer support and expert advice on how best these can be handled.

If the concern relates to bullying and harassment the HR Hub should be contacted or a Bullying and Harassment Confidential Contacts (CCs). These CCs provide informal signposting and support to employees, workers and volunteers on the options available to handle an incident or resolve a situation where they feel bullied or harassed, or if they have been accused of demonstrating bullying and harassing behaviours.

In some cases individual grievances may be part of a wider public or staff safety concern, in which case they may be separated out and handled through an HR process, or if the grievance aspect is very minimal it can be handled as part of the whistleblowing concern, with the appropriate HR input.

The Whistleblowing Handling Process

More common concerns, where a worry arises that something may not be right, should in the first instance be raised with a line manager if possible. This is so issues can be resolved quickly under 'business as usual' processes if possible. However, if approaching a line manager would be difficult, whistleblowing concerns can be raised in several ways.

All whistleblowing concerns raised will be handled completely confidentially. This means the identity of the concern raiser will not be shared with anyone other than the person they make initial contact with.

Whistleblowing concerns can be raised with a more senior manager, or directly to a Whistleblowing Coordinator, or if more support is preferred to a Whistleblowing Confidential Contact. Regardless of the route concerns come in, only the details of the concern are carefully passed on to an individual (who is conflict free) to investigate, the identity of the concern raiser is never shared on.

Protection and support is always offered to the person raising the concern whichever route their concern comes in through. The individual they make contact with will remain their point of contact (unless it is jointly agreed another person is better placed), and they will receive verbal and written updates on progress, completion, and outcome of the investigation, including action being taken.

In addition to expecting support and confidential handling of a concern, the Public Interest Disclosure Act 1998 (PIDA) allows legal protection against discrimination for a person raising a whistleblowing concern. This 'protected disclosure' applies when the legal test is passed - when the concern raiser 'reasonably believes' the concern they are raising is in the public's best interest.

Time scales

Whistleblowing concerns should be handled at Stage 1 (referred to as Early Resolution), if only a quick investigation is needed and the concerns can be resolved within 3 working days. However, if the concern is more complex it should be handled at Stage 2, where a full and comprehensive investigation is undertaken and completed (or progress fed back if not completed) within 20 working days if possible.

During 2021/2022 all of the whistleblowing concerns raised were handled at Stage 2, but only one of these was concluded within 20 working days. The nature of whistleblowing concerns can be quite complex, and often in the more complex cases having 5 or 6 meetings between the concern raiser and the CC to ensure it is fully understood at the outset what the concern includes, to provide updates on progress and to discuss the findings at conclusion.

It can also be quite time consuming to find an independent investigator from outwith the service area where the concern is raised, and again several meetings have been occurring between the CC and the investigator to ensure the remit of the investigation will cover all aspects of the concerns and to get additional information from the concern raiser if needed.

However, the Standards state: ***“The timescale of 20 working days for a concern to be closed at the investigation stage aims to ensure cases are progressed as efficiently as possible; while overall timescales will be measured, there is no performance measure or KPI that sets down how many cases must be closed within this timescale.”*** [NationalWhistleblowingStandardsPart05_GovernanceRecording.pdf \(spsa.org.uk\)](https://www.spsa.org.uk/NationalWhistleblowingStandardsPart05_GovernanceRecording.pdf)

