

<b>NHS Greater Glasgow and Clyde</b>	<b>Paper No 26/87b</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 Annual Report</b>
<b>Sponsoring Director/Manager</b>	<b>Michael Breen, Director of Finance and 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 2025–26 Whistleblowing Annual Report.

The Annual Report provides a comprehensive summary of whistleblowing activity and performance for the period 1 April 2025 to 31 March 2026. The report includes an overview of cases received, response times, compliance with statutory deadlines, outcomes, and key trends identified over the reporting period.

**Appendix 1** to this paper contains the full 2025–26 Whistleblowing Annual Report.

## 2. Executive Summary

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

During 2025–26, a total of 24 whistleblowing concerns were received by the Health Board. Of these, two were investigated at Stage 1, nine progressed to Stage 2 investigation, and thirteen did not meet the criteria for whistleblowing.

Performance at Stage 1 was fully compliant, achieving 100% against the target timescale of five working days, with provision for an extension of up to ten working days where required. However, Stage 2 performance was 29% against the target of 20 working days. It is recognised that improvement is required to ensure more timely responses at Stage 2, and this has been identified as a key area for improvement in the coming year.

## 3. Recommendations

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

- Note the 2025-26 Whistleblowing Annual Report as set out in Appendix 1

#### 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</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

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

Not Applicable

#### 7. Governance Route

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

- The paper was approved by the Audit & 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 Whistleblowing Annual Report 2025-26

## APPENDIX 1

# WHISTLEBLOWING ANNUAL REPORT 2025-26

### Performance Analysis

Between 1 April 2025 and 31 March 2026, NHS GGC received a total of 24 Whistleblowing Concerns.

- 2 concerns were investigated at Stage 1
- 9 concerns were investigated at Stage 2
- 13 concerns did not meet the criteria for whistleblowing.

Stage 1 performance was 100% against the target of 5 working days with an option of extension of 10 working days to respond. However, Stage 2 performance was 29% against the target of 20 working days. It is acknowledged that improvement is required in responding more timeously to Stage 2 complaints and this will be taken forward as an improvement action.

### 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.

**Table 1** below 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.

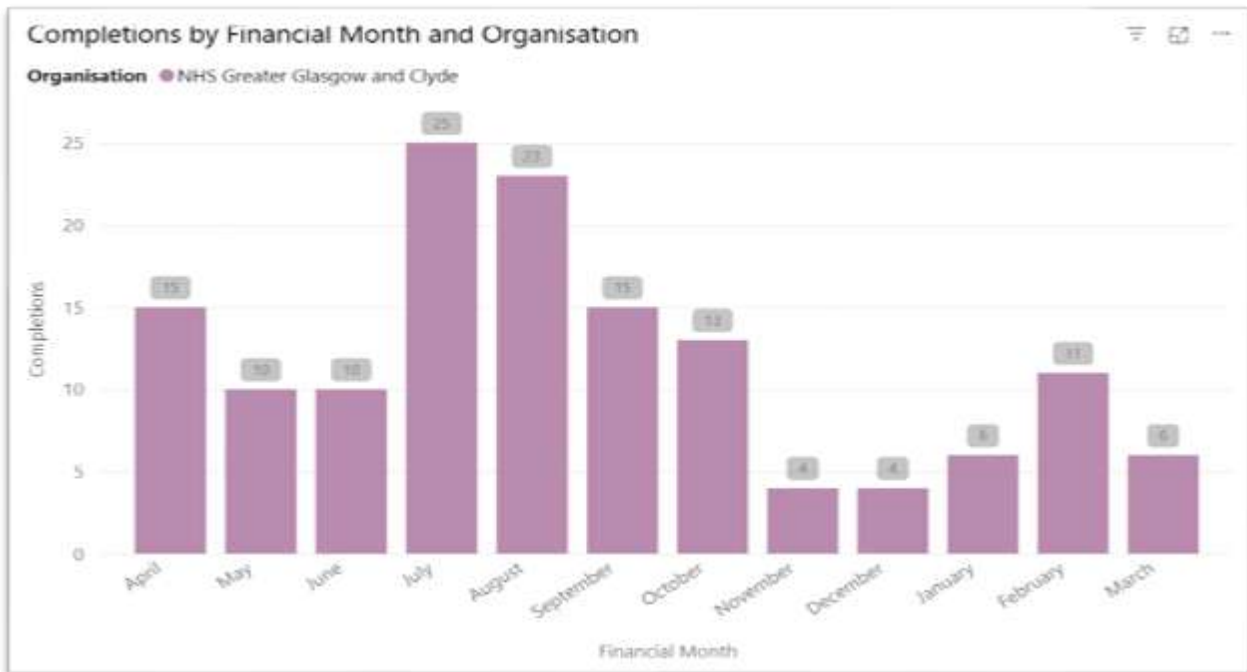
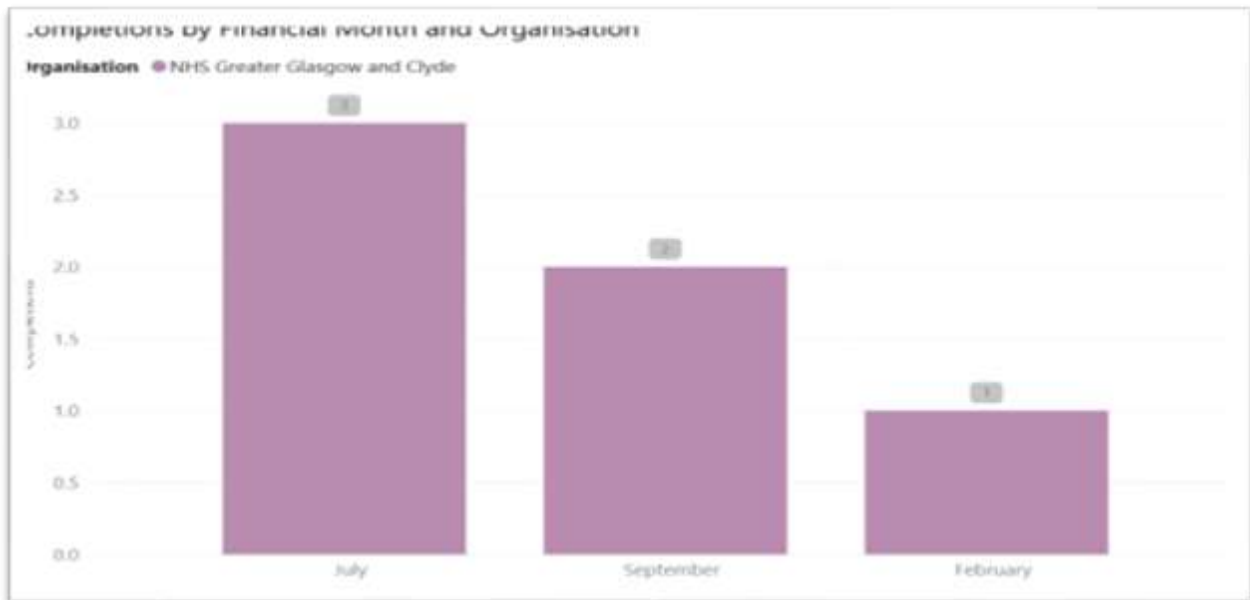
**Table 1: Recommendations and Learning from Case Closed during 2025-26**

