

TITLE: NHS Lanarkshire Quarter 1 Whistleblowing Report

SERVICE: Human Resources

AUTHOR: Kay Sandilands, Director of Human Resources

DATE: August 2021

Recommendation

The Board is asked to

1. Note the implementation update;
2. Discuss the performance report in relation to concerns raised in Quarter 1 (April – June 2021); and
3. Receive assurance that whistleblowing standards are being followed and learning shared.

1. Situation

The National Whistleblowing Standards and Once for Scotland whistleblowing policy (the Standards) were introduced on 1 April 2021. It is a requirement of the Standards to report whistleblowing performance to the NHS Board on a quarterly and an annual basis. Board Members are asked to note the implementation update and discuss the report on organisational activity in relation to whistleblowing concerns raised in Quarter 1 (1st April 2021 to 30th June 2021).

2. Background

Whistleblowing is defined in the Public Services Reform (the 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.

The National Whistleblowing Standards (the Standards) set out how the Independent National Whistleblowing Officer (INWO) expects all NHS Boards to manage, record and report whistleblowing concerns. It is a requirement of the Standards that whistleblowing data is reported quarterly to the NHS Board.

The Standards also require that Boards publish an annual report setting out performance in handling whistleblowing concerns. The annual report will summarise and build on the quarterly reports produced by the board, including performance against the requirements of the Standards, Key Performance Indicators (KPIs), the issues that have been raised and the actions that have been or will be taken to improve services as a result of concerns. The first annual report will be provided in 2022.

This first quarterly report provides information in accordance with the requirements of the Standards.

3. Assessment

Appendix 1 provides details of whistleblowing concerns raised across the organisation by staff and those who provide services on behalf of NHS Lanarkshire. This demonstrates our performance in key areas of whistleblowing handling, as well as highlighting outcomes and providing more detail on Whistleblowing themes. Over time, this approach will illustrate trends in key areas and more importantly, allow us to evidence necessary improvement and learning in response to the trends and themes demonstrated.

The report at Appendix 1 provides performance information on:

- Whistleblowing concerns raised
- Learning, changes or improvements to service or procedures
- Experience of individual raising concern/s
- Level of staff perceptions, awareness and training
- Whistleblowing themes, trends and patterns

A short life working group oversees the implementation of the new Standards in NHS Lanarkshire, the membership of which includes the Board Chair, Chief Executive, Non-Executive Whistleblowing Champion, HR Director, Employee Director and Board Secretary. The Non-Executive Whistleblowing Champion's role is to monitor and support the effective delivery of the whistleblowing standards. The introduction of the Standards is monitored through an implementation plan, a copy of which is attached as Appendix 2.

Procedures for raising concerns should provide good-quality outcomes through a thorough but proportionate investigation. The approach to handling whistleblowing concerns ensures that learning and improvement is progressed for upheld whistleblowing concerns and are shared across all relevant services.

If staff do not have confidence in the fairness of the procedures through which their concerns are raised, or do not feel assured that concerns raised will be acted upon, there is a risk that they will not raise valid concerns about quality, safety or malpractice. The opportunity to investigate and address these concerns will have been lost, with potentially adverse impact on quality, safety and effectiveness of services.

There is also a wider risk to organisational integrity and reputation, if staff do not believe they will be listened to and do not feel senior leaders in NHS Lanarkshire are fulfilling the organisation's values and promoting a culture of psychological safety.

4. Recommendation

The Board is asked to note the implementation update, discuss the performance report in relation to concerns raised in Quarter 1 (April – June 2021) and seek assurance that whistleblowing standards are being followed and learning shared.

5. List of appendices

- Appendix 1 - Whistleblowing Report for Quarter 1 April to June 2021
- Appendix 2 - Whistleblowing Standards - Implementation Plan

Appendix 1 - Whistleblowing Report - Quarter 1 April to June 2021

1. Introduction

This report provides details of whistleblowing concerns raised across the organisation by staff and those who provide services on behalf of NHS Lanarkshire. It will also demonstrate our performance in key areas of whistleblowing handling, as well as highlighting outcomes and providing more detail on whistleblowing themes. Over time, this approach will illustrate trends in key areas and more importantly, allow us to evidence necessary improvement and learning in response to the trends and themes demonstrated.

