

<b>NHS Greater Glasgow and Clyde</b>	<b>Paper No 26/87a</b>
<b>Meeting:</b>	<b>NHS GGC Board Meeting</b>
<b>Meeting Date:</b>	<b>25 June 2026</b>
<b>Title:</b>	<b>2025-26 Whistleblowing Quarter 4 Report</b>
<b>Sponsoring Director/Manager:</b>	<b>Michael Breen, Executive Director of Finance &amp; Deputy Chief Executive</b>
<b>Report Author:</b>	<b>Mandy Crawford, Corporate Services Manager (Complaints and Public Affairs)</b>

## 1. Purpose

**The purpose of this paper is to** present the NHSGGC Board with an overview of whistleblowing activity for Quarter 4 of 2025–26.

The paper also provides assurance that all whistleblowing investigations are being conducted in accordance with the National Whistleblowing Standards.

**Appendix 1** to this paper contains the 2025–26 Quarter 4 Whistleblowing Report.

## 2. Executive Summary

**The paper can be summarised as follows:**

During Quarter 4 of 2025–26, there were no whistleblowing concerns received at Stage 1. A total of three concerns progressed to Stage 2 investigation, while a further nine concerns were assessed and determined not to meet the criteria for whistleblowing under the Standards.

As no Stage 1 cases were received, performance against Stage 1 timescales is not applicable for the period. However, Stage 2 performance was below the required standard, with 0% of cases completed within the target of 20 working days. This reflects delays in progressing Stage 2 investigations during the quarter and indicates a need for improved timeliness in handling more complex cases.

## 3. Recommendations

**The NHS GGC Board is asked to consider the following recommendations:**

- Note the Whistleblowing performance for 2025-26 Quarter 4.

- Note the improvement actions progressed during the reporting period in response to whistleblowing cases received.

#### **4. Response Required**

This paper is presented for **Assurance**.

#### **5. Impact Assessment**

**The impact of this paper on NHS GGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:**

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

#### **6. Engagement & Communications**

**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**

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

- The paper was approved by the Audit and Risk Committee 18 June 2026
- The paper is being presented to NHSGGC Board on 25 June 2026

#### **8. Date Prepared & Issued**

Date Prepared: 15 June 2026

Date Issued: 19 June 2026

#### **9. Appendices**

- Appendix 1: 2025-26 Whistleblowing Quarter 4 Report.



## APPENDIX 1

# 2025-26 WHISTLEBLOWING REPORT QUARTER 4

## Executive Summary

In the reporting period 1 January 2025 to 31 March 2026

- There were no Stage 1 cases received in the quarter.
- There were 3 Stage 2 cases taken forward in the quarter.
- There were 9 cases that did not meet the whistleblowing criteria.
- Stage 1 performance was N/A
- Stage 2 performance was 0% against the target of 20 working days.

## 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 NHS GGC handles whistleblowing can be found on the website: [https://www.NHS GGC.org.uk/working-with-us/hr-connect/policies-and-staff-governance/policies/whistleblowing-policy/](https://www.NHS.GGC.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 NHS GGC 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.

The learning from Whistleblowing Investigations will be encompassed in the NHS GGC Learning System. The NHS GGC Learning System will ensure that learning from improvement work is easily accessible to staff and shared with people who use our services and the public. 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 (BAU) practices.

**Table 1: Recommendations and Learning from Cases Closed in 2025-26 Quarter 4**

Issues Raised	Outcome	Action / Recommendations	Status
Anonymous Concerns about patient access to vaccinations and H&S of vaccination sites.	Partially Upheld	Clinical Governance & Safety  1.Mandatory reinforcement of the Datix process, with real time prompts during clinic huddles.  2.Introduction of additional briefing/CPD sessions at the start of vaccination campaigns or following significant changes to programmes to	Ongoing

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		<p>improve consistency of application of eligibility criteria.</p> <p>3. Maintain quarterly audit of vaccine errors and follow up actions.</p> <p>4. Training &amp; Competency-No deployment of new/bank staff without documented induction.</p> <p>5. Strengthen and standardise the line management and/or support and supervision expectations for Clinical Leads already described in action plans.</p> <p>6. Maintain mandatory annual competency review for all vaccinators.</p> <p>7. Scheduling &amp; Messaging Formal review of messaging platform reliability with eHealth.</p> <p>8. Audit of high-risk cohort (e.g., stem cell patients) referral and appointing arrangements.</p> <p>9. Venue &amp; Wellbeing Ongoing health and safety review of clinic locations in partnership with Health and Safety colleagues.</p>	
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### 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 Health Board on what we should be doing to assist colleagues through the whistleblowing procedure, which we recognise can be daunting. Unfortunately, despite amendments to the survey, the format and platform, we have had minimal response. This is something that is being discussed nationally at the Whistleblowing Practitioners Forum and is not unique to NHS GGC.

