



Meeting: Board Meeting
Meeting date: 25 March 2025
Title: Quarter 3 Whistleblowing Report
Responsible Executive/Non-Executive: Gareth Adkins, Director of People and Culture
Report Author: Gareth Adkins, Director of People and Culture

Report Recommendation:

The Board are asked to

- **Note** the content of the report.
- Take **Moderate Assurance** that the content of the report provides confidence of compliance with legislation, policy and Board objectives **noting** challenges with timescales due to the complexity of cases and investigations.

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		All Well Themes			

2 Report summary

2.1 Situation

This report is for Quarter 3 covering the period 1st October – 31st December 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 Quarter 3 covering the period 1st October – 31st December 2024:

- 1 concern raised which was ineligible under the standards
- 1 concern raised and not progressed under the standards following discussion with individual
- 1 concern remains under review whilst the individual is involved in actions to address the concerns raised
- 1 case was closed
- INWO requested further information on 2 completed cases to complete an initial assessment of whether to investigate further.

One concern raised was considered under the standards and deemed ineligible as the concerns related to issues that had been raised and managed under workforce policies.

One concern raised was discussed with the individual in relation to the outcome they were seeking. It was mutually agreed that a review of service would be undertaken to support the team to identify actions and improvements to take forwards.

One new concern remains under review in relation to ongoing work with the service which the individual is involved in to address sustainability issues and challenges associated with delivering the service.

1 case was closed and the concerns were not upheld. INWO subsequently asked for further information which has been provided and they will not be pursuing any further.

INWO requested for information on a case that is closed and had upheld some aspects of the concerns and partially upheld other aspects of the concerns. This case and the associated report made recommendations which are now being progressed via an action plan. Information is being prepared for INWO to provide further clarification and detail that they had highlighted did not appear explicitly in the final report but they have acknowledged is in the information we have provided to them. They will determine if further investigation by them is required once further clarification and an update on the action plan has been provided.

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

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 are 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

4.1 List of appendices

The following appendices are included with this report:

- Appendix 1 – Case recommendations and Governance Summary report

Appendix 1 – Case Recommendations and Governance Summary

Case ID	Summary	Recommendations	Actions	Governance Arrangements	Review date	Update
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 	Delays to review of patient feedback due to unavailability of specialist reviewer
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 	Not due
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 	Not due

<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"> • Initial review end of January 2025 • Next review end of March 2025 	<ul style="list-style-type: none"> • Action plan developed and underway • Updates to be provided to whistleblower every 2 months
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