Shetland NHS Board

Board Paper 2021/22/25

Meeting:	Shetland NHS Board		
Paper Title:	Staff Governance Committee Membership Revision		
Date:	25 June 2021		
Author:	Carolyn Hand	**Job Title:**	Corporate Services Manager
Executive Lead:	Michael Dickson	**Job Title:**	Chief Executive

Decision / Action required by meeting:

To approve the appointment of the Board's Non-Executive Director Whistleblowing Champion to the Staff Governance Committee.

To recommend to Staff Governance Committee that whistleblowing is added as a standing agenda item.

High Level Summary:

Since 1 April 2021 the NHS in Scotland has implemented new Whistleblowing Standards as a means to raise concerns about patient safety or other harm. The changes mean that there is a new focus on helping staff raise concerns as early as possible, and on supporting and protecting staff when they raise concerns.

NHS Shetland has a Non-Executive Director Whistleblowing Champion, Shona Manson, whose role is to provide assurance, critical oversight and foster a culture of openness.

In keeping with emerging best practice across Scottish NHS Boards it is recommended that the Board's Whistleblowing Champion is appointed to the Staff Governance Committee.

Key Issues for attention of meeting:

Whistleblowing is defined in the Public Services Reform (Scottish Public Services Ombudsman) Healthcare Whistleblowing Order 2020 as:

> "when a person who delivers services or used to deliver services on behalf of a health service body, family health service provider or independent provider (as defined in section 23 of the Scottish Public Services Ombudsman Act 2002) raises a concern that relates to speaking up, in the public interest, about an NHS service, where an act or omission has created, or may create, a risk of harm or wrong doing."

This includes an issue that has happened, is happening or is likely to happen, and affects the public, other staff or the organisation itself.

Risks can relate to a wrongdoing, patient safety or malpractice which the organisation oversees or is responsible or accountable for. In a health setting, these concerns could include, for example patient-safety issues, patient-care issues, poor practice, unsafe working conditions, fraud (theft, corruption, bribery or embezzlement), changing or

falsifying information about performance, breaking any legal obligation, abusing authority or deliberately trying to cover up any of the aforementioned matters.

Concerns raised may not meet the whistleblowing definition in terms of public interest and could more appropriately be handled through different procedures such as a grievance, which is typically a personal complaint about an individual's own employment situation.

It is recognised that the types of concerns raised could come from and relate to any part of the organisation. Alongside ensuring the concern is dealt with through the appropriate process(es), it is essential that staff are supported and protected without fear of repercussions. The training and education required to ensure this is embedded in the organisation aligns with the work of the Staff Governance Committee.

Corporate Priorities and Strategic Aims:

The rationale for the implementation of Whistleblowing Standards underpins all corporate priorities.

Implications : *Identify any issues or aspects of the report that have implications under the following headings*

Service Users, Patients and Communities:	No specific issues identified.
Human Resources and Organisational Development:	No specific issues identified.
Equality, Diversity and Human Rights:	No specific issues identified.
Partnership Working	No specific issues identified.
Legal:	Consistent with corporate governance requirements.
Finance:	No specific issues identified.
Assets and Property:	No specific issues identified.
Environmental:	No specific issues identified.
Risk Management:	No specific issues identified.
Policy and Delegated Authority:	

Previously considered by:		

"Exempt / private" item	*Public document*