



Meeting: NHS Highland Board
Meeting date: 26^h November 2024
Title: Quarter 2 Whistleblowing Report
Responsible Executive/Non-Executive: Gareth Adkins, Director of People & Culture
Report Author: Gareth Adkins, Director of People & Culture

1 Purpose

This is presented to the committee for:

- Assurance

This report relates to a:

- Legal requirement

This report will align to the following NHSScotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well	X	Nurture Well		Plan Well	
Care Well		Live Well		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well	X	Progress well					

2 Report summary

2.1 Situation

This report is for Quarter 2 covering the period 1st July – 30th September 2024.

This is provided to give assurance to the Board of our performance against the Whistleblowing Standards which have been in place since April 2021.

2.2 Background

All NHS Scotland organisations including Health and Social Care Partnerships are required to follow the National Whistleblowing Principles and Standards which came into effect from 1 April 2021. Any organisation providing an NHS service should have procedures in place that enable their staff, students, volunteers, and others delivering health services, to access the National Whistleblowing Standards.

As part of the requirements, reports are required to be presented to the Board and relevant Committees and IJBs, on an annual basis, in addition to quarterly reports. The Staff Governance Committee plays a critical role in ensuring the Whistleblowing Standards are adhered to in respect of any service delivered on behalf of NHS Highland. Both quarterly and annual reports are presented at the meetings and robust challenge and interrogation of the content takes place.

The Guardian Service provide our Whistleblowing Standards confidential contacts service. The Guardian Service will ensure:

- that the right person within the organisation is made aware of the concern
- that a decision is made by the dedicated officers of NHS Highland and recorded about the status and how it is handled
- that the concern is progressed, escalating if it is not being addressed appropriately
- that the person raising the concern is: - kept informed as to how the investigation is progressing - advised of any extension to timescales - advised of outcome/decision made - advised of any further route of appeal to the Independent National Whistleblowing Office (INWO)
- that the information recorded will form part of the quarterly and annual board reporting requirements for NHS Highland. Staff can also raise concerns directly with:
 - their line manager
 - The whistleblowing champion
 - The executive whistleblowing lead

Trade union representatives also provide an important route for raising concerns. In the context of whistleblowing standards the trade union representatives can assist staff in deciding if:

- an appropriate workforce policy process could be used including early resolution
- whistleblowing policy and procedures could be used to explore and resolve concerns that involve wrongdoing or harm

Information is also included in the NHS Highland Induction, with training modules still available on Turas. The promotion and ongoing development of our whistleblowing, listening and speak up services is a core element of the Together We Care Strategy and Annual Delivery Plan.

2.3 Assessment

Summary of Q2 Whistleblowing reporting covering the period 1st July – 30th September 2024

- No new cases have been raised.
- 1 case remains open and under investigation.
- 1 concern remains under discussion with the individual to agree best way forwards
- 3 cases were closed.

One new case raised in quarter 1 in relation to issues that are known to the board has been formally responded to and closed. The concerns related to the challenges associated with delivering a service sustainably including long waiting lists. The outcome the individuals were seeking was assurance that actions were underway or would be progressed to address these challenges. The response outlined the actions the board are taking including ‘relaunching’ the programme board to engage wider stakeholders and move actions forwards in partnership.

One new concern remains under discussion in relation to whether a whistleblowing investigation is required as there have been two separate reviews of the service that have acknowledged the concerns raised. Work has been underway associated with these reviews to explore with other NHS boards sustainable options for delivering the service. These discussions continue at a national level and the individual is involved in these discussions. The concerns relate to the pace of change and progress towards finding a solution and we continue to engage with the individual to provide assurance that this issue is being addressed.

2 further cases were closed both with partially upheld outcomes in relation to the concerns raised. In one case we have had confirmation that the individual is content with the outcome. The other case the report has been provided to the individual and they have indicated they are considering whether to refer to INWO.

1 case remains under investigation at the end of the quarter.

Compliance with the timescales within the standards remains a challenge due to the complexity of the investigations required. However, since our improvement action plan was implemented we have improved our administration of the process including ensuring regular updates to the complainants.

The nomination of investigators has improved with the introduction of the triage stage with the Director of Nursing and AHPs and the medical director as it enables quick identification of the person with the most relevant experience and skills to the case.

The quality of the investigations as well as the expertise and commitment of the investigators in the cases investigated this calendar year should be noted and commended.

Following discussion at the last staff governance committee it was agreed that consideration would be given to how to provide feedback through governance mechanisms on the recommendations from concluded cases.