2. Whistleblowing Handling Performance

2.1 Whistleblowing Concerns Received

Table 1 below shows the total number of concerns received in Q1.

Total no of concerns received	Appropriate for WB	Stage 1	Stage 2	Comments
3	1	1	0	

Table 1

Two of the three concerns raised during this period were not considered under the Whistleblowing Standards. One was dealt with under the Once for Scotland Bullying and Harassment policy and the other was anonymous and dealt with under the procedure for dealing with anonymous complaints. Under the new arrangements anonymous (nobody knows identify of source) or unnamed (someone is aware of identify of source) concerns cannot be considered under the Standards, although all concerns are investigated and reported as appropriate in line with local NHS Lanarkshire guidance for anonymous complaints.

2.2 Concerns Closed

Table 2 provides the numbers of concerns closed at Stage 1 and Stage 2 of the procedure as a percentage of all concerns closed.

WB concerns Q1	Nos closed	Nos ongoing	% closed against all received
Stage 1	1	0	100%
Stage 2	0	0	n/a

Table 2

NB Stage 1 concerns are expected to achieve an early resolution within 5 days, stage 2 concerns are more complex will require investigation and consequently have 20 days.

2.3 Concerns Outcomes

Table 3 records concerns upheld, partially upheld and not upheld at each stage of the whistleblowing procedures.

Concern	Not Upheld	Partially Upheld	Fully Upheld
Stage 1	0	0	1
Stage 2	0	0	0

Table 3

2.4 Responding to Concerns

Table 4 provides the average time in working days for a full response to concerns at each stage of the whistleblowing procedure

Concern	Nos received	Average time to full response
Stage 1	1	9 working days
Stage 2	0	n/a

Table 4

The Standards require stage 1 concerns to be completed within 5 working days but in this case the earliest date the person raising the concern could meet was 5 working days after raising the concern. The outcome letter was then sent 4 working days after the initial meeting.

Table 5 below shows the number and percentage of concerns at each stage which were closed in full within the set timescales of 5 and 20 working days. This reflects any extensions agreed.

	Nos received	% closed in 5 working days		Nos received	% closed in 20 working days
Stage 1	1	100%	Stage 2	0	n/a

Table 5

Table 6 shows the concerns where an extension was authorised

Concern	Nos received	Extension authorised	As % of all concerns
Stage 1	1	1	100
Stage 2	0	n/a	n/a

Table 6

The extension was agreed by the person raising the concern and by senior management, in accordance with the procedure.

3. Learning, Changes or Improvements to Service or Procedures

Concern	Nos received	Learning/improvement or action plan
Stage 1	1	Action plan agreed with person raising concern and shared with deputy director of acute services
Stage 2	0	n/a

Table 7

For Quarter 1 the learning, changes or improvements to services are limited by the low number of whistleblowing concerns which have been dealt with under the Standards.

Furthermore, there is a requirement to maintain anonymity and the provision of details under this section could compromise this requirement. However, learning from the concern is being recorded and addressed via an action plan, developed by the service manager. This is being shared with the operational manager for the service in question, with feedback being provided to the Divisional Management Team (DMT) via the deputy director of acute services. Actions being progressed include designating space for staff rest areas; reviewing management support within the department, including continued senior management visibility; enhanced information sharing around incident reporting and sharing more widely departmental protocols, particularly out of hours.

In addition, a workforce plan, which was already being developed prior to the concern being raised, is being completed, with input from the staff in the department, and will be signed off by the deputy director of acute services and the DMT. Both plans will be monitored via the Healthcare Quality Assurance and Improvement Committee.

4. Experience of Individuals Raising Concern/s

All those involved in the whistleblowing process are given the opportunity to feedback on their experience of using the Standards, in order to enable the sharing of learning and service improvements. With respect to this particular case, feedback was sought and received from the person raising the concern as well as the managers involved in the investigation. The person raising the concern confirmed that they were satisfied with the service provided in relation to the complaint.

