

NHS Greater Glasgow and Clyde	Paper No. 25/83
Meeting:	NHSGGC Board Meeting
Meeting Date:	24 June 2025
Title:	Whistleblowing Annual Report
Sponsoring Director/Manager:	Ms Elaine Vanhegan, Director of Corporate Services and Governance
Report Author:	Ms Kim Donald, Corporate Services Manager (Governance)

1 Purpose

- 1.1 The purpose of the accompanying paper is to give the Board an overview of whistleblowing activity across the annual review period from 1st April 2024-31st March 2025. This is to provide assurance that whistleblowing investigations are taking place in line with the National Whistleblowing Standards (the Standards).

2 Executive Summary

- 2.1 The paper can be summarised as follows:

- There were 8 concerns received in the reporting period and taken forward as a whistleblow:
 - 3 x Stage 1s
 - 5 x Stage 2s
- **Stage 1 performance was 100%** against the target of 5 working days with an option of extension of 10 working days to respond;
- **Stage 2 performance was 60%** against the target of 20 working days.
- **Stage 3:** There were 3 Stage 3 cases closed by the INWO during the period. Recommendations made by the INWO are monitored by the Corporate Services Manager – Governance who is responsible for collating evidence of completed actions and facilitating feedback to the INWO for their final decision.

3 Recommendations

3.1 The committee is asked to consider the following recommendations:

- To note the performance across the year.
- To note the improvement work undertaken throughout the reporting period as a result of whistleblowing cases received.

4 Response Required

4.1 This paper is presented for assurance.

5 Impact Assessment

5.1 The impact of this paper on NHS Greater Glasgow and Clyde's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

- | | |
|------------------------|------------------------|
| • Better Health | <u>Positive</u> impact |
| • Better Care | <u>Positive</u> impact |
| • Better Value | <u>Positive</u> impact |
| • Better Workplace | <u>Positive</u> impact |
| • Equality & Diversity | <u>Positive</u> impact |
| • Environment | <u>Positive</u> impact |

6 Engagement & Communications

6.1 The issues addressed in this paper were subject to the following engagement and communications activity:

- The Whistleblowing process is communicated via Core Briefs and promoted through the Speak Up! Campaign.

7 Governance Route

7.1 This paper has been previously considered by the following groups as part of its development:

- Audit and Risk Committee.

8 Date Prepared & Issued

Date Prepared: June 2025

Date Issued: 16 June 2025



WHISTLEBLOWING ANNUAL REPORT

2024/25

NHS Greater Glasgow and Clyde

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Executive Summary

- There were 11 concerns received in the reporting period:
 - 3 x Stage 1s
 - 5 x Stage 2s
- **Stage 1 performance was 100%** against the target of 5 working days with an option of extension of 10 working days to respond;
- **Stage 2 performance was 60%** against the target of 20 working days.

1. Introduction

The National Whistleblowing Standards (the Standards) set out how all NHS service providers in Scotland must handle concerns that have been raised with them about risks to patient safety and effective service delivery. A staged process has been developed by the INWO.

- Stage 1: Early resolution – for simple and straightforward concerns that involve little or no investigation and can be handled by providing an explanation or taking limited action – 5 working days.
- Stage 2: Investigation – for concerns which tend to be serious or complex and need a detailed examination before the organisation can provide a response – 20 working days.

There are 10 Key Performance Indicator Requirements:

1. Statement outlining learning, changes or improvements to services or procedures as a result of consideration of whistleblowing concerns
2. Statement to report the experiences of all those involved in the whistleblowing procedure
3. Statement to report on levels of staff perceptions, awareness and training
4. Total number of concerns received
5. Concerns closed at stage 1 and stage 2 of the whistleblowing procedure as a percentage of all concerns closed
6. Concerns upheld, partially upheld, and not upheld at each stage of the whistleblowing procedure as a percentage of all concerns closed in full at each stage
7. Average time in working days for a full response to concerns at each stage of the whistleblowing procedure
8. Number and percentage of concerns at each stage which were closed in full within the set timescales of 5 and 20 working day

9. Number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1
10. Number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2

The report indicates which KPI is being met throughout each of the reporting sections.

More information on how NHSGGC handles whistleblowing can be found on the website: <https://www.nhsggc.org.uk/working-with-us/hr-connect/policies-and-staff-governance/policies/whistleblowing-policy/>

Learning (KPI 1)

Learning from whistleblowing is crucial for several reasons. It helps NHSGGC identify and address issues, ensuring that risks to patient safety and effective service delivery are mitigated. After a case is closed, monitoring continues until all recommendations are completed. This ongoing oversight ensures that actions are taken seriously and that improvements are sustained over time. The responsibility of actions sits with the Director and Chief Nurse of the service; however, an action tracker is monitored and overseen by the Director of Corporate Services and Governance.

By learning from whistleblowing, the Board can continuously improve and ensure the safety and well-being of patients and staff and maintain a culture of openness and accountability.