External support for Concern Raisers

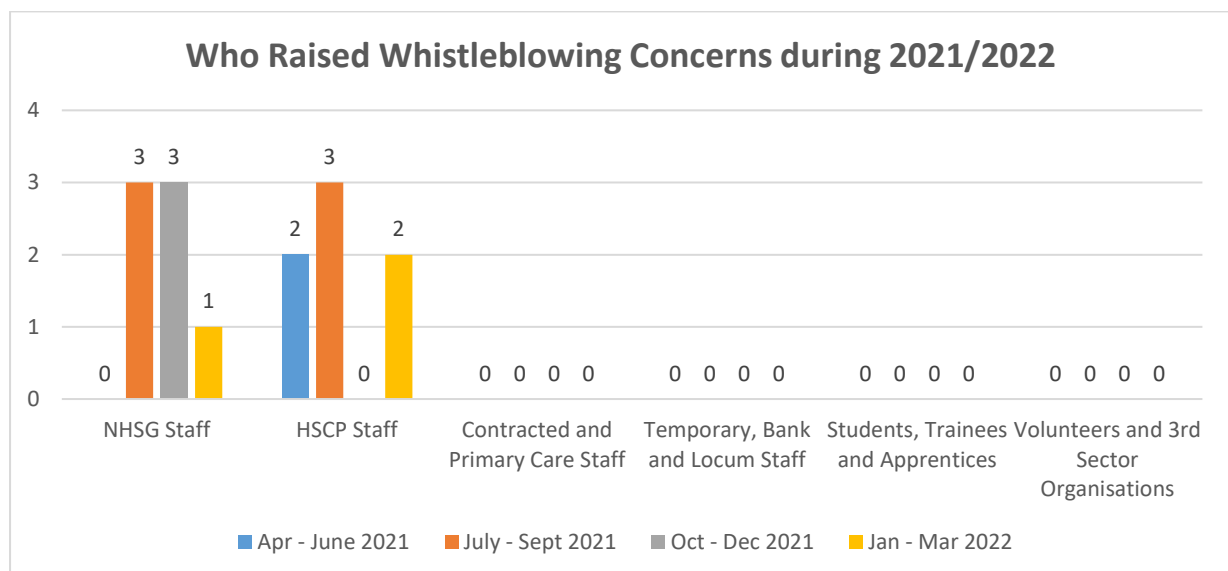
After completion of the whistleblowing concern process, if the concern raiser is unhappy with the handling or outcome of the concern, they should raise this with the Independent National Whistleblowing Officer (INWO).

The INWO will look at how the concern was handled, what the findings were, and can direct the NHS Board to take further action as a result. During 2021/2022 we are not aware of any whistleblowers contacting the INWO about NHS Grampian, or of any concern raisers who have bypassed our process by raising a whistleblowing concern directly to the INWO or SG.

Who can Raise Whistleblowing Concerns

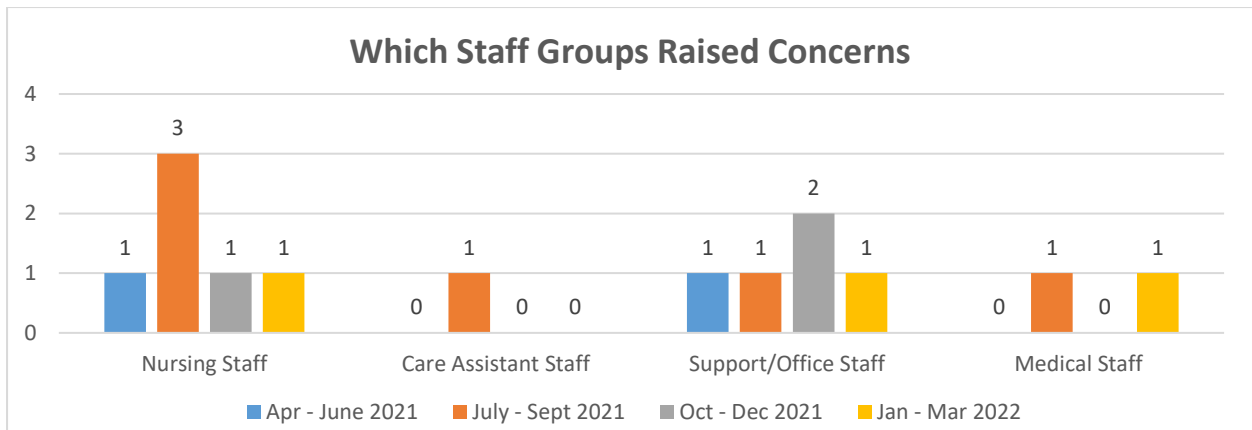
Whistleblowing concerns can be raised by anyone who is (or has been) providing services for the NHS, or working to provide services with NHS staff which includes:

- Staff providing services on behalf of NHS Grampian
- Staff providing services on behalf of the Health and Social Care Partnerships
- Staff working in non-private Primary Care Services (including both salaried and independent practices)
- Anyone contracted to provide services for NHS Grampian.
- Agency staff and Locums
- Students, Trainees and Apprentices
- Volunteers and Third Sector Organisations



During 2021/22 it was only staff providing NHS Grampian services or HSCP provided services that raised whistleblowing concerns. However, there is recognition that it is harder to raise concerns if you work in a smaller team, are in a temporary work situation, or are someone who will be assessed for training purposes.

