

**SERVICE: Human Resources**

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## **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 which indicates that there were no whistleblowing cases raised during Quarter 4 (1<sup>st</sup> January 2022 to 31<sup>st</sup> March 2022).

## **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 fourth 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 since April 2021. The data 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.

The report at Appendix 1 provides performance information on the following areas:

- 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 was established to oversee the implementation of the new Standards in NHS Lanarkshire. The introduction of the Standards was monitored by the short life working group through an implementation plan which was appended to the quarterly reports. All actions on the plan have now been implemented, with agreement that the development of an environment where concerns are welcomed and learning outcomes shared should be taken forward as part of a wider piece of cultural work. The final outstanding action related to whether the medical education department should appoint a separate and additional whistleblowing contact or champion. It has now been confirmed that this is not currently the intention.

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 Quarter 4 (January – March 2022) and seek assurance that whistleblowing standards are being followed and learning shared.

#### **5. List of appendices**

- Appendix 1 - Whistleblowing Report for Quarter 4 - January to March 2022.

## Appendix 1 - Whistleblowing Report - Quarter 4 January to March 2022

### 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. Key Performance Indicators

#### 2.1 Cumulative total – Whistleblowing Concerns Raised 2021/22

Quarter	Appropriate for whistleblowing	Stage 1	Stage 2	Outcome	Comments
1	1	0	1	Upheld	action plan Implemented
2	0	n/a	n/a	n/a	
3	2 (1 appropriate for WB and unnamed. 1 partially appropriate for WB)	1	1	Both mainly upheld	1 complaint was unnamed and mainly upheld. The second complaint was dealt with under 2 procedures – WB and a separate HR procedure. The latter complaint was mainly upheld at stage 1
4	0	0	0	n/a	
Total	3	1	2		

#### 2.2 Whistleblowing Concerns Received – Q4

No whistleblowing concerns were received during Q4

#### 2.3 Concerns Closed – Q4

Not applicable.

#### 2.4 Outcomes of concerns – Q4

Not applicable.

#### 2.5 Responding to Concerns – Q4

Not applicable.

### **3. Learning, Changes or Improvements to Service or Procedures**

Not applicable.

### **4. Experience of Individuals Raising Concern/s during Q4**

Not applicable.

### **5. Level of Staff Perception, Awareness and Training**

Since the soft launch of the Standards at the beginning of 2021 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 and the non-executive whistleblowing champion has delivered presentations to the PFI management teams at University Hospitals Hairmyres and Wishaw. Managers in PSSD have been asked to circulate leaflets on whistleblowing for staff who do not have easy access to email.

The HR page on FirstPort includes information on whistleblowing, including details of how to raise concerns. Further communications have been issued, including items in the staff briefing in September and January 2022, emails about the INWO webinars and a video recorded by the non-executive whistleblowing champion. This video appeared with links to social media and the INWO.

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 has been overseen by a Short Life Working Group, the membership of which included 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 151 people and the module for managers/people receiving complaints has been completed by 52 people. At the end of the last quarter the training module for all staff had been completed by 135 people and the module for people receiving concerns had been completed by 52 people. It is acknowledged that the numbers completing the training modules during the fourth quarter remain low and further action is being taken to encourage staff to take up the training.

### **6. Reporting from Primary Care, Integrated Joint Boards (IJBs) and other Contracted Services during Q4**

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 were raised during quarter 4 from primary care, IJBs and other contracted services.

## **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

## **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 and the content of this performance report and seek assurance that whistleblowing standards are being followed and learning shared.