Those raising concerns at stage 2 are also offered a facilitated meeting with the service to discuss the outcome of the investigation and how the service propose to implement the recommendations.

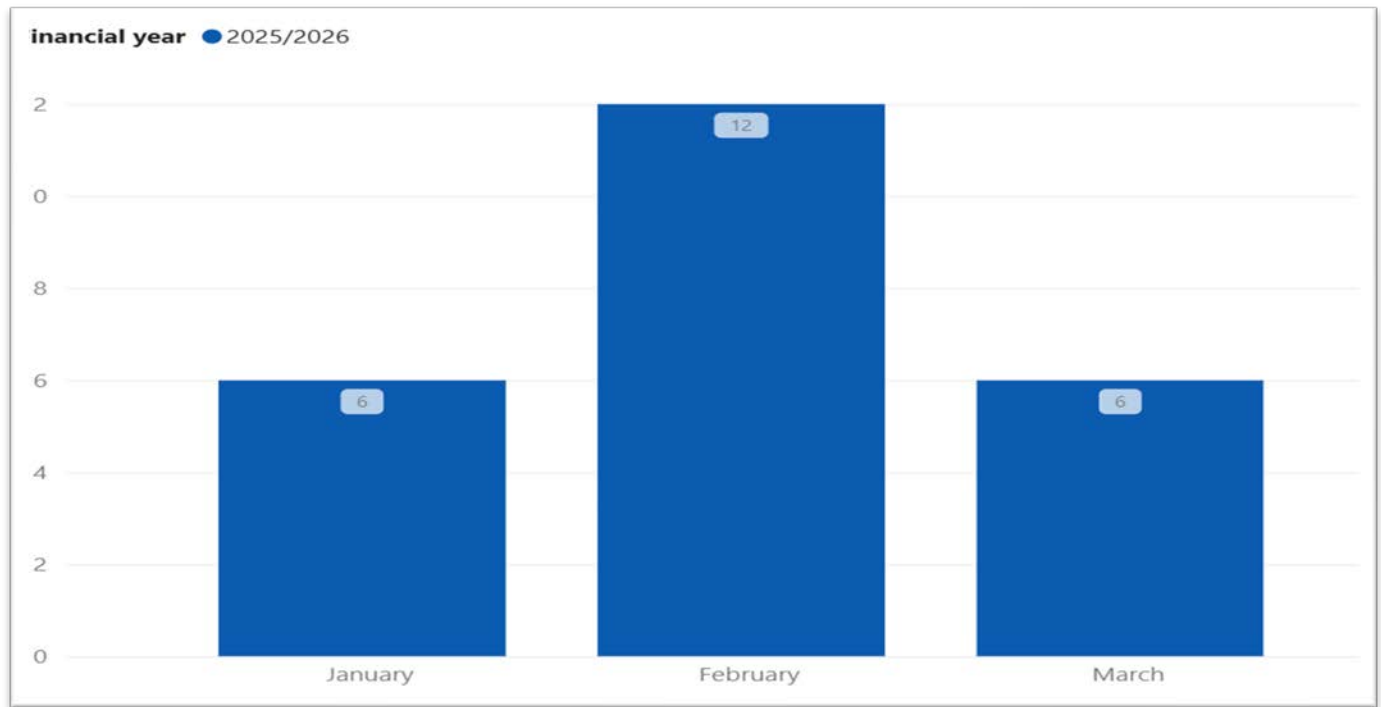
### Speak Up! (KPI 3)

Work continues with HR and Comms colleagues regarding the ongoing publicising of Speak Up! and the methods available to colleagues to raise their concerns.