They believed they were treated with professionalism, politeness, courtesy and empathy and that the response was clear and provided them with the basis for the decision being made. They also added that they doubted much would change as other colleagues needed to do more, formally, to highlight the full extent of the workload and unhappiness within the team. It is anticipated that ongoing work with the team, led by the service manager, will help to develop confidence in staff who wish to raise concerns. This, coupled with the wider work associated with the introduction of the Standards across NHS Lanarkshire, which is highlighted in the appended implementation plan, should assist in promoting the organisation as a safe place in which to raise concerns.

5. Level of Staff Perception, Awareness and Training

Since the soft launch of the Standards at the beginning of this year regular items have appeared in the staff briefing and in the Pulse on-line. Details of confidential contacts have been publicised and a separate briefing has also been sent to all primary care contractors, along with supporting documentation to enable independent contractors to record and report cases. The non-executive whistleblowing champion has presented to the two Health & Social Care Partnerships and Acute management teams and presentations have also been made to both the GP and GDP Sub Committees. Meetings have also been held with both PFI contractors to confirm that the Standards will be made available to their staff who provide services to NHS Lanarkshire patients.

The HR page on FirstPort now includes information on whistleblowing, including details of how to raise concerns. Further communications are planned, including a video by the non-executive champion and initiatives to raise awareness among staff who do not always access the briefing.

A network for confidential contacts to meet with the whistleblowing champion and HR director has been established and the implementation of the Standards within NHS Lanarkshire is being overseen by a Short Life Working Group, the membership of which includes the chair, chief executive, non-executive champion, HR Director, the Board Secretary and the Employee Director. Training on the Standards is available through TURAS via two modules and NES will provide monitoring information on the uptake of the training. To date the training module for all staff has been completed by 116 people and the module for managers/people receiving complaints has been completed by 45 people. Further communication about the need for staff to complete the training modules is planned.

6. Reporting from Primary Care, Integrated Joint Boards (IJBs) and other Contracted Services

NHS Boards are responsible for ensuring all primary care, IJBs and other contracted service providers supply the appropriate KPI information to their board as soon as possible after the end of the quarter. In instances where no concerns have been raised within either primary care or other contracted services there is no need to provide a quarterly return to the Board. No concerns have been raised within either primary care, IJBs or other contracted services during the quarter in question.

7. Whistleblowing Themes, Trends and Patterns

This section provides information on themes from whistleblowing concerns and will aid identification of any shared causes and progress learning and improvement in a targeted manner.

The categories/classification for whistleblowing concerns are listed in Part 2 of the Standards and are outlined below for information:

- Patient Safety
- Patient Care
- Poor Practice
- Unsafe Working Conditions
- Fraud
- Changing or Falsifying information on performance
- Breach/Breaking any legal obligation
- Abusing authority
- Concealment of any of the above

The case raised in Quarter 1 included concerns which could be classified as patient safety, patient care and unsafe working conditions. In particular, concerns were raised about staff mental and physical health, stress and pressure on staff, lack of staff, particularly on night shift, increasing workload, and pace at which patients present in the department.

8. Independent National Whistleblowing Officer Referrals and Investigations

A clear indicator of the satisfaction of those who raise concerns can be derived from the number of concerns that are escalated to the Independent National Whistleblowing Officer (INWO). To date, there have been no referrals to the INWO as a result of concerns raised in NHS Lanarkshire.

9. Conclusion

The Board is asked to note the implementation update, discuss the performance report in relation to concerns raised in Quarter 1 (April – June 2021) and receive assurance that whistleblowing standards are being followed and learning shared.

Appendix 2 - Implementation of new Whistleblowing Policy / Standards by 1 April 2021

Key: Ruth Hibbert (RH) Kay Sandilands (KS) Alistair MacKintosh (AM) Lilian Macer (LM) Paul Graham (PG) Calvin Brown (CB)

Jonathan Pender (JP¹) Kirsty Cole (KC) Ann Marie Campbell (AMC) Liz Smith (LS) John Paterson (JP²) Jan Hamill (JH) Margot Russell (MR) Chris Sanderson (CS)
Katrina Murray (KM) Hina Sheikh (HS) Paul Cannon (PC)