Going forwards we will target our messaging to ensure those groups less likely to come forward are encouraged to, trying to offer reassurance about identity protection.

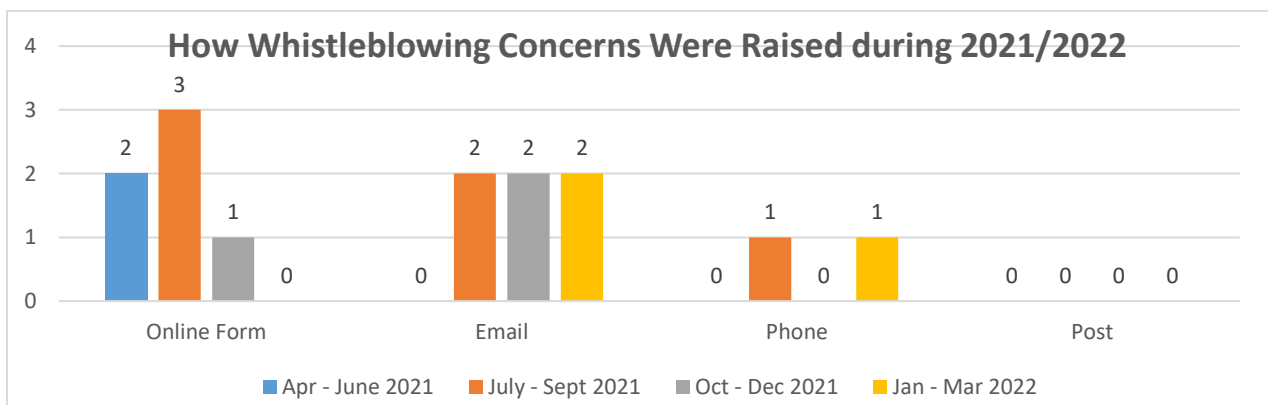


The above chart demonstrates that some staff groups are aware of, and able to raise whistleblowing concerns, however, no concerns were raised by staff from the Facilities and Estates staff group, so promoting the Standards and ensuring non-digital options are easy to access will also be a priority for this year.

How Whistleblowing Concerns can be Raised

- Filling in a short online confidential form which can be accessed through links on the intranet, internet and through a Bit.ly and QR code on posters.
- Emailing the dedicated confidential whistleblowing account. gram.whistleblowing@nhs.scot or one of the confidential contacts directly
- By phone call to one of the confidential contacts.
- By post.
- Through a manager or member of staff who can support you to raise your concern or make contact with a confidential contact.
- Through a University or College, who can contact a confidential contact on the student's behalf to protect their identity completely.
- Through a Volunteer Co-ordinator, who can contact a confidential contact on the volunteer's behalf to protect their identity completely.

Information about whistleblowing and how to raise whistleblowing concerns can be found on NHS Grampian's dedicated Whistleblowing page on both the [intranet](#) and internet [Whistleblowing \(nhsgrampian.org\)](http://Whistleblowing(nhsgrampian.org)) and has links to these pages on other relevant Intranet pages, such as the HR pages.



During 2021/2022 the on-line form was the most used way to raise whistleblowing concerns. The online form was created internally by NHS Grampian, in addition to the nationally suggested mechanisms, to encourage the reporting of concerns.

Confidential Contacts and Speak Up Ambassadors

To ensure there is expert support and advice available for anyone with a whistleblowing concern, and to anyone involved in or being affected by a whistleblowing investigation, NHS Grampian currently has two dedicated Whistleblowing Confidential Contacts (CCs),

The Whistleblowing CCs are available to support and offer advice to anyone working, supporting, volunteering, or undertaking training in any place providing NHS services in Grampian, regardless of their role or who they are employed by.

To ensure support is available more widely to staff with concerns or issues of any nature, NHS Grampian is working with an external agency which will train four cohorts of 12 members of staff to become Speak-up Ambassadors (SuAs).

The recruitment to these roles will be led by NHS Grampian's Staff Equality Network, and done in as fair and equal opportunity way as possible, and will ensure that staff training to be SuAs will come from a variety of roles, staff groups, specialities and locations across the health and social care system in Grampian.

