



Whistleblowing Annual Report 2022/2023

1. INTRODUCTION

1.1 This is the second Annual Whistleblowing Report which is presented to the NHS Board for consideration.

1.2 This year's format responds to June 2023 guidance from the Independent National Whistleblowing Officer regarding what areas must be covered.

2. KEY PERFORMANCE INDICATORS (KPIs)

Key Performance Indicator	Requirement	Local Update
1	Statement outlining learning, changes or improvements to services or procedures as a result of consideration of whistleblowing concerns	<p>In chronological order of when the concerns were first notified :</p> <p><u>Whistleblowing Case 1</u></p> <ul style="list-style-type: none">▪ Need for improved communication between Acute Services Management and Acute Services workforce. This is being attended to with open Teams sessions, with access to senior managers, and a focus on "Visible" leadership.▪ Hospital At Home initiative being rolled-out to increase number of patients who can be supported at home.▪ Range of initiatives underway as part of an Unscheduled care programme to support improved patient flow and effective and timely discharge

		<ul style="list-style-type: none"> ▪ Review of Emergency Dept. staffing underway. ▪ Local staff forum between Management and Trades unions has been reinvigorated. ▪ Recognised better communication required between NHS Borders Management and staff deployed via the Lothian & Borders Staff Bank. Infrastructure now exists for NHS Borders Management to notify key pieces of information via Lothian & Borders Staff Bank. ▪ Senior Charge Nurses Management time being reinstated as staffing levels improve. ▪ ED access to SAS operational activity record; early warning. <p><u>Whistleblowing Case 2</u></p> <ul style="list-style-type: none"> ▪ Recognised that many parts of the health & social system have experienced a difficult three (Covid) years and that the Emergency Department (ED) has been at the forefront of NHS Borders' response. The exceptional pressure on the ED team is acknowledged. ▪ It is acknowledged that the layout of the ED is sub-optimal in places considering the volume and complexity of cases cared for. Management will review what can be done to improve working conditions. ▪ Acknowledged that across the Health & care system there have been RGN and HCSW gaps for the last few years. This has increased the pressure on staff at work / on shift. NHS Borders has been successful in recruitment over the past year including attracting a good number of International Recruits; NHS Borders is currently projecting a low number of RGN vacancies by late Summer 2023. ▪ NHS Borders Exit Interview approach will be reviewed to encourage greater uptake from staff; and seek to incorporate not just those leaving the organisation but also those changing roles
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		<p>inside the organisation.</p> <ul style="list-style-type: none"> ▪ Clinical Psychology and Occupational Health are working with ED to make use of a variety of existing wellbeing resources and funding has been identified to improve trauma incident management/debrief. <p><u>Whistleblowing Case 3</u></p> <ul style="list-style-type: none"> ▪ Investigation not yet concluded. <p><u>General</u></p> <ul style="list-style-type: none"> ▪ Questions about the frequency, method, coverage and effectiveness of communications are often found within staff concerns and grievances. In two whistleblowing cases this year (1 & 2), communicating Management efforts to improve the experience for service users and staff in the Emergency Department were significant factors. ▪ Individuals decide who they wish to approach from the list of Whistleblowing Confidential Contacts. They may be attracted to a Confidential Contact in the same line of work or someone from a completely different job family. Geography might frame their decision one way or another i.e. speaking to someone out-with their immediate area or vice versa. Thought does need to be given as to whether there is any conflict of interest between potential whistleblower and Confidential Contact e.g. is the working relationship too close, is it unhelpful to seek assistance from someone in the same area. These things can usually be resolved between the whistleblower, Confidential Contact approached and the person who co-ordinates the Confidential Contacts.
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2	Statement to report the experiences of all those involved in the whistleblowing procedure	<p>In chronological order of when concerns were first notified and representing a certain moment in time when the feedback was supplied to NHS Borders (all backed-up by e-mail records) :</p> <p><u>Whistleblower 1</u> – consent to publish pursued, not yet received at time of writing.</p> <p><u>Whistleblower 2</u> – consent to publish pursued, not yet received at time of writing.</p> <p><u>Whistleblower 3</u> –These concerns were expressed at the end of the reporting period. No feedback is available in this particular reporting period. The investigation has yet to conclude.</p>
3	Statement to report on levels of staff perceptions, awareness and training	<p><u>Staff Awareness</u> – in October 2022, NHS Borders engaged in the Speak Up week, issuing what NHS Borders calls Staff Involvement and StaffShare communiqués. NHS Borders trades unions also staffed a whistleblowing stand at each of its sites, raising profile.</p> <p><u>Staff Training</u> – as at April 2023, 73 NHS Borders staff had completed the Turas whistleblowing modules, with a further 23 staff having accessed the training and currently progressing through it. This is regarded as a relatively low level of uptake to date and through publicity to drive people to the Turas platform, regular monitoring and maintaining a degree of gentle pressure to comply, NHS Borders seeks to at least double this training uptake over the course of 2023. The Whistleblowing Confidential contacts have received additional in-person training and meet quarterly to share experiences and stay up-to-date with any changes to the INWO Standards.</p>

4	Total number of concerns received	From 01 April 2022 to 31 March 2023, NHS Borders received three sets of whistleblowing concerns; two in October 2022 and one in March 2023. A further case which it had been thought was closed during the year 2021-2022, was under investigation by INWO during 2022-2023. That case is not reported on in this annual report as it still remains a live INWO investigation. It is likely that this will be reported on in the next NHS Borders Annual Report.
5	Concerns closed at stage 1 and stage 2 of the whistleblowing procedure as a percentage of all concerns closed	The three sets of whistleblowing concerns were all considered sufficiently complex and substantial/serious to warrant Stage Two investigation. NHS Borders considers two to be closed, with output reports/letters issued to the whistleblowers and one is ongoing with a Director-level letter yet to be issued.
6	Concerns upheld, partially upheld, and not upheld at each stage of the whistleblowing procedure as a percentage of all concerns closed in full at each stage	<p>The whistleblowers have each raised multiple and varied concerns within their whistleblowing approach, presenting between 10-30 individual items of concern; some of which have been upheld and others not upheld. In generalised summary :</p> <p><u>Whistleblowing Case 1</u> Partially upheld.</p> <p><u>Whistleblowing Case 2</u> Partially upheld.</p> <p><u>Whistleblowing Case 3</u> Not yet concluded.</p>
7	Average time in working days for a full response to concerns at each stage of the whistleblowing procedure	<p><u>Whistleblowing Case 1</u> From first notification of concerns to last formal contact from NHS Borders = 97 days.</p>

		<u>Whistleblowing Case 2</u> From first notification of concerns to last formal contact from NHS Borders = 198 days. <u>Whistleblowing Case 3</u> Not yet concluded.
8	Number and percentage of concerns at each stage which were closed in full within the set timescales of 5 and 20 working day	None. NHS Borders Management and Confidential Contacts endeavoured to keep whistleblowers up to date with progress with their concerns.
9	Number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1	No cases handled under Stage One.
10	Number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2	Three cases at Stage Two. All three extended in order to complete a fair & thorough investigation.

3. CONCLUSIONS

3.1 The NHS Borders approach to handling whistleblowing allegations under the INWO Standards continues to evolve in line with evolving guidance from INWO.

3.2 NHS Borders appreciates that the decision to pursue whistleblowing allegations is not taken lightly and wishes to express its thanks to those parties who took the time and effort to do so during 2022-2023, and also to staff who were involved in responding to concerns, including our network of Confidential Contacts.

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