HR Business Partners Elaine Anderson (EA)/Jan Hamill (JH)/Donna Patrick (DP) NHS Education for Scotland - (NES)

	<u>Action/Task</u>	<u>Person responsible</u>	<u>Target Completion Date</u>	<u>Status R/A/G</u>	<u>Notes</u>
1.	Ascertain contract sign-off arrangements with head of Procurement and Contracts Monitoring Group	Whistleblowing champion/RH	30/6/21		Agreed through SLWG to ensure WB Standards are referenced in all relevant NHSL contracts with outside providers. CLO has provided clause for contracts agreed through our procurement dept, which has now been adopted. Confirmation received by head of procurement that not all contracts are signed off through procurement.
2.	Initiate contact with medical education re awareness raising with medical students and HEIs	RH	28/02/21		Discussion has taken place with Med Education about students and doctors in training. Clarity to be sought nationally on a number of issues- confirmation received that management of trainees is by host Board even though not employer so any WB concerns must be managed by host Board until conclusion. Medical schools, deanery and universities have been contacted nationally and Standards cascaded. Outstanding

	<u>Action/Task</u>	<u>Person responsible</u>	<u>Target Completion Date</u>	<u>Status R/A/G</u>	<u>Notes</u>
					issue is consideration of a separate undergrad link/champion in NHSL and this is being progressed by director of med education. Confirmation received that WB Standards info now included in local induction.
3.	Secure male confidential contacts and ensure private spaces for confidential contacts to meet with people raising concerns	RH	31/8/21		Male confidential contact confirmed . Issue of space raised by 1 CC and others have been contacted to ascertain if it's a problem.
4.	Ensure on going communication about new Standards	RH	ongoing		Regular items in staff briefing. Video of WB champion to be made. Consideration of wider comms for staff without access to briefing.
5.	Meeting to be arranged to include Lilian Macer, Ruth H, Kay S and Lesley to discuss wider cultural/awareness raising issues	RH / KS	Mid October		

Completed

	<u>Action/Task</u>	<u>Person responsible</u>	<u>Target Completion Date</u>	<u>Status R/A/G</u>	<u>Notes</u>
1.	SBAR to be prepared and submitted to CMT	RH/KS	30/10/20		SBAR to CMT November 2020
2.	Prepare 'compare & contrast' document (current & new policies)	RH	31/10/20		Completed October 2020
3.	Arrange for presentation to Staff Governance Committee by SPSO staff.	RH/LM	23/11/20		Francesca Richards and Rosemary Agnew from SPSO attended on 23 rd Nov

	<u>Action/Task</u>	<u>Person responsible</u>	<u>Target Completion Date</u>	<u>Status R/A/G</u>	<u>Notes</u>
4.	Agree role profile and selection methodology for confidential contacts (from Peer Support Network)	RH/LM//PG	30/11/20		Agreed January '21, closing date 19 Feb.
5.	Select confidential contacts	RH/PG/LM	15/01/21		6 confidential contacts have been selected and have completed training modules.
6.	Initiate contact with Facilities Management companies to ensure they have a policy and comply with requirements with a view to making contractual amendments.	RH/LM/JP ②	31/01/21		Meeting taken place with representatives from Prospect/ISS and with Summit/Serco. Both ISS and Serco have WB policies and have agreed to publicise the new Standards. All cases will be formally reported via Monthly Operations meetings with PSSD. Standards will also be included in induction packs.
7.	Develop communications plan and initiate communications with managers and wider workforce	RH/CB/LM	28/02/21 (ongoing)		Communication plan being devised with Comms. Articles have appeared in weekly briefing during March and will appear in Pulse on-line. Plans in place for distribution of posters and publishing confidential contact details. New sub section of HR Directorate site on FirstPort has been developed and will be populated on an ongoing basis.
8.	Initiate training for managers and appropriate primary care representatives	RH/KC/AM/NES	28/02/21		Staff and managers to access TURAS training from week commencing 1 March. Advice received from NES regarding how to monitor completion of modules.