The main role of the SuA is to be an empathetic and encouraging first point of contact for anyone employed by, providing services on our behalf or working/training/volunteering with NHS Grampian, who can signpost and support them to raise their concern through the most appropriate route. This may be to a Whistleblowing CC, one of the Bullying and Harassment CCs or the HR Hub for further advice and support.

Staff Training

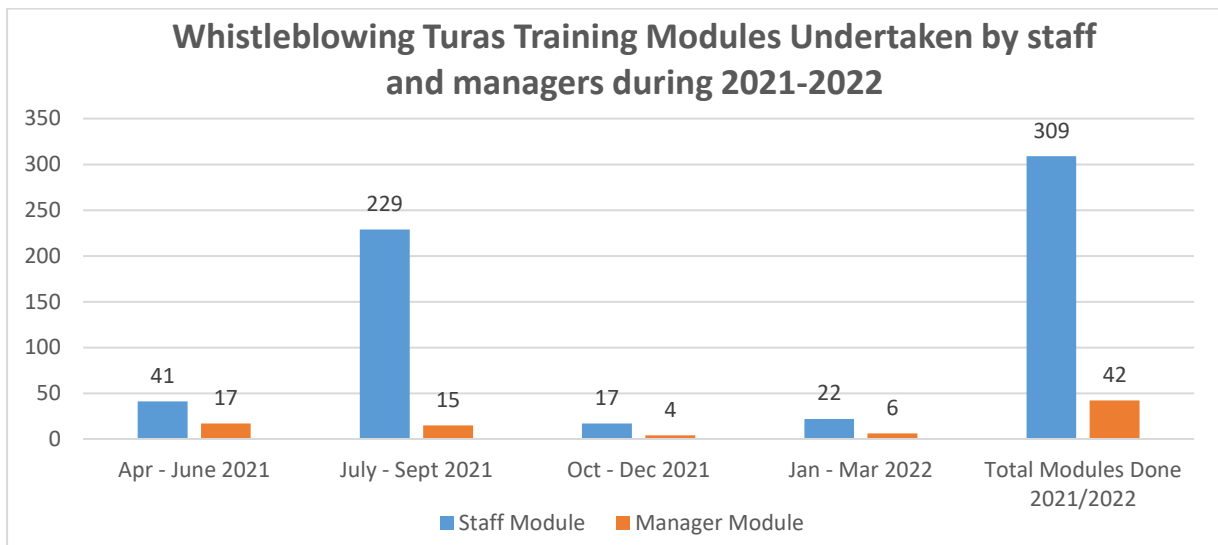
NHS Grampian, the three Health and Social Care Partnerships (HSCPs) and the other NHS care providers in Grampian, are united in their aim to develop a culture that welcomes, handles and responds to any and all concerns raised in a caring and supportive way.

To achieve this we are working together across the whole care system to embed an efficient, consistent, system wide approach which promotes, encourages and ensures learning comes from whistleblowing concerns.

A key part of this, is for all staff to feel supported and given the time they need to work through the relevant Whistleblowing Module on Turas, which takes 30-40 minutes.

In the past 12 months 309 staff members have completed this training and in addition to this 42 managers have completed the module specifically for managers.

The chart below shows the numbers of modules undertaken by staff on Turas over the first 12 months of them being available, however staff may also have done the training through the INWO website, which wouldn't be captured by our Turas system.



The launch of the Standards was heavily promoted by NHS Grampian during April 2021. During this time high quality PDF posters, which were designed locally by our Corporate Graphics Team, were promoted through the Daily Brief and sent out by email. All promotional information and links to the newly designed NHS Grampian Whistleblowing Webpage <https://www.nhsgrampian.org/about-us/whistleblowing/>, including links to the INWO Webpage were sent to:

