

NHS Board Meeting
31st March 2021

Lanarkshire NHS Board
Kirklands
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SUBJECT: WHISTLEBLOWING STANDARDS

1. PURPOSE

The purpose of this paper is to provide the Board with an update on the implementation of the soft launch of the new national Whistleblowing Standards. The paper and the attached action plan will seek to reassure Board Members that the launch is being appropriately implemented in NHS Lanarkshire and will also highlight areas where further work is required.

For assurance	<input checked="" type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input checked="" type="checkbox"/>
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2. TO THE BOARD

Initial feedback from this work has been discussed at the Staff Governance Committee

3. SUMMARY OF KEY ISSUES

3.1 Background

The new Whistleblowing Standards, including the role of the Independent National Whistleblowing Officer (INWO) have been developed by the Scottish Public Services Ombudsman (SPSO) and will go live on the 1st April 2021. The benefits to the NHS in Scotland of these new Standards are significant as they are underpinned by a number of important principles. These include openness, improvement, objectivity, fairness, accessibility, support and protection for people raising concerns, simplicity, timeliness, thoroughness and consistency. Effective application of the Standards will encourage staff and others to raise concerns confidentially and in a safe and supportive environment. The outcomes of concerns will be used to identify and demonstrate learning and improvement and will help to further develop a blame-free culture where continuously improving the way in which services are delivered is paramount.

The Standards will form the “Once for Scotland” Whistleblowing Policy and training materials developed by the SPSO and NHS Education Scotland (NES) are available on the TURAS website. A Whistleblowing Advice Line has been launched to enable staff to access advice on implementation of the Standards and how to raise a concern and the INWO and their assistant have attended a meeting of the Staff Governance Committee to provide further information and respond to questions from members.

A detailed comparison of the new Standards and NHS Lanarkshire’s current arrangements has been completed and an action plan has been drafted, with implementation being overseen by the Human Resources Forum.

3.2 Governance arrangements

As indicated above, the implementation of the action plan is being overseen by the Human Resources Forum, albeit on a virtual basis. The Human Resources Forum reports to the Staff

Governance Committee which will receive a Whistleblowing Report at each of its quarterly meetings. The Board will also receive a report on a quarterly basis. Reports will include performance data measured against specific Key Performance Indicators (KPIs) detailed in the Standards. A Short Life Working Group has also been established to monitor the implementation of the Standards until such time as the Human Resources Forum starts to meet again. The Chair, Non-Executive Whistleblowing Champion, Chief Executive, HR Director and Head of Staff Governance are members of the Short Life Working Group.

3.3 Roles and responsibilities

3.3.1 The roles and functions of the INWO will be undertaken by the SPSO. The aim of the role is to ensure that everyone delivering NHS services in Scotland is able to speak out to raise concerns when they see harm or wrongdoing putting patient safety at risk, or become aware of any other forms of wrongdoing. The INWO will investigate complaints and, where needed, recommend actions for the NHS organisation to take. In addition to complaints, the INWO has a national leadership role providing support and guidance to NHS organisations, focusing on appropriate early resolution and good practice in whistleblowing handling, recording, reporting, learning and improvement. The INWO will also be the final stage of the process, providing an independent review role.

3.3.2 The Whistleblowing Champion will monitor and support the effective delivery of NHS Lanarkshire's Whistleblowing Policy. This role has been developed by the Scottish Government and is intended to complement the work of the INWO. The role is predominantly one of assurance, providing critical oversight and ensuring that managers are responding to whistleblowing concerns in accordance with the Standards and raising any issues of concern with the Board. The Whistleblowing Champion will also have responsibility for ensuring that services delivered indirectly, including primary care services, contracted services and those delivered by Health and Social Care Partnerships are meeting the requirements of the Standards.

3.3.3 Board Members must ensure that effective mechanisms are in place for oversight of the concerns raised about their own services and those they fund or support through alternative delivery routes. This means that Boards must ensure that all services delivered by them or on their behalf have appropriate procedures in place for their staff, students, contractors, volunteers and others and also that they receive quarterly reports from all the aforementioned organisations and that any issues raised are followed up. Board members must also show support for the Whistleblowing Champion and must listen to and take action as a result of the issues they raise.

3.4 Support for the person raising concerns

It is recognised that people raising concerns may not have a detailed knowledge and understanding of the procedures, support and legal protection available to them. People raising concerns must, therefore, have access to a confidential contact who is able to provide information and advice in relation to the procedure for raising concerns, as well as support during the process. NHS Lanarkshire is currently recruiting confidential contacts from the existing peer support and BAME networks. Counselling or psychological support services will be available via SALUS and a range of actions will be considered in consultation with the individual to reduce the impact on them. These might include variations in their work or establishing temporary working arrangements to reduce risk. It should, however, be noted that it would not be considered appropriate to redeploy staff who have raised a concern and alternative options should always be considered.

3.5 Communication

Communication materials have been developed by the SPSO/INWO. Articles will appear in the weekly staff briefing throughout March and the use of social media and posters is also

being explored. An adapted version of the articles will be circulated to primary care contractors and an article will also appear in the next edition of The Pulse on-line. Additionally, the new Standards are also being discussed at management team meetings across the system.

3.6 Training

Training modules developed by NES and the SPSO are available on the TURAS platform. There are two modules; one is for all staff and the second more detailed and lengthier module is for people who are likely to receive a concern, such as line managers and confidential contacts. The training modules are comprehensive and include guidance on distinguishing between whistleblowing concerns and other issues which would be more appropriately raised through HR policies such as Grievance and Bullying and Harassment.

