

**TITLE: NHS Lanarkshire Quarter 1 Whistleblowing Report 2022/2023****SERVICE: Human Resources****AUTHOR: Kay Sandilands, Director of Human Resources****DATE: August 2022****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 report on organisational activity in relation to whistleblowing concerns raised in Quarter 1 (1<sup>st</sup> April 2022 to 30<sup>th</sup> June 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.

**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. 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.

The report at Appendix 1 provides performance information on:

- 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.

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 concerns raised in Quarter 1 (April – June 2022) and seek assurance that whistleblowing standards are being followed and learning shared.

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

- Appendix 1 - Whistleblowing Report for Quarter 1 April to June 2022.

# Appendix 1 - Whistleblowing Report - Quarter 1 April to June 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. Whistleblowing Handling Performance

### 2.1 Whistleblowing Concerns Received

Table 1 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		1	

Table 1

### 2.2 Concerns Closed – Quarter 1 2022/23

Table 2 provides the numbers 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	0	1	0

Table 2

NB Stage 1 concerns are expected to achieve an early resolution within 5 days, stage 2 concerns are more complex will require investigation and consequently have 20 days.

### 2.3 Concerns Outcomes

Table 3 records concerns upheld, partially upheld and not upheld at each stage of the whistleblowing procedures.

Concern	Not Upheld	Partially Upheld	Fully Upheld
Stage 1	n/a	n/a	n/a
Stage 2	Investigation not yet complete	Investigation not yet complete	Investigation not yet complete

Table 3

## 2.4 Responding to Concerns

Table 4 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	Investigation not yet complete

Table 4

Table 5 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. This reflects any extensions agreed.

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

Table 5

Table 6 shows the concerns where an extension was authorised

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

Table 6

The extension was agreed by the person raising the concern and by senior management, in accordance with the procedure. The individual who raised the concern is from a primary care contractor and was on sick leave for a period of time so, at the time of preparing this report for the Staff Governance Committee, it was not possible to complete the investigation. The case will therefore be reported in the quarter 2 whistleblowing report.

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

Concern	Nos received	Learning/improvement or action plan
Stage 1	0	n/a
Stage 2	1	Investigation not yet complete

Table 7

## 4. Experience of Individuals Raising Concern/s

All those involved in the whistleblowing process are given the opportunity to feedback on their experience of using the Standards, in order to enable the sharing of learning and service improvements. This information will be sought upon completion of the investigation.

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

An article appeared in the staff briefing in May 2022 which provided details of the confidential contacts and information on how to raise concerns. A lengthier article appeared in the Pulse on line in June 2022. This article included quotes from the whistleblowing champion, along with links to the Standards, details of confidential contacts and links to the training modules and INWO website, where FAQs and case studies are available.

A network for confidential contacts to meet with the whistleblowing champion and HR director has been established. The network last met in May 2022 and it has been agreed that bi-annual meetings of the network would be helpful. Training on the Standards is available through TURAS via two modules and NES will provides monitoring information on the uptake of the training. Unfortunately, due to technical issues this information is not yet available for Q1 and will therefore be included in the Q2 report.

## **6. 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. One concern has been raised by a primary care contractor during Q1, as detailed above. Further information will be provided upon completion of the investigation.

## **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

The case raised in Quarter 1 included concerns about financial probity, along with reference to behaviours which might more appropriately be dealt with under the contractor's HR policies.

## **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, discuss the performance report in relation to concerns raised in Quarter 1 (April – June 2022) and seek assurance that whistleblowing standards are being followed and learning shared.