The following table outlines a high-level summary of the concerns received to maintain confidentiality, and the recommendations made following investigation. Some are noted as ongoing in recognition that the actions would require to be filtered through to business-as-usual practices.

Table 1: Recommendations and learning from closed cases:

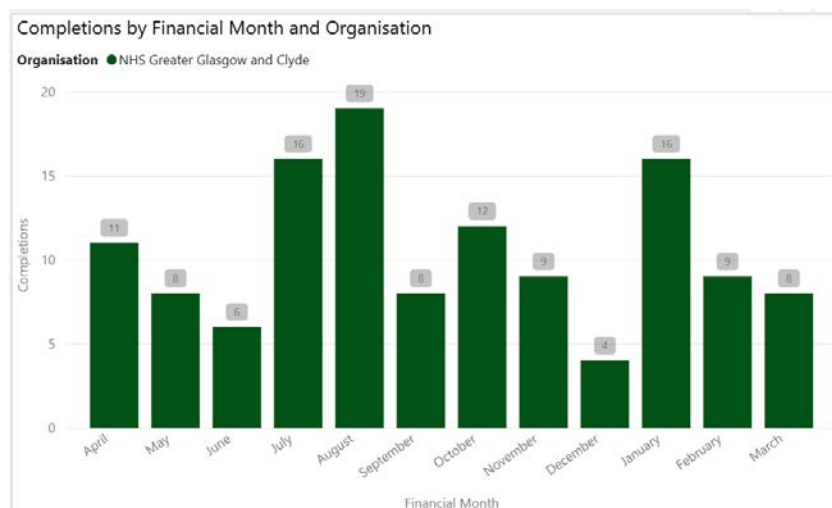
Issues Raised	Outcome	Action / Recommendations	Status
Concern raised regarding discrimination of both staff and patients impacting on the service	Not upheld	<ul style="list-style-type: none">To continue to make improvements to MDT communication, ensuring all professional voices are heard.To continue to raise awareness in relation to Equality & Diversity and BME, to break down barriers and ensure a fair and equal work environment.To continue to support the whole team to work better together in a truly integrated service.	Ongoing
Concern regarding delays experienced by patients accessing unplanned care	Not upheld	<ul style="list-style-type: none">Data to be regularly reviewed and scrutinised by the management team and included in sector governance reports	Ongoing

Issues Raised	Outcome	Action / Recommendations	Status
pathways as a result of national reporting targets		<ul style="list-style-type: none"> • Development of a standing operating procedure clearly demonstrating responsibility of performance monitoring and escalation throughout the day • Immediate review and implementation of medical leadership input and management across unplanned care 	
Concern raised about conduct of manager and risk to patient safety	Not upheld	N/A	N/A
Concern regarding unequal access to bank shifts	Not upheld	N/A	N/A
Concern regarding nepotism and bullying culture impacting on staffing on Ward	Not upheld	N/A	N/A
Concerns regarding staff doing private practice during period of leave	Not upheld	Taken forward by Counter Fraud Services.	N/A
Concerns about staffing level on ward and impact on patient care	Partially upheld	<ul style="list-style-type: none"> • Ensure staffing is monitored through HCSSA • Ensure clinical guidelines are up to date and circulated • Review of OOH rota to be undertaken 	Ongoing
Concerns about impact of Continuous Flow during winter	Partially upheld	<ul style="list-style-type: none"> • Risk assessments to be undertaken in real time 	N/A

Issues Raised	Outcome	Action / Recommendations	Status
		<ul style="list-style-type: none"> Communication and escalation to be further embedded during periods of extremis 	

TURAS Whistleblow Module

1) Whistleblowing: An Overview



2) Whistleblowing: For Line Managers



2) Whistleblowing: For Senior Managers



The data highlights that there is a lack of engagement from the wider management team with regards to module completion. Management engagement and training is part of the wider Speak Up action plan and will be monitored throughout the course of the year.

Feedback Survey (KPI 2)

An anonymous survey is circulated to everyone involved in a whistleblow, whether they are the whistleblower or assisting with the investigation, to establish their thoughts on the process, access to support as well as offering them the opportunity to feedback to the Board on what we should be doing to assist colleagues through the whistleblowing procedure, which we recognise can be daunting. Unfortunately, engagement with the user feedback forms remains low. We have amended the feedback from an anonymous survey via email to an anonymous online form hosted on MS Teams in the hope that an easier user experience may drive up response rates. This has been a challenge nationally and we are working with colleagues as part of the wider Speak Up campaign on how to encourage wider engagement and demonstrate our commitment to learning and improving with feedback received.

Speak Up! (KPI 3)



Work continues with HR and Comms colleagues regarding the ongoing publicising of Speak Up! and the methods available to colleagues to raise their concerns. Confidential Contacts meet quarterly and feedback any key trends or themes and are encouraged to undertake localised projects within their area to ensure ongoing engagement with colleagues throughout the year.