3.7 Scope

The scope of the new Standards is much wider than the current whistleblowing arrangements. Under the new Standards anyone who provides services for the NHS can raise a concern. This includes current and former employees, agency workers, locums, bank staff, contractors, (including primary care and third sector service providers), trainees and students, volunteers, non-executive directors and anyone working alongside NHS staff, such as those in health and social care partnerships. Discussions are underway at a national level regarding compliance by external contractors and implications for national contracts.

Corporate objectives	<input checked="" type="checkbox"/>	AOP	<input type="checkbox"/>	Government policy	<input checked="" type="checkbox"/>
Government directive	<input checked="" type="checkbox"/>	Statutory requirement	<input type="checkbox"/>	AHF/local policy	<input type="checkbox"/>
Urgent operational issue	<input type="checkbox"/>	Other	<input type="checkbox"/>		

4. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input type="checkbox"/>
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Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input checked="" type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input checked="" type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input type="checkbox"/>

5. MEASURES FOR IMPROVEMENT

Implementation of the new Whistleblowing Standards will help to ensure that concerns are handled openly and transparently with clear governance arrangements and a focus on learning and improvement. Quarterly monitoring by the Staff Governance Committee and the Board will provide assurance and ensure that the Standards are being fully implemented.

6. FINANCIAL IMPLICATIONS

The indirect cost of allowing staff, managers and confidential contacts to undertake the training should be noted.

7. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

Risks associated with the implementation of the Standards include delays and lack of progress in communication of the Standards and support put in place to achieve full implementation within the required timescale. The requirement for private and primary care contractors to comply with the Standards and record and report on cases quarterly and annually is also a challenge. The impact on services and service providers of the Covid 19 pandemic has been considerable and non-pandemic related work has not been prioritised.

8. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input checked="" type="checkbox"/>	Effective partnerships	<input checked="" type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input type="checkbox"/>	Performance Management	<input checked="" type="checkbox"/>	Equality	<input type="checkbox"/>
Sustainability Management	<input type="checkbox"/>				

9. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

This is a national policy and an equalities screening assessment was undertaken at national level to inform the development of, and consultation on, the Standards. A local equality impact assessment will still need to be carried out and arrangements are in place for this.

10. CONSULTATION AND ENGAGEMENT

As set out in the paper.

11. ACTIONS FOR THE BOARD

The Board is asked to derive assurance that the launch is being appropriately implemented in NHS Lanarkshire and note how the Standards are being implemented.

12. FURTHER INFORMATION

For further information about any aspect of this paper, please contact:
 Kay Sandilands
 Director of Human Resources
 Tel 01698 752865

Further information regarding the new Whistleblowing Standards is available on:
www.inwo.org.uk

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)

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.	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
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		5 confidential contacts have been selected. 4 more are undertaking training.
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. Meeting still to take place with Summit/Serco. Assessment of their current WB arrangements to be completed.

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7.	Liaise with IJBs re implications for HSCP staff	HR Business Partners/AM/RH	1/4/21		Awareness raising with divisional management teams complete. Agreement to be developed between IJBs and Board.
8.	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.
9.	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 sought from NSS regarding how to monitor completion details.
10.	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
11.	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

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					contracts. Decision still to be made on existing contracts.
12.	Initiate contact with manager of voluntary staff to consider awareness raising and training for volunteers	RH/KM	1/4/21		Training modules on TURAS will be included in induction for new volunteers and existing volunteers will receive communication about new arrangements at same time as NHSL staff.
13.	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- management of trainees is by host Board even though not employer so any WB concerns must be managed by host Board; what happens to cases when trainee/student leaves our Board; role of local trainers and whether they're familiar with new standards; role of local well being champions and clinical

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					teaching fellows in relation to confidential contacts; inclusion of electronic leaflets in local induction.
14.	Assess potential for compliance amongst NMAHP students and HEIs	RH/MR	01/04/21		A national SLWG set up to review current Raising & Escalating Concerns. Guidance provided for NMAHP students to assess compliance with new Standards.
15.	Initiate contact with Head of Primary Care Services (Alistair MacKintosh) re primary care contractors and consider training and communication implications.	RH/LM	31/03/21		Meeting held with Heads of Primary Care and Associate Medical Director (South). Agreed will adapt communications with Board staff for primary care contractors. Will liaise with Practice Managers' network and communications will be sent out to primary care contractors in late March. RH to attend GP and GDP sub committees.
16.	Initiate training for confidential contacts	PG/KC/NES	15/03/21		Training materials now available on TURAS.
17.	Arrange for new arrangements to be included in induction and training for all	RH/JP/KC	15/03/21		Reference and link to be included in corporate

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	staff including Bank.				induction training and link to be included in Bank staff SOP. Bank staff will also be sent articles from staff briefing to ensure awareness.
18.	Agree method of recording cases within NHSL	RH/JP ①/AMC/JH	31/03/21		Decided against the use of Datix so recording system being developed in HR to comply with requirements
19.	Agree method of recording cases received from outside organisations	RH/AM/JP ①/JH	31/03/21		See 18
20.	Ascertain from NES how to monitor completion of training modules.	RH/KC	1/4/21		NES contacted for advice.
21.	Complete EDIA on Standards	RH/HS	1/4/2021		EDIA has started.