

NHS Board Meeting
30 March 2022

Lanarkshire NHS Board
Kirklands
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SUBJECT: WHISTLEBLOWING QUARTER 3 REPORT

1. PURPOSE

The purpose of this paper is to provide Board Members with

For approval	<input type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>	For Information	<input type="checkbox"/>
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2. ROUTE TO THE BOARD

This paper has been prepared by Kay Sandilands, Director of Human Resources and has been presented to NHS Lanarkshire's Staff Governance Committee.

3. SUMMARY OF KEY ISSUES

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.

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.

This report was discussed at the Staff Governance Committee on 28 February 2022, however the Standards set out that not just the number of concerns raised by staff should be reported to a public meeting of the board on a quarterly basis. It goes on to state that the analysis should highlight issues that may cut across services and those that can inform wider decision-making. Board Members should show interest in what this information is saying about issues in service delivery as well as organisational culture. They should also explore the reasons behind lower than expected numbers of concerns being raised, based on trend analysis and benchmarking data. The report that was discussed by the Committee is therefore attached.

4. STRATEGIC CONTEXT

This paper links to the following:

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

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

6. MEASURES FOR IMPROVEMENT

These are set out in the Appendix.

7. FINANCIAL IMPLICATIONS

None.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

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.

9. 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 checked="" type="checkbox"/>	Performance Management	<input type="checkbox"/>	Equality	<input type="checkbox"/>
Sustainability Management	<input checked="" type="checkbox"/>				

10. EQUALITY IMPACT ASSESSMENT / FAIRER SCOTLAND DUTY

Not Applicable.

11. CONSULTATION AND ENGAGEMENT

Not Applicable.

12. ACTIONS FOR THE BOARD

Approve	<input type="checkbox"/>	Accept the assurance provided	<input checked="" type="checkbox"/>	Note the information provided	<input type="checkbox"/>
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The Board is asked to

1. Note the implementation update which was discussed at th Staff Governance Committee on 28 February 2022;
2. Note the performance report in relation to concerns raised in Quarter 3 (October to December 2021); and
3. Receive assurance that whistleblowing standards are being followed and learning shared.

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact:

Kay Sandilands
 Director of Human Resources