The Whistleblowing Champion is overseeing a programme of work in this regard, including information sessions for colleagues at induction, increasing our pool of confidential contacts and working with key stakeholders to widen understanding and knowledge of the processes and protection in place.

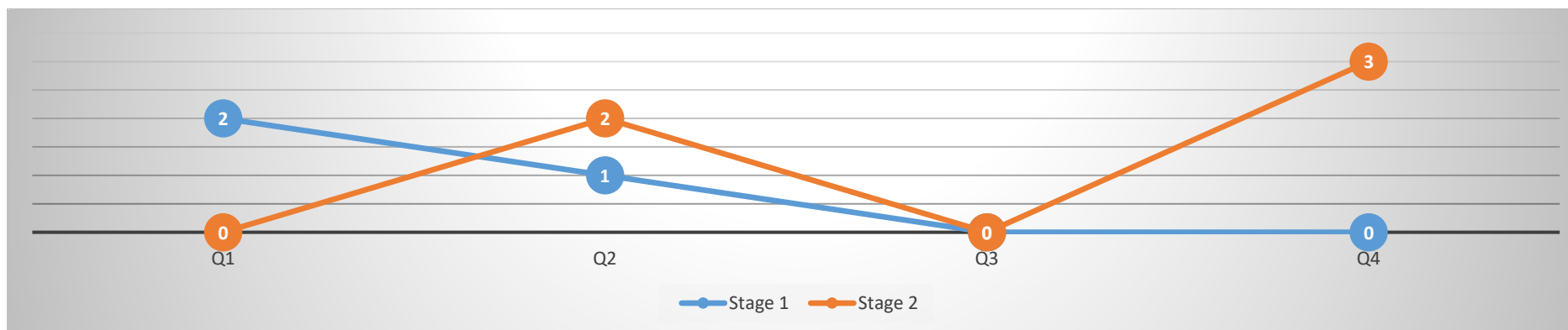
Cases Received (KPI 4)

Table 2: Cases Received and Accepted as Whistleblowing

	Acute	Corporate	HSCP/Prisons	TOTAL
Stage 1	0	1	2	3
Stage 2	3	0	2	5
TOTAL	3	1	4	8

The above table gives the figures for cases that were received, and which met the criteria for whistleblowing, and were therefore taken forward via the Whistleblowing Policy. The graph below details the number of cases received over the quarters:

Graph 1: Whistleblowing Cases Received



The number of cases received has reduced from 2023-24 where 16 cases had been received. The overall reduction in the number of cases has been discussed nationally and further work is being undertaken by the Corporate Services Manager – Governance, with the support of the Whistleblowing Champion and HR colleagues, to further embed speaking up across the organisation.

Cases Closed (KPI 5)

The information in this section relates to the performance for whistleblowing cases that were closed in the reporting period. More detailed information regarding the nature and learning from the cases is contained in Section 2.

Table 3: Closed Cases by Outcome (KPI 6)

	Acute	Corporate	HSCP / Prisons	Total
Upheld	-	-	-	0
Partially Upheld	2	-	-	2
Not Upheld	1	1	4	6
TOTAL	3	1	4	8

Table 4: Average Time to Respond (in working days) (KPI 7)

Acute (working days)	Corporate days)	(working days)	HSCP / Prisons (working days)	Total Average (working days)
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Stage 1	-	1	5	4
Stage 2	64	-	35	39

Table 5: Closed Cases by Stage (**KPI 8**)

	Acute	Corporate	HSCP / Prisons	Total
Stage 1	-	1	2	3
Stage 2	3	-	2	5
TOTAL	3	1	4	8

It is recognised that the average number of days to respond to whistleblowing concerns at Stage 2 is longer than we would like. This number has been impacted by the complex cases received, alongside challenges with diary conflicts including annual leave across the holiday periods. The focus remains on a thorough and high-quality investigation. The individuals involved remain fully informed of progress and offered support (**KPI 9 and 10**).



Stage 3 – INWO Investigations

	Acute	Corporate	HSCP/Prisons	TOTAL
Stage 3	1	1	1	3

Throughout the year we received 3 decision notices from the INWO. All outcome reports are published and can be found here:- [Our findings | INWO \(spsso.org.uk\)](https://www.spsso.org.uk). Recommendations made by the INWO are monitored by the Director of Corporate Services and Governance and the Corporate Services Manager – Governance who is responsible for collating evidence of completed actions and facilitating feedback to the INWO for their final decision.

Conclusion



As well as continuing to manage the case load of whistleblowing cases, there should be a consistent message across the Board regarding the Standards and our employees' rights to access the process, should it be required. We continue to support staff via line management, Confidential Contacts, the Whistleblowing Champion and the Whistleblowing Lead.

Kim Donald
Corporate Services Manager for Governance