



**Meeting:** Board Meeting

**Meeting date:** 24 September 2024

**Title:** Quarter 1 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 1 covering the period 1<sup>st</sup> April – 30<sup>th</sup> June 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**

In the Q1 Whistleblowing reporting period 1st April – 30th June 2024:

- 1 new case has been raised
- 1 new concern was raised with the whistleblowing executive lead but not progressed under the standards
- 1 Monitored referral was closed
- 4 cases remained open and under investigation

One new case was raised in relation to issues that are well known to the board and the challenges associated with delivering a service sustainably including long waiting lists. The individuals raising the concerns wanted the concerns investigated under the whistleblowing standards. Whilst it could have been considered not in the public interest to investigate the concerns under the standards it was decided to formally respond under the standards to acknowledge, uphold the concerns and communicate the actions the board were taking to address the well-known concerns. This was discussed with the whistleblowers and they agreed that the outcome they were seeking was acknowledgement of the concerns and information on what action the board was taking. The final response remained under discussion at the end of the quarter but has since been concluded at the time of this report.

One new concern was raised in relation to issues that are well known to the board and the challenges associated with delivering a service sustainably. Discussions with the individual raising the concerns resulting in arranging further discussions with senior management to ensure they were engaged in the ongoing work to find a solution to the service sustainability issues. This was not progressed under the standards. This was discussed with the individual they

agreed that the outcome they were seeking was acknowledgement of the concerns and information on what action the board was taking.

These two cases were discussed at the Staff Governance Committee in relation to the process and not the details in line with protecting confidentiality. The discussion raised important questions around responding to concerns that are well known to the board and whether further investigation is required. In these cases it was agreed with the whistleblowers that this was not necessary and the outcome they were seeking was assurance that plans were in place to address the concerns. This has been a useful learning experience within the context of administering the standards and highlighted that concerns can be raised and acknowledged under the standards without necessarily undertaking lengthy or complex investigations where this detail is already known. The important point here is that the whistleblowers have had an opportunity to ensure the concerns are known about and we have been prompted to review action plans in place and provide that information back to the whistleblowers.

Two monitored referrals were received in quarter 2. These were two linked cases where the individuals chose to contact INWO as they were not satisfied that their issues had been resolved through a previous Whistleblowing Case investigated through National Education for Scotland. The whistleblowing standards were raised through a grievance raised in October 2022 and specifically referenced issues that dated back a number of years. The executive lead reviewed these cases and decided to time bar them based on the 6 month time period for reporting issues unless there are exceptional circumstances. In addition a significant amount of work had been undertaken to address issues following the NES investigation. However, the individuals were offered the opportunity to submit a new account of concerns under the standards if they felt that there were issues they were still encountering now or had happened in the last 6 months. There has been no further contact from one of the individuals since the referrals were not accepted. However, one individual contacted INWO to raise concerns with the referral not being accepted.

INWO has requested we provide further information on the range of work undertaken to address the issues raised in the original grievance. Further information has been collated and will be discussed with the individual. There has been no direct contact with the individual and delays are occurring due to difficulties contacting the complainant via their trade union representative.

A follow-up contact with the complainant's trade union representative has not resulted in any further action. INWO have written to us to close the monitored referral given there has been no further contact with them or with us for many months.

4 cases remain under investigation at the end of the quarter with one concluded at the time of this report.

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.

**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 committee 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**

N/A

**4 Recommendation**

Moderate Assurance – To give 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**

The following appendices are included with this report: