

**PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 February 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Whistleblowing in Hywel Dda
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Executive Director of Workforce & Organisational Development (W&OD) and Deputy Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Heather Hinkin, Assistant Director of People Management Sian-Marie James, Assistant Director of Corporate Legal Services and Public Affairs

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This report has been prepared in response to a request from Independent Members regarding the Health Board's whistleblowing arrangements, specifically:

- Internal whistleblowing processes and governance
- External routes into the organisation
- Links between whistleblowing, Speak Up, and other reporting mechanisms
- What trends, hotspots, and insights tell us about our organisational culture
- Learning and improvement arising from whistleblowing intelligence

The report outlines a summary of the relevant legislation, current arrangements and potential opportunities to triangulate insights from the various reporting mechanisms already in place within the Health Board.

Cefndir / Background

Definition of Whistleblowing

Whistleblowing within NHS Wales is defined and governed by the All-Wales Staff to Raise Concerns Policy, which in turn is underpinned by the Public Interest Disclosure Act 1998 (PIDA).

It should be noted that only concerns raised and managed under this policy meet the formal definition of whistleblowing. Whistleblowing is the term used when a member of staff raises a concern about a possible risk, wrongdoing or malpractice that has a public interest aspect to it, usually because it threatens or poses a risk to others (e.g. patients, colleagues or the public). The policy also makes it clear that complaints about personal circumstances should be dealt with under the All-Wales Respect & Resolution Policy.

Complaints that can count as whistleblowing include, but are not limited to: -

- A criminal offence, for example fraud
- Danger to someone's health and safety
- Risk or actual damage to the environment
- A miscarriage of justice
- An organisation is breaking the law, for example does not have the right insurance
- You believe someone is covering up wrongdoing

The policy itself provides:

- Clear routes for staff to raise concerns
- Defined logging and tracking arrangements
- Proportionate investigation processes
- Executive oversight
- Explicit protection from detriment

Data arising from this policy is the primary and legally correct whistleblowing dataset for the Health Board and this is already reported to each In-Committee Board meeting and separately included in the annual employee relations activity report (See agenda item 2.6 - Employee relations update).

Legislative and Governance Framework

Hywel Dda University Health Board's (HDdUHB) governance framework for whistleblowing sits within its formal corporate governance and assurance system. These arrangements are disclosed through the Health Board's published Governance Arrangements and Statutory Commitments. [hduhb.nhs.wales]

Whistleblowing operates within a wider statutory and governance landscape which includes:

- The Public Interest Disclosure Act 1998 (PIDA)

The **Act** is a UK law that protects whistleblowers from negative treatment or dismissal for reporting misconduct, fraud, or illegal activities in the workplace.

- Health and Social Care (Quality and Engagement) (Wales) Act 2020

This version of the act came into force on 1 April 2023, and work continues on its implementation. The act aims to:

- Strengthen the existing Duty of Quality on NHS bodies and extend it to the Welsh ministers for their health service functions
- Create a Duty of Candour on NHS service providers for openness and honesty with patients and service users harmed during care
- Amplify voices by replacing community health councils with Llais, an all-Wales citizen body for health and social care
- Enable the appointment of Vice Chairs for NHS Trusts, bringing them in line with health boards

Further information is available at [Health and Social Care \(Quality and Engagement\) \(Wales\) Act: summary | GOV.WALES](#)

- NHS Wales statutory annual reporting requirements which include:-
 - Audit Wales expectations on systems of assurance
 - The Board's statutory responsibility for quality, safety and workforce culture. In Wales, NHS organisations are required to publish annual reports that include various statutory requirements, such as:

- Equality Objectives: NHS bodies must publish their equality objectives and report on their progress towards fulfilling them.
- Gender Pay Gap Reporting: Since 2011, public sector bodies in Wales are required to publish their gender pay gap and record steps taken to address it.
- Quality of Care Reports: NHS bodies must publish an annual quality report detailing their compliance with the duty of quality.
- Nurse Staffing Levels: Health Boards are required to calculate and maintain nurse staffing levels and report on compliance with the Nurse Staffing Levels (Wales) Act 2016.

These reports are typically published on our public website by 31 March for the previous reporting year.

- Quality, safety, workforce, and organisational development governance frameworks
 - These arrangements are disclosed through HDdUHB's published Governance Arrangements and Statutory Commitments e.g.
 - Quality, Safety and Experience Committee (QSEC): Whistleblowing disclosures relating to unsafe care, poor quality, or systemic failings are treated as quality and safety intelligence and fed into QSEC and Board assurance mechanisms.
 - Risk Management: Concerns raised via whistleblowing can generate corporate and or directorate risks and escalation to the Board Assurance Framework where appropriate.
- Audit and Risk Assurance Committee (ARAC) which provides independent assurance on:
 - Effectiveness of whistleblowing arrangements when raised as risks
 - Whether concerns are investigated appropriately
 - Organisational culture and openness
- Duty of Candour Alignment which strengthens the expectation that safety concerns are openly raised, learning is prioritised and staff are protected when raising genuine concerns.
- People, Organisational Development and Culture Committee governance for workforce matters (including whistleblowing themes) which are overseen through:
 - Board workforce reporting Culture and engagement metrics, compassionate leadership, a just culture approach and staff surveys with the latter providing some insight as to whether staff feel safe to raise concerns
 - Sickness, turnover, exit intelligence, etc.

Workforce assurance is also a key part of the corporate systems of assurance reviewed by Audit Wales.

All of the above result in a rich source of data which may be suitable for triangulation, however at present there is no synergy in reporting timescales, format or pathways as each has its own distinct statutory purposes and needs to meet.

Asesiad / Assessment

Staff to Raise Concerns Policy - Volumes and Trends

- The number of formal whistleblowing cases remains low
- Cases typically relate to:
 - Governance concerns
 - Serious service risks
 - Leadership or behavioural issues

- No evidence has been identified of systemic failure to respond to concerns raised under the Staff to Raise Concerns policy, however the data set remains small.

Other routes to raise concerns with or about the Health Board

Concerns also enter the organisation via:

- Healthcare Inspectorate Wales (HIW)
- NHS Wales Shared Services Partnership
- Welsh Government correspondence
- Patient safety incident reporting - Datix
- Speak Up / Working in Confidence platform (including anonymous reporting) (see agenda item 3.2 - Speak Up: 6 month update report)
- Regulatory and professional referrals
- Political letters
- Llais

It should be noted that while these may overlap thematically with whistleblowing, they are not all whistleblowing cases and are governed by different statutory and assurance arrangements.

Speak Up / Working in Confidence

- Provides a predominantly anonymous route for staff to raise concerns
- Primarily surfaces cultural, behavioural, and confidence-related themes
- Reports directly into PODCC through the Workforce and Organisational Development Team

Patient Safety Reporting

- Patient safety concerns are reported through established safety systems
- Oversight provided through QSEC

This separation ensures legal compliance, clarity, and appropriate assurance.

Cultural Insights and Learning - what the data tells us

- Staff choose different routes based on:
 - Nature of concern
 - Confidence levels
 - Desire for anonymity
- Speak Up data provides us with early cultural intelligence
- Whistleblowing data provides assurance on serious concerns

Progress since 8 August 2025

- A multi-disciplinary group was established to map and evaluate whistleblowing processes and reporting lines. Terms of reference were drafted.
- The Group met on 8 September 2025 and identified significant complexity due to the differing statutory requirements as have been outlined above.
- An action was taken to refer the initial discussions back to Independent Members to enable greater clarity and focus on the issue.
- A meeting took place on 16 October 2025 between Eleanor Marks, HDdUHB Vice Chair, Anna Lewis, Independent Member, Corporate Governance and Workforce & Organisational Development colleagues.
- An approach to the work was agreed, recognising:
 - Legal definitions
 - Separate committee responsibilities
 - The potential risk of over-integration

Opportunities for Good Practice Alignment

There are opportunities to learn from other sectors in respect of our approach to handling concerns related to Whistleblowing. For example, our learning could align with the Civil Service Good Practice Guide on Whistleblowing, particularly:

- Clear definitions
- Senior ownership
- Focus on learning over volume
- Protection from detriment

Key points that may assist with Committee/Board taking assurance

- Whistleblowing in the NHS Wales is defined by the All-Wales Staff to Raise Concerns Policy. The Health Board therefore has sound and compliant whistleblowing arrangements.
- Concerns raised under this policy are the primary and legally correct dataset for whistleblowing
- Volumes are low and relate to serious issues
- Other routes (Speak Up, patient safety, Health Improvement Wales) serve different statutory purposes
- Complexity reflects legislation, not necessarily any failings of the distinct systems or governance arrangements
- Value is more likely to come from triangulating insights, rather than merging systems
- The current risk, if there is deemed to be risk, does not relate to policy or governance, but to the complexity of multiple reporting systems.
- The opportunity is therefore in strengthening insight through triangulation.

Recommendations and Next Steps

1. Develop year-end triangulated insight across the various committees such as PODCC and QSEC.
2. Work on a red/amber/green (RAG) rated narrative around seven core themes:-
 - Policy & Legal Compliance, Governance & Oversight, Accessibility & Routes to Raise Concerns, Logging, Tracking & Response, Culture & Confidence, Learning & Improvement, Protection from Detriment as part of an annual report.
3. Continue to raise staff awareness and promote all pathways and systems available for the purpose of raising concerns
4. Ensure learning is identified and acted upon in a timely manner, with staff kept apprised of progress of their concerns.
5. Consider the development of a “How concerns lead to change” summary report” which can be shared with all staff.

Argymhelliad / Recommendation

The Committee is asked to:

- **CONSIDER** and **RECEIVE ASSURANCE** from the Whistleblowing in Hywel Dda report.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.6 Ensure robust mechanisms are in place to deliver effective staff engagement in accordance with the Health Board's values and behaviour framework.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:	N/A

Datix Risk Register Reference and Score:	
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 2. Timely 5. Equitable 6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	1. Leadership 2. Culture and valuing people 3. Data to knowledge 4. Learning, improvement and research
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Striving teams 3. Great care
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

**Gwybodaeth Ychwanegol:
Further Information:**

Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termiau: Glossary of Terms:	Contained within body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	N/A

**Effaith: (rhaid cwblhau)
Impact: (must be completed)**

Ariannol / Gwerth am Arian: Financial / Service:	N/A
Ansawdd / Gofal Claf: Quality / Patient Care:	None directly arising from the report

Gweithlu: Workforce:	None directly arising from the report
Risg: Risk:	None directly arising from the report
Cyfreithiol: Legal:	None directly arising from the report
Enw Da: Reputational:	None directly arising from the report
Gyfrinachedd: Privacy:	None directly arising from the report
Cydraddoldeb: Equality:	None directly arising from the report