

NHS Shetland

Meeting:	Shetland NHS Board
Meeting date:	23 June 2022
Agenda Reference:	Board Paper 2022/23/24
Title:	Whistleblowing Standards Annual Assurance Report 2021/2022
Responsible Executive/Non-Executive:	Jason Taylor Interim Whistleblowing Champion
Report Author:	Jason Taylor Interim Whistleblowing Champion

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to:

- Legal requirement
- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The National Whistleblowing Standards were implemented on 1 April 2021.

This report should be read in conjunction with the annual Whistleblowing Report, and is intended to provide an objective assessment of whether NHS Shetland complies with the Standards, and to offer assurance to the Board in that respect.

2.2 Background

Roles and responsibilities

Executive Lead – Medical Director

The Executive Lead is responsible for overseeing operational implementation and operation of the Standards, ensuring timelines and communications are maintained and that follow up actions and learnings are progressed appropriately.

Interim Whistleblowing Champion - Jason Taylor, Non Executive Director (NHS Orkney)

The whistleblowing champion is predominantly an assurance role which helps NHS boards comply with their responsibilities in relation to whistleblowing. The whistleblowing champion provides critical oversight and ensures managers are responding to whistleblowing concerns appropriately, in accordance with these Standards. The whistleblowing champion is also expected to raise any issues 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.

Beyond the services delivered directly by the NHS Board, the whistleblowing champion will have responsibility for ensuring that the organisation has appropriate systems in place to ensure that services delivered indirectly, including primary care services, contracted services and those delivered by HSCPs, are meeting the requirements of the Standards. In particular, they may need to work with colleagues in IJBs to clarify expectations and requirements in relation to raising concerns.

NHS Shetland Board:

Board members have a critical role in setting a tone and culture in their organisation that values the contributions of all staff, including those who identify the need for changes through speaking up. This leadership role should not be underestimated, and is a critical function of the Board when it comes to concerns raised about safe and effective service delivery.

It is expected Board members will show interest and enthusiasm for issues that arise through concerns raised by staff, and in particular, to support the learning and improvements that stem from them. They also need to ensure that the arrangements in place act to promote trust between staff and the Board in raising concerns.

2.3 Assessment

The original implementation date for the National Whistleblowing Standards was delayed by the Covid Pandemic, eventually coming into force on 1st April 2021.

Work to prepare for the implementation date commenced under the leadership of the Medical Director, supported by other staff members, and some collaboration with NHS Orkney. As reported to the Board just after the implementation date, NHS Shetland implemented the standards with processes in place for recording, management and investigation of concerns, with awareness raising and communications ongoing.

In the autumn of 2021 a revitalised joint working group with NHS Orkney began to carry work forward. In December 2021, Shona Manson stepped down from her role as an NHS Non-Executive Director and Whistleblowing Champion.

In February 2022 Jason Taylor, NHS Orkney's Whistleblowing Champion, following discussion with Board Chair Gary Robinson, agreed in principle to provide this function across both boards on an interim basis whilst a substantive appointment process could take place.

Over the course of the year 2021/2022 work continued to refine underlying systems and processes, and to progress awareness raising. The recording system (Datix) has been improved since the implementation date to record all the relevant data, and allow easy management of investigations. Measures have also been put in place to strengthen business continuity and ensure appropriate cover is in place for staff absence.

Information sources have been updated (Intranet) to complement the external facing website, to ensure information is easy to find.

NHS Shetland remains in a strong position in respect of Confidential Contacts, having six individuals undertaking this role, including one non NHS member of staff in the HSCP. Conversations flowing from proposals that were initiated at the joint working group for a combined training and Confidential Contact resource are currently taking place between the respective executive leads of NHS Shetland and NHS Orkney.

Staff training completion remains low. To date, the Whistleblowing training modules have been voluntary, albeit targets are in place in respect of manager training. Whilst I continue to concur that for the majority of staff this is appropriate, it may be necessary to require managers / team leaders who potentially have to deal with concerns being mandated to undertake the relevant training module. As will have been noted from the Annual Report, this is an area that has been identified by the Executive Lead to action.

Awareness of the Standards and how to raise a concern is mixed. When randomly tested, the vast majority of staff I spoke to were, I am pleased to report, aware of the Standards and advised they had the confidence to raise a concern about patient safety. There were a handful of outliers who were unaware or could not readily recall what to do. As Whistleblowing is one end of the scale of raising concerns, I also queried staff confidence in raising minor and day to day issues. I encountered a very positive response to this question with most staff indicating they felt confident raising minor concerns.

It was however noticeable when testing awareness that it was higher among Gilbert Bain Hospital based NHS Shetland employees compared to those working in the wider Health and Social Care Partnership. This was not unexpected and has been reflected in the Executive Lead comments about where attention is required going forward.

No Whistleblowing concerns were raised over the course of 2021/2022. However, learning outcomes from two concerns raised in NHS Orkney have been shared with NHS Shetland via the joint working group to help inform decision making and business continuity planning.

Conclusion

I am satisfied that NHS Shetland has the appropriate systems in place to record and manage Whistleblowing concerns. Whilst there is continued and further work to undertake in respect of awareness raising, especially in the wider HSCP, and to ensure the right personnel are trained to the right level, I believe NHS Shetland has improved from its position on the implementation date.

I am satisfied that NHS Shetland complies with the National Whistleblowing Standards.