### Staff Training (KPI 3)

There has been a slight uptake in the TURAS learning module since Quarter 3. A total of 18 members of staff undertook the TURAS module, this increased to 24 in Quarter 4.

**Graph 1: Uptake of Turas Learning Module by month for Quarter 4 2025/26**



### Confidential Contacts

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, and working with key stakeholders to widen understanding and knowledge of the processes and protection in place.

To ensure appropriate oversight of Confidential Contact communication a generic inbox has been created which allows the Corporate Services Manager – Governance to consider themes and any areas for escalation. A total of five contacts has been in Quarter 4, of these four related to staffing or HR matters and one related to a patient safety issue. To protect confidentiality only limited information is provided.

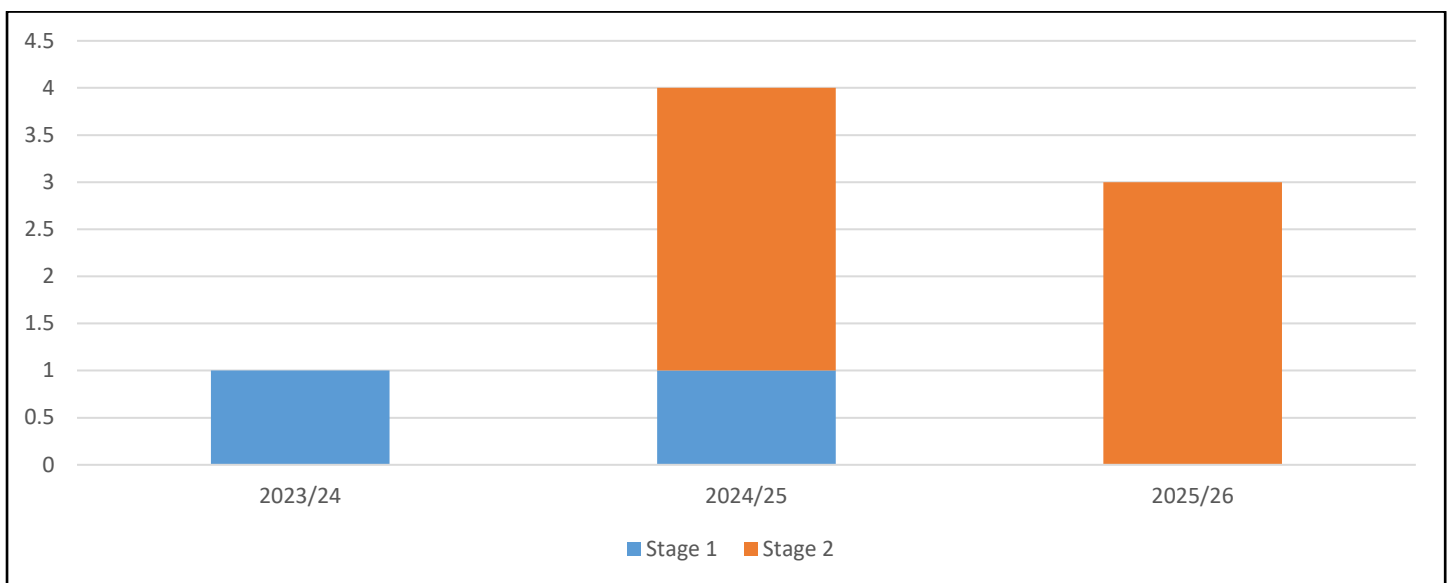
It is important to note that some contacts contain limited information, meaning it is not possible to determine the area, theme, or person for escalation. However, the Corporate Services Manager – Governance reviews the data regularly and escalates evident themes to the Director of Corporate Services and Governance.

**Cases Received (KPI 4)****Table 2: Cases Received and Accepted as Whistleblowing, Quarter 4 2025-26**

	<b>Acute</b>	<b>Corporate</b>	<b>HSCP/Prisons</b>	<b>Total</b>
Stage 1	0	0	0	0
Stage 2	3	0	0	3
<b>Total</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>3</b>

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.