	<u>Action/Task</u>	<u>Person responsible</u>	<u>Target Completion Date</u>	<u>Status R/A/G</u>	<u>Notes</u>
					NES to send uptake reports to Workforce dept staff for analysis
9.	Agree single phone number and email address for staff to contact about concerns	KS/RH/LS/LM	28/02/21		HRD landline number to be used and uMatter email address
10.	Initiate contact with Head of Procurement re compliance by other private contractors	RH/CS	28/02/21		CS raised with procurement colleagues nationally. CLO has developed a draft clause for new contracts.
11.	Initiate contact with manager of voluntary staff to consider awareness raising and training for volunteers	RH/KM	1/4/21		Training modules on TURAS now included in induction for new volunteers and existing volunteers will receive communication about new arrangements at same time as NHSL staff.
12.	Initiate training for confidential contacts	PG/KC/NES	15/03/21		Training available on TURAS and all confidential contacts have completed training and forwarded completion certificates to RH.
13.	Arrange for new arrangements to be included in induction and training for all staff including Bank.	RH/JP/KC	15/03/21		Reference and link agreed for inclusion in corporate induction training and link to be included in Bank staff SOP. Bank staff will also be sent articles from staff briefing to ensure awareness. Bank staff have also been sent a text about Standards and senior charge nurses required to mention the Standards when a bank staff member reports for duty.
14.	Agree method of recording cases within NHSL	RH/JP ①/AMC/JH	31/03/21		Decided against the use of Datix so recording system has been

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					developed in HR to comply with requirements
15.	Agree method of recording cases received from outside organisations	RH/AM/JP ①/JH	31/03/21		PFI's to record via monthly contract monitoring returns with PSSD .
16.	Ascertain from NES how to monitor completion of training modules.	RH/KC	1/4/21		NES provided with email addresses of staff in Workforce dept so reports can be generated and shared.
17.	Complete EDIA on Standards	RH/HS	1/4/2021		EQIA has completed.
18.	Assess potential for compliance amongst NMAHP students and HEIs	RH/MR	01/04/21 Revised to 30/6/21		A national SLWG set up to review current Raising & Escalating Concerns. Guidance has been drafted for NMAHP students and was signed off through National Strategic Group for Practice Learning on 2/6/21. Guidance has been issued via universities and will form part of induction for new starts. Guidance also available on TURAS.
19.	Initiate contact with Head of Primary Care Services (Alistair MacKintosh) re primary care contractors and consider training and communication implications.	RH/LM/AM	31/03/21 amended to 30/6/21		Meeting held with Heads of Primary Care and Associate Medical Director (South). Communication drafted and circulated to all primary care contractors . RH has attended GDP sub C'ttee and GP sub C'ttee in May. Recording and reporting templates have been developed in conjunction with head of primary care and circulated to all NHSL primary care contractors on 13/7/21.

	<u>Action/Task</u>	<u>Person responsible</u>	<u>Target Completion Date</u>	<u>Status R/A/G</u>	<u>Notes</u>
20.	Presentation to various partnership/governance committees on role of WB champion to be made.	WB champion	ongoing		Presentations made to IJBs and acute management teams by WB champion.
21.	Liaise with IJBs re implications for HSCP staff	PC/Heather Knox and whistleblowing champion	1/4/21 Revised target date 1/6/21		Awareness raising with divisional management teams complete. Agreement drafted between north IJB and Board and extension to South and sign off process has to be discussed. Email agreed and sent to IJBs on 11/8/21
22.	Learning from GG&C to be considered by SLWG	WB champion and PC	1/6/21		Non exec WB champion attended SLWG meeting 11/8/21 and learning points discussed.
23.	Quarterly and annual reporting timeframes for Board and SGC to be agreed by SLWG	PC and WB champion	1/6/21		Agreed Q1 report to August board and September SGC and thereafter on a quarterly basis.
24.	Determine process for feedback to unnamed complainants	RH/whistleblowing champion	31/7/21		Information received from INWO and some other boards. Some boards do not provide feedback to unnamed complainants. INWO's advice is that helpful to provide feedback – encourages trust and reassurance that something is being done, confirms investigation is complete, what was investigated and how and findings.
25.	Monitor uptake of training modules on TURAS	RH	Ongoing		Numbers of staff and managers completing the training have now been received and will be sought every quarter