

TITLE: NHS Lanarkshire Quarter 2 - 2022/23 Whistleblowing Report**SERVICE: Human Resources****AUTHOR: Kay Sandilands, Director of Human Resources****DATE: October 2022****1. Definition of whistleblowing**

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.

2. NHS Lanarkshire performance – quarter two

No whistleblowing cases were raised between July and September 2022. One case was raised in April 2022 and eventually completed on 1st August 2022. Due to the delay in completion this case was not reported in detail in the Q1 report. Further detail is therefore being provided in this Q2 report, as shown in appendix 1. 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 which reflect the key performance indicators included in the Standards:

- 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

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.

3. List of appendices

- Appendix 1 - Whistleblowing Report for Quarter 2 – July to September 2022.

Appendix 1 - Whistleblowing Report - Quarter 2 July to September 2022

1. Key Performance Indicators

1.1 Cumulative total – Whistleblowing Concerns Raised 2022/23

Quarter	Appropriate for whistleblowing	Stage 1	Stage 2	Outcome	Comments
1	1	0	1	Not upheld	Outcome confirmed to individual concerned.
2	0	n/a	n/a	n/a	
3	n/a	n/a	n/a	n/a	
4	n/a	n/a	n/a	n/a	
Total	1	0	1	Not upheld	

1.2 Whistleblowing Concerns Received – Q1 (not reported in Q1 report as investigation incomplete)

The table below shows the total number of concerns received in Q1.

Total no of concerns received	Appropriate for WB	Stage 1	Stage 2	Comments
1	1	0	1	Not upheld

1.3 Concerns Closed – Q1

The table below provides the number 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	0	0	n/a
Stage 2	1	0	100

NB Stage 1 concerns are expected to achieve an early resolution within 5 days, stage 2 concerns are more complex and will require investigation. These should normally be completed within 20 working days.

1.4 Outcomes of concerns – Q1

This table records concerns upheld, partially upheld and not upheld at each stage of the whistleblowing procedure.

Concern	Not Upheld	Partially Upheld	Fully Upheld
Stage 1	0	0	n/a
Stage 2	1	0	0

1.5 Responding to Concerns – Q1

This table 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	0	n/a
Stage 2	1	Actual time taken to respond – 58 working days

The delay in completing this investigation is attributable to the individual who raised the concerns being on sick leave and unable to engage with the investigation team.

The table 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, for Q1.

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

The table below shows concerns raised in Q1 where an extension was authorised.

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

2. Learning, Changes or Improvements to Service or Procedures

Concern	Nos received	Learning/improvement or action plan
Stage 1	0	n/a
Stage 2	1	Concern not upheld and no further action proposed.

3. Experience of Individuals Raising Concern/s

The person who raised the concern came from an independent primary care contractor. Other than an initial meeting held with them at the beginning of May they did not take up offers to meet with the investigation team and were unwell for a prolonged period of time. All further contact was via email and they did not consent to contact being made with the primary

care practice in question. The individual was not satisfied with the outcome of the investigation and was encouraged to contact the INWO.

4. Level of Staff Perception, Awareness and Training

Three items have appeared in the Staff Briefing, highlighting the importance of raising concerns and providing details of confidential contacts. The annual report on whistleblowing for 2021/22 has been widely publicised and the network for confidential contacts meets bi-annually. Training on the Standards is available through TURAS via two modules and NES provides monitoring information on the uptake of the training. During 2021/22 151 individuals completed the module for all staff and 52 people completed the module for managers/people raising concerns. Since 1st April 2022 the module for all staff has been completed by a further 50 people and 31 people have completed the module for managers/people receiving complaints. These figures represent an improvement in uptake and are likely to be attributable to the low uptake rates being raised directly with CMT members.

5. Reporting from Primary Care, Integrated Joint Boards (IJBs) and other Contracted Services – Quarter 2

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. The concern raised during quarter 1 and completed during quarter 2 came from an individual within an independent primary care practice. No concerns from primary care, IJBs or other contracted services were received during Quarter 2.

6. 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 complaint raised during Q1 and completed during Q2 concerned allegations of fraud. A team of three managers investigated the complaint and it was not upheld.

7. 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.