Graph 2 below details the comparison number of cases received in Quarter 4 of 2023-24, 2024-25 and 2025-26:

**Graph 2: Whistleblowing Cases received in Quarter 4 of each year.****Table 3: Concerns Received by GPs and Opticians 2025-26 Quarter 4**

	<b>Qtr.</b>	
	<b><u>GPs</u></b>	<b><u>Opticians</u></b>
Total no of concerns received	0	0
Number of concerns closed at Stage 1 and % of all Stage 1 closed concerns	N/A	N/A
No of Stage 1 concerns closed in full within the set timescale of 5 days and % of all Stage 1 concerns	N/A	N/A
The number of concerns at Stage 1 where an extension was authorised as a % of all concerns at Stage 1	N/A	N/A
Average number of days to respond to Stage 1 concerns.	N/A	N/A
Outcome of completed Stage 1 concerns: -	N/A	N/A

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Upheld	N/A	N/A
Partially Upheld	N/A	N/A
Not Upheld	N/A	N/A
No of Stage 2 concerns closed in full within the set timescale of 20 days and % of all Stage 2 concerns	N/A	N/A
The number of concerns at Stage 2 where an extension was authorised as a % of all concerns at Stage 2	N/A	N/A
Average number of days to respond to Stage 2 concerns.	N/A	N/A
Upheld	N/A	N/A
Partially Upheld	N/A	N/A
Not Upheld	N/A	N/A
Number of concerns still open at the end of the reporting period	0	0
Number of concerns reported to INWO	0	0

### 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 4: Closed Cases in 2025-26 Quarter 4 by Outcome (KPI 6)**

	Upheld	Partially Upheld	Not Upheld	Total
Stage 1	-	-	-	-
Stage 2	-	1	0	0
<b>Total</b>	-	<b>1</b>	<b>0</b>	<b>1</b>

**Table 5: Average Time to Respond (in working days) (KPI 7)**

	Acute (working days)	Corporate (working days)	HSCP / Prisons (working days)	Total Average (working days)
Stage 1	-	-	-	-
Stage 2	50	-	-	50

**The following cases were closed above 30 days:**

Issues Raised	No of Days	Reason
Anonymous concerns about patient access to vaccinations and H&S of vaccination sites.	50	Multiple concerns raised on a variety of topics.



**Table 6: Closed Cases by Stage (KPI 8)**

	Acute	Corporate	HSCP / Prisons	Total
Stage 1	-	-	-	-
Stage 2	1	-	-	-
Total	<b>1</b>	-	-	<b>1</b>

The focus remains on a thorough and high-quality investigation and there are national discussions taking place with regards to the investigation timeframes which may be changed to reflect the challenges faced by Health Boards to meet, particularly Stage 2 investigations. The individuals involved remain fully informed of progress and offered support **(KPI 9 and 10)**.

**Table 7: Stage 3 INWO Investigations and Recommendations**

	Report Number	Directorate	Comments
Stage 3	202411198	Acute	Fully upheld
Stage 3	202504226	HSCP	Outcome TBC
Stage 3	202508351	Acute	Outcome TBC

NHS GGC has participated in Three Stage 3 investigations commissioned by the INWO, two of which have not concluded.

With regards to Stage 3 Report Number 202411198, the INWO fully upheld the complaint, stating:

- The Health Board did not ensure there were appropriate staffing levels in the maternity unit at Queen Elizabeth University Hospital (QEUEH) **(upheld)**
- The Health Board did not appropriately manage patient demand for the maternity unit at QEUEH **(upheld)**
- The Health Board did not appropriately manage patient journeys through the QEUEH maternity unit **(upheld)**
- The Health Board did not ensure there was appropriate out of hours support arrangements for staff in the maternity unit **(upheld)**
- The Health Board did not handle the whistleblowing concerns in line with the National Whistleblowing Standards (the Standards) **(upheld)**

The full outcome report is available using the following link:

<https://inwo.spsos.org.uk/greater-glasgow-and-clyde-nhs-board-3>

A number of actions were requested of NHS GGC by the INWO these are being working through in compliance with the associated deadline.

## Conclusion



There continues to be a sustained focus across the Board on strengthening engagement with, and confidence in, the speaking up processes and the support available to staff. This work is being progressed by the Corporate Services Manager – Governance and the Whistleblowing Champion through a 2025-26 action plan. Activity includes ongoing engagement with services, Integration Joint Boards (IJBs), the wider workforce via Core Brief, and management teams.