

PE1605/G

NHS Western Isles Letter of 11 October 2016

Whilst we can see the general driver for this, the possibility that staff could be vexatious and make claims of bullying 'often without recourse to NHS managers' is a concern. Managers would want to be certain that any whistleblowing made externally to the NHS would be handled confidentially until the case was proved or not, otherwise staff could exercise this as a means to distract from their own bad behaviour and damage perfectly decent peoples' careers. We would also want to be assured that there was oversight and scrutiny of whatever external body handled whistleblowing.

Our last report received from PCaW stated that 0-3 cases had been reported to Public Concern at Work (PCaW). Due to the small numbers they couldn't be any more specific, and it could be 0 or it could be 3. The matter was discussed at the Board's Staff Governance Committee and there was a shared view that this approach was not supportive to staff or managers as any concerns could not be followed up, therefore situations remained unresolved.

A Hotline would only be of benefit if the Board received feedback and the opportunity to address issues that were reported.

Our Champion is Mr Malcolm Smith, Non-Executive Director.