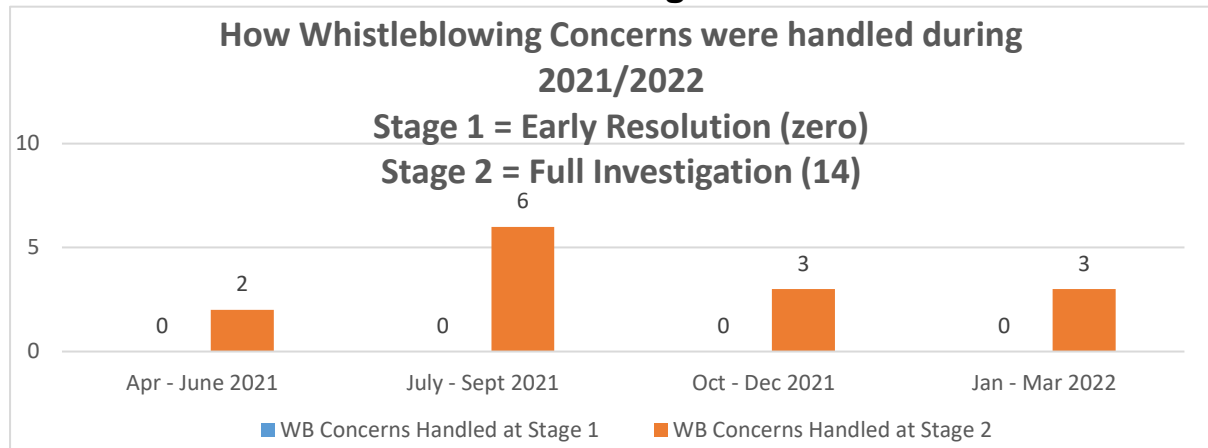
- NHS Grampian and the Health and Social Care Partnership's Sector Leads and cascaded through Management Teams
- Primary Care Organisation Leads and all Primary Care Providers across Grampian
- The Universities and Colleges that support students, trainees and apprentices that work and learn in the Health and Care System across Grampian
- Third Sector Interface Leads, the Voluntary Organisations that work with us and Volunteer Coordinators across Grampian.

We believe this period of promotion led to the highest number of staff undertaking training during July, August and September 2021, which was also the same time period that we received the most whistleblowing concerns, almost double what we received in the other quarter periods. From this we can deduct that promoting and raising awareness of the Standards will likely result in more staff undertaking training and raising concerns.

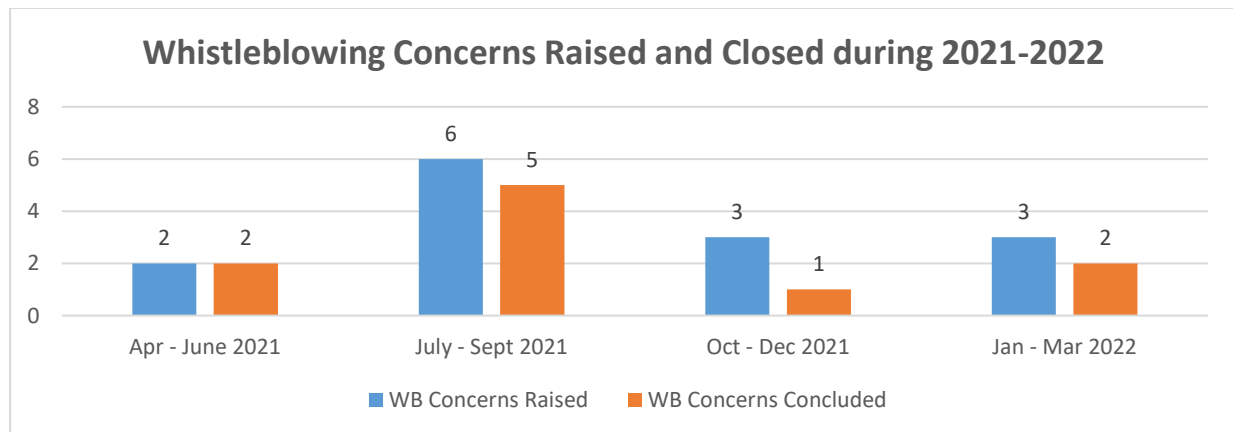
In addition, another reason that training figures could have been lower in the other quarter periods could be due to the continuing pressures on the system during the Pandemic and the impact of this on staff working across the system. During this time many staff were deployed to new areas to work or were asked to work in new ways and at different locations, meaning many staff were experiencing new challenges in how and where they worked, resulting in less time to undertake training.

It should also be noted that there has been a general poorer uptake of all Turas training modules through-out the pandemic as a result of the pressures and challenges mentioned above.

Number and Nature of Whistleblowing Concerns



During 2021/2022, 14 whistleblowing concerns have been received. In addition to this 10 concerns have been raised through whistleblowing route that have not met the whistleblowing (public interest) criteria. However, support and guidance has been given to re-route all of these concern raisers to more appropriate processes.

