

TITLE: NHS Lanarkshire Quarter 3 Whistleblowing Report**SERVICE: Human Resources****AUTHOR: Kay Sandilands, Director of Human Resources****DATE: March 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 three

There were two whistleblowing cases raised during quarter three and Appendix 1 provides details of these. 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 3 - October to December 2021.

Appendix 1 - Whistleblowing Report - Quarter 3 October to December 2021

1. Key Performance Indicators

1.1 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 at stage 2. The second complaint was upheld at stage 1.
4					
Total	3	1	2		

1.2 Whistleblowing Concerns Received – Q3

The table below shows the total number of concerns received in Q3.

Total no of concerns received	Appropriate for WB	Stage 1	Stage 2	Comments
2	2 (1 fully, 1 partially)	1	1	Stage 1 complaint upheld. Stage 2 complaint unnamed and mainly upheld at stage 2.

1.3 Concerns Closed – Q3

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	1	0	100
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 and 20 days are therefore allowed.

1.4 Outcomes of concerns – Q3

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	1
Stage 2	0	1	0

1.5 Responding to Concerns – Q3

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	1	5 working days
Stage 2	1	24 working days

The Standards require stage 1 concerns to be completed within 5 working days.

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 Q3. 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	1	0

The table below shows concerns raised in Q3 where an extension was authorised.

Concern	Nos received	Extension authorised	As % of all concerns
Stage 1	1	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	1	See para 6 below
Stage 2	1	See para 6 below

3. Experience of Individuals Raising Concern/s

The person who raised the concern about cleaning and other issues within University Hospital Hairmyres did not wish to engage further about the process.

The second case was fully upheld at Stage 1. Information on the experience of the individual who raised the concern was requested but has not been received.

4. 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 now 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 135 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 122 people and the module for people receiving concerns had been completed by 47 people. It is acknowledged that the numbers completing the training modules during the third quarter are low and further action will be required in order to encourage staff to take up the training, whilst recognising that staff already have to complete a significant amount of mandatory training on line.

5. 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.

During quarter 3 one of the concerns raised and investigated at stage 2 of the procedure concerned services provided by a PFI contractor. This was an unnamed concern. With regard to primary care contractors, practices were raised to Scottish Government escalation level 2 during the winter and were asked to prioritise urgent care. It was therefore concluded that data collection surveys should be suspended and the whistleblowing data will be collected at a later date.

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 stage 2 unnamed complaint related to standards at University Hospital Hairmyres and contained concerns about incomplete cleaning tasks being recorded as completed, poor cleaning standards in patient care areas, inappropriate audit activity, incomplete food hygiene books and allegations of drug use. Many of the allegations were upheld and a detailed action plan has been developed and widely shared. It will be monitored by the Director of Planning, Property and Performance.

The complaint which was investigated at stage 1 related to concerns around culture and behaviours within part of the HR directorate. The concerns were upheld and the report will be discussed with the head of department and the action plan will be monitored by the Director of HR

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.