

NHS Highland



Meeting: Board Meeting

Meeting date: 28 May 2024

Title: Quarter 4 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 Board 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 4 covering the period 1st February – 31st March 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 Q4 Whistleblowing reporting period 1st February – 31st March 2024:

- 3 new cases have been raised.
- 1 Monitored referral remains under review.
- 1 case arising from an INWO query will now be progressed under the standards.

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 raise 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 is 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. We will seek advice from INWO in due course if we do not receive any further contact.

The query from INWO was in relation to a complaint made by a member of staff in relation to a concern they raised through the guardian service in July 2022. The complainant has subsequently provided further information on current concerns with quality of care. It was agreed with the complainant that the main outcome they were seeking was that there were issues with the quality of care and that suitable actions were underway to address them. They further agreed that service managers would be asked if they were aware of the issues and what was being done to address them as an alternative to an investigation under the whistleblowing standards. The executive lead has agreed to meet with the complainant in February 2024 to discuss the case and the outcome of the intervention. It is hoped this will lead to further learning for the organisation on how we can improve reporting of quality of care issues through ‘business as usual’ routes. For example, if staff have concerns about quality of care can we move to a position where staff are able to raise issues through line management and/or clinical governance mechanisms.

Following the meeting in February it was established that the complainant felt that little progress had been made and they wish to revisit the option to investigate this as a whistleblowing concern. This is now being progressed with the appointment of an investigator.

Compliance with the timescales within the standards remains a challenge. We will review the capacity available to support the process but note that the complexity of these processes remains a challenge to achieving an outcome within 20 working days.

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 commitment to the principles of the standards and completing robust investigations but with a challenge to achieving this within 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

The Board is asked to:

- (a) Take 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.
- (b) Note the content of the report.

4.1 List of appendices

None