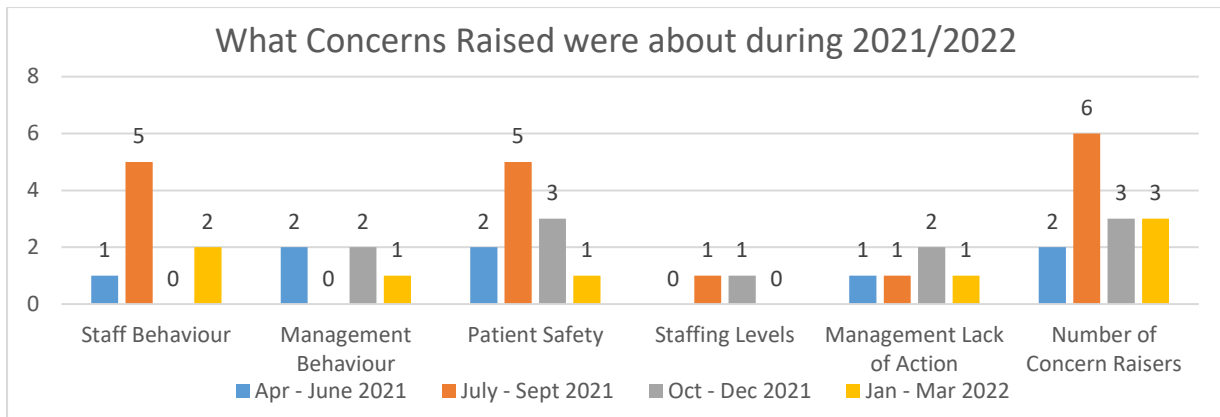


The graph above shows that two concerns were raised in Quarter 1 and both closed within this period (both within an average of 40 working days).

Six concerns were received in Quarter 2, with five of them now concluded but one still open (the average time for these concerns to be closed was 90 working days).

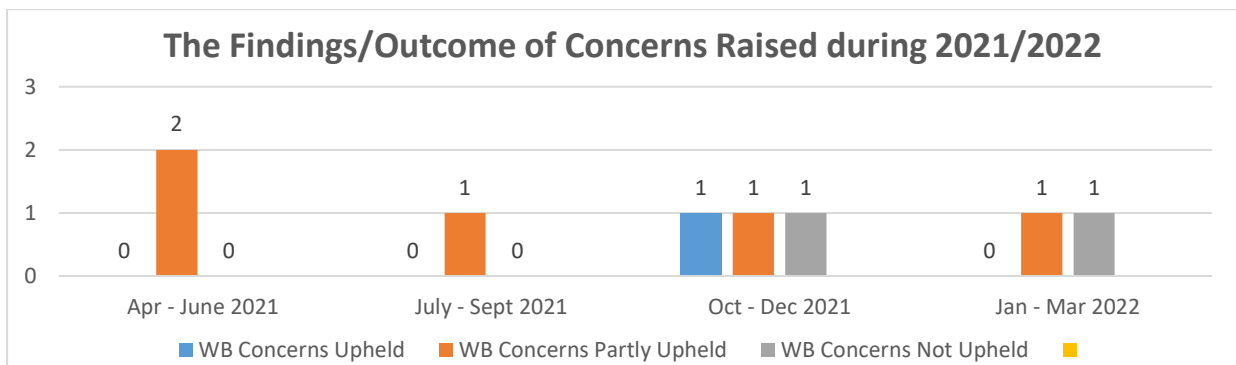
In Quarter 3, three concerns were raised and two remain open (the time taken to close the other concern was 34 working days).

Three concerns came in during Quarter 4, and 2 have since closed (with the average time for these being completed being 47 working days).



During 2021/2022 the 14 members of staff who raised concerns through the whistleblowing process collectively brought a total of 45 concern issues. This is an average of three issues raised by each whistleblower. An example of this is that a whistleblower may have concerns about management behaviour, a lack of management action and patient safety.

From the above five themes that arose Patient Safety (11) was the most frequent issue raised. However, this is something that may be expected due to the main criteria of the whistleblowing process being about public interest. The other three highest issues raised were about colleague’s behaviours (8), management behaviours (5), and lack of action from management (5).



As above, due to whistleblowing concerns usually containing around three areas of concern, the outcome of the whistleblowing process is usually defined on if all areas of concern are found to be lacking (Fully Upheld), if some areas of concern are found to be lacking (Partly Upheld), or none of the areas found to be lacking (Not Upheld).