The table in appendix 1 summarises the cases with recommendations that are still in progress and the governance arrangements. It is worth noting that recommendations are dependent on the specific context and circumstances and the associated governance arrangements will vary. However, a review date has been set for the whistleblowing function to check with those tasked with the recommendations on progress to date. This will include considering whether the work requires a further review date set.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

Comment on the level of assurance

The Board is asked to take moderate assurance on basis of robust process but noting the challenge of meeting the 20 working days within the standards.

3 Impact Analysis

3.1 Quality/ Patient Care

The Whistleblowing Standards are designed to support timely and appropriate reporting of concerns in relation to Quality and Patient Care and ensure we take action to address and resolve these.

3.2 Workforce

Our workforce has additional protection in place under these standards.

3.3 Financial

The Whistleblowing Standards also offer another route for addressing allegations of a financial nature

3.4 Risk Assessment/Management

The risks of the implementation have been assessed and included.

3.5 Data Protection

The standards require additional vigilance on protecting confidentiality

3.6 Equality and Diversity, including health inequalities

No issues identified currently

3.7 Other impacts

None

3.8 Communication, involvement, engagement and consultation

N/A

3.9 Route to the Meeting

Staff Governance Committee meeting 5 November 2024A

4 Recommendation

The Board is invited to take Moderate Assurance and take confidence of compliance with legislation, policy and Board objectives noting challenges with timescales due to the complexity of cases and investigations.

4.1 List of appendices

Appendix 1 – Case Recommendations and Governance Summary:

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Case ID	Summary	Recommendations	Actions	Governance Arrangements	Review date
WB02 2022-23	INWO review	<ul style="list-style-type: none"> • improve our concern handling • to apologise to complainant • carry out a review of specific patient feedback. 	<ul style="list-style-type: none"> • Improvements progressed as part of speaking up action plan • Apology issued • Review of patient feedback being progressed 	<ul style="list-style-type: none"> • Whistleblowing • Clinical Governance 	<ul style="list-style-type: none"> • Complete • Complete • End of October 2024
WB09 2023-24	Concerns raised in relation to contractor use and procurement practices in a service	<ul style="list-style-type: none"> • Review process for approving and engaging contractors to cover workforce shortages in specialist non-clinical roles • Review procurement processes in service area 	<ul style="list-style-type: none"> • SLWG setup to review contractor processes including senior sign off • Review of procurement processes by procurement team 	<ul style="list-style-type: none"> • Whistleblowing/Staff Governance 	<ul style="list-style-type: none"> • End of February 2025
WB11 2023-24	Concerns raised in relation to: <ul style="list-style-type: none"> • organisational change policy implementation • Clinical practice and supervision 	<ul style="list-style-type: none"> • Undertake a review of service provision and produce recommendations on any changes required • Review training and competency framework • Adopt new organisational professional assurance framework • Undertake organisational development with teams to rebuild trust and promote psychologically safe workplace 	<ul style="list-style-type: none"> • SLWG to be set up to progress all actions • Organisational development support commissioned 	<ul style="list-style-type: none"> • Clinical Governance 	<ul style="list-style-type: none"> • End of February 2025
WB12 2023-24	Concerns raised in relation to: <ul style="list-style-type: none"> • Service sustainability • Waiting lists • Staffing levels 	<ul style="list-style-type: none"> • Provide confirmation of actions underway and planned to address concerns • Include whistleblowers in stakeholder engagement and/or programme board/governance 	<ul style="list-style-type: none"> • Programme board relaunched • Whistleblowers invited to participate 	<ul style="list-style-type: none"> • Clinical Governance 	<ul style="list-style-type: none"> • Complete

<p>WB13 2023-24</p>	<p>Concerns raised in relation to a community hospital:</p> <ul style="list-style-type: none"> • Raising concerns through clinical governance • Effective management of concerns raised through clinical governance • Communication and engagement of staff in clinical governance 	<ul style="list-style-type: none"> • Review and strengthen clinical governance arrangements within the hospital including raising concerns and involving staff in clinical governance activities locally • Improve communication to staff on clinical governance improvement plans • Strengthen multi-disciplinary working including MDT meetings, ward rounds and note keeping • Improve senior nursing staff visibility • Review opportunities to link with community dementia team and provide inreach to hospital 	<ul style="list-style-type: none"> • SLWG set up to progress actions including senior nursing leadership 	<ul style="list-style-type: none"> • Clinical Governance 	<ul style="list-style-type: none"> • End of January 2025
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