As shown above two cases were fully upheld, three cases were not upheld and five cases had some upheld parts to the concern but not all. Also shown above is that four concerns are still open from Quarters 2, 3 and 4.

All of these cases have been complex in nature and have required detailed reviews of several issues, and sometimes to maintain independence external review has been sought. As with all whistleblowing concerns, any patient safety concerns are always dealt with swiftly in the first instance, with any more complex areas of concern being looked into as timeously as possible. The progress of these cases continue to be discussed at the regular update meetings with key individuals.

Reported Experiences of Whistleblowers

Concern raisers during 2021/2022 have come from a variety of staff from a variety of settings. We are hugely grateful to all of the individuals who came forward with their concerns as we recognise this is not an easy thing to do and holds a certain amount of anxiety about being identified as a whistleblower by management or their team.

As this has been the first year that NHS Grampian has handled whistleblowing concerns in this number and in this way, it has been a fast learning experience. We have tried to keep the 'spirit of the Standards' in everything we have done, by being as supportive as possible to those who raised concerns, and also to those who have been impacted by whistleblowing concerns.

Sometimes this has meant concerns have been re-routed through other HR routes due to not meeting the whistleblowing criteria, but where possible we applied the same process of thanking them for coming forward, reassuring them they had done the right thing and supporting them in any way that they needed.

Through feedback received from concern raisers so far, they have all reporting to have felt well supported and well informed through-out the process. This had largely been achieved by the regular meetings that took place on MS Teams (on average four meetings per person coming forward) throughout the whistleblowing journey, which includes a final meeting to feedback verbally what the outcome of the investigation has been, and to find out at this meeting if the outcome had been what they expected, has felt to be right and to find out what their experience of using the whistleblowing standards has been.

In addition to feeling well supported and informed, concern raisers have also reported feeling listened to, that they could see action had been taken as needed, and importantly that they felt their concerns had been taken seriously. This was also the cases where concerns had been found to be unsubstantiated/not upheld.

In addition to the benefits brought the whistleblower, the contact maintained throughout the whistleblowing process has led to a better understanding of what motivates people to come forward and speak up, despite worrying about the impact this could have on them. This is often demonstrated in the first contact where we seek to understand the concerns and what outcome the whistleblower is hoping for, but also at the end when the outcome to their concerns is explained.

In cases that have been not been upheld, there has often been a sense of relief from the whistleblower that their concerns had not been realised. In cases found to be upheld in part or full, it has sometimes brought a sad realisation that what they had themselves experienced or sensed may not be right, had in fact not been.

It is a courageous thing to speak up on behalf of others, especially when this can be an uncertain and anxiety provoking experience for the person doing this, which is another reason NHS Grampian is extremely grateful for the individuals who have come forward.

Examples of Action Taken

As a result of Whistleblowing concerns being raised the following actions have taken place during 2021/2022:

- Management and staff awareness raising to ensure all staff within the team know how to follow recruitment and HR processes fairly and consistently.
- Management training and support provided to ensure requests for change in care provider, and concerns and complaints raised, are dealt with in line with local and national policies in a consistent, fair and supportive way.
- Senior management undertook to interview all staff leaving the team, to ensure issues that may influence staff to leave are dealt with.
- Additional support was offered to the staff member raising the concern.
- Staff meetings took place to discuss the situation and actions needed.
- Team reflection and dynamics support was put in place.
- An action plan was developed, agreed and to be monitored and reviewed.
- A management review of how medications are ordered, stocked and administered was undertaken in a clinical area.
- A management review of the steps in place to reduce patient falls was undertaken in a clinical area.
- A management review of staffing levels and the mitigations that were in place took place in an inpatient service area.
- A management review of an assurance audit was undertaken.
- A management review was undertaken of team practices and behaviours and any resulting implications.
- A Professional Practitioner has been allocated to work with a team to ensure professional standards and attitudes are in line with expected standards.
- A management review into patient safety concerns was undertaken in a clinical area.
- A management review of team practices, behaviours and any resulting implications was undertaken.
- An external agency, which has been commissioned as part of a wider piece of work by NHS Grampian, will support culture improvement within a clinical area.

Conclusion of Learning Themes

As shown earlier in this report, many of the concerns raised have had a patient safety aspect to it, which in all cases have been looked into promptly. In many of these cases it was found that mitigations were already in place to manage patient safety concerns, however these were not always well known to all team members which had resulted in anxiety existing for some members of the team.

The next most common theme from whistleblowing concerns had been about the teams people work in, including team; behaviours, dynamics and cultures, and the impact this may have on staff wellbeing and morale, and as a result patient care.

This is a timely opportunity to ensure whistleblowing is linked into to the wider Culture Programme work that is underway, and to ensure in this coming year as the Culture Programme develops that whistleblowing learning is a key part of this work.

Challenges Faced During 2021/2022

There were periods when the operational pressures impacted the speed at which an investigation was started or how quickly it was progressed and completed, but at all times we made a priority of keeping those affected informed and ensuring any potential patient safety issues were looked into immediately.

The main issues encountered were around capacity to complete reviews in a timely way, due to a number of factors including some of the key staff who have expertise around reviews being unavailable due to deployment elsewhere or capacity to take on this activity.

It has also been necessary to seek opinion from the INWO in cases which were unclear to ensure we were following national guidance, and working to the 'spirit' of the Standards, meaning that where there was an opportunity to support someone to raise an issue which may be in the public interest that we did so, and where this didn't meet the criteria ensuring the person was still well supported as they were signposted to a more appropriate route.

Learning from Handling Whistleblowing Concerns

There has been a lot of learning gained from handling whistleblowing concerns in the last 12 months, this has included:

- The time and number of meetings needed with the whistleblower to understand, identify and agree what the key areas of concerns are which dictates the scope of the investigation to be carried out.
- The challenges of identifying an independent, conflict free investigator who is willing to take on a significant piece of work outwith their usual work remit.
- Needing to be adaptive and sometimes creative in the approach taken to investigate whistleblowing concerns, to ensure whistleblowers identities are protected, depending on the nature of concerns and if they have already vocalised or raised these concerns to colleagues/management.

- The complexities of ensuring whistleblowing concerns are not carried out in silos when other HR processes/investigations into these areas are already taking place, whilst still maintaining confidentiality and protecting identities.
- How long it takes to go through all the stages of the process from beginning to end and how many meetings take place to achieve this.

Areas for Further Consideration and Action

As mentioned previously, implementing new ways of working during a Pandemic has been challenging and we were aware there was a risk that the Standards may not be fully implanted or embedded in the way would like them to be in the first year. The key areas we recognise need further progression are:

- Confirming what the arrangements will be in each HSPC area in regards to extending the Whistleblowing Standards for Local Authority staff to use.
- Exploring the position and action still required in regards to contractors having the requirement to adhere to the Standards being included in their contractual agreements.
- How many CCs are needed (taking succession planning and periods of leave into account) and what in addition is needed to support the whistleblowing process to ensure CCs are not 'over involved' in the whistleblowing process.
- Establishing what the impact and responsibilities are for the department who are 'hosting' whistleblowing for NHS Grampian and how this will be managed.
- It was decided that whistleblowing concerns would be recorded on a newly set up section on the Datix Management System, but due to recent server update issues and a reduction in the size of the Datix Team this has not yet been possible but this work is planned to be completed during August 2022.

Next Steps

The INWO considers it good practice to share learning from whistleblowing concerns as widely as possible, and by publicising good news stories on a regular basis. As not only will this demonstrate to staff that raising concerns can influence service delivery but it will also raise and improve the profile and transparency of whistleblowing.

A key part of our next steps is to make this report as accessible as possible to all staff, and encourage all staff to read it. We plan to use the daily brief, the staff Intranet banner, by using email distribution lists and by adapting the poster promoting whistleblowing to include a link to the annual report.

All NHS Boards are being encouraged by the INWO to think about how they can use the annual report to show they have listened to staff, engaged with their concerns, improved services, and shared the learning more widely.

Therefore, this is an important opportunity for NHS Grampian to pause and reflect following the first year of handling whistleblowing concerns under the new Standards. To think about how we can raise the profile of whistleblowing and the value we place on it. To encourage all those who provide services on our behalf and work or volunteer alongside us, to come forward with any concerns they have, knowing they will be fully supported, their identity protected and that we will be very grateful for being provided with an opportunity to seek assurance, learn and improve where we can.

Louise Ballantyne, NHS Grampian Head of Engagement, July 2022