Issues Raised	Outcome	Action / Recommendations	Status
Anon concerns re unwitnessed falls and management nepotism.	Not upheld	SMT to be more visible to staff on ward. Review of Nurse in Charge policy	BAU Ongoing
Lack of rotation through service impacting staff competency and affecting patient safety	Partially upheld	OD session to be arranged to rebuild relationships within the team. Stress at work survey to be used in conjunction and action	OD session date confirmed. Ongoing

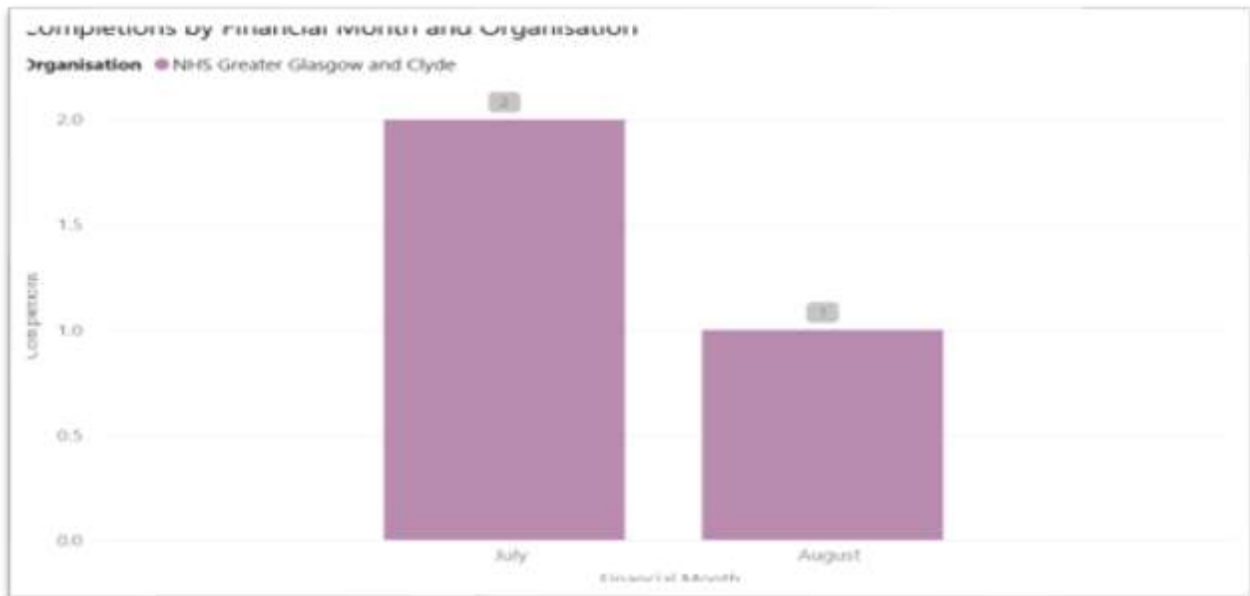
**BOARD OFFICIAL**

		plan to be created collaboratively with the team	
Concerns about patient flow and hospital capacity escalation processes	Partially Upheld	Escalation processes to be reviewed/circulated Civility Saves Lives to be implemented across all Acute services Training for OOH Duty Managers regarding bed management Report non-standard care data through CG Forums	Complete  Ongoing  Ongoing  Ongoing
Concerns regarding impact on patient safety as a result of inconsistent procedures	Not Upheld	Communication on protocol/pathway changes should be shared with wider team via Site Superintendent.	Ongoing
INWO referred case regarding issues with decontamination and deregistration at local dentist.	Partially Upheld	The practice has confirmed that all decontamination processes are now compliant with national guidance. Logs and validation reports are available. The practice has been advised to ensure future submissions of deregistration comply with the expected standards.	Complete  Ongoing
Concerns about the removal of contracted service from HSCP	Not Upheld	HSCP and contractor to review transition arrangements ensuring the safe transfer, meaningful engagement, and communication with service users, where required face to face.	Stage 3
Failure to implement BSOTS triage tool.	Partially Upheld	Ensure midwifery staffing remains compliant with BSOTS pathway. Adapt medical rota to increase cover in Triage.	Stage 3
Anonymous concerns about patient access to vaccinations and H&S of vaccination sites.	Partially Upheld	1. Clinical Governance & Safety. 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 improve	Ongoing

		<p>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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**TURAS Whistleblowing Module****1) Whistleblowing: An Overview****2) Whistleblowing: For Line Managers**

### 3) Whistleblowing: For Senior Managers



Uptake rates for the three Whistleblowing LearnPro modules, remains low. Greater emphasis needs to be placed on staff to complete these modules. Training will be promoted and 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 Health 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)

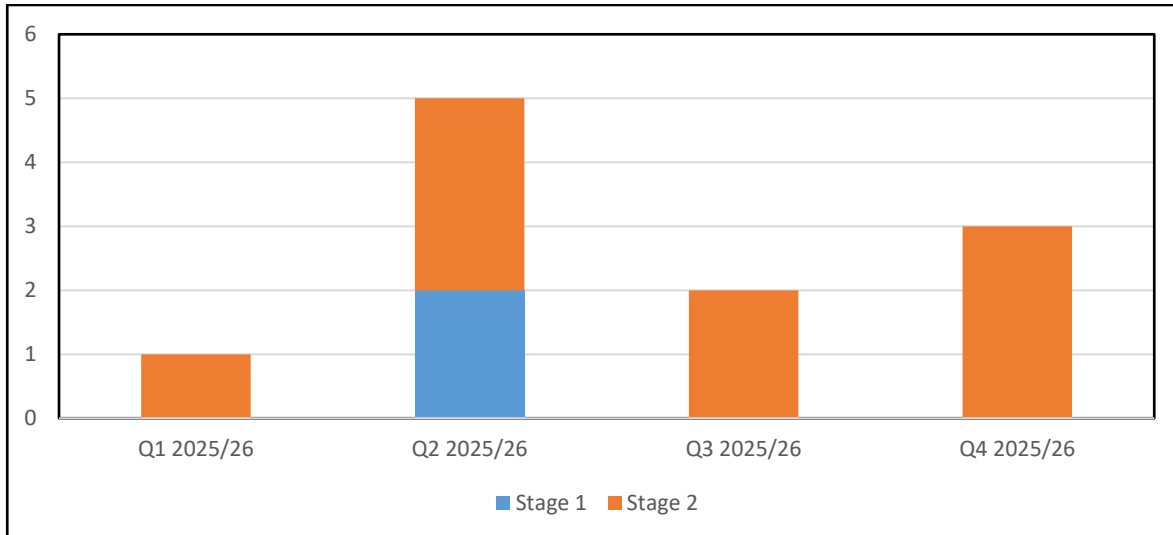
Work is ongoing with HR and Communications colleagues to continue promoting Speak Up! and raising awareness of the routes available for colleagues to voice concerns. Confidential Contacts meet on a quarterly basis to share feedback and identify key trends and themes and are encouraged to deliver localised initiatives within their areas to support sustained engagement with colleagues throughout the year.

The Whistleblowing Champion is leading a programme of activity to support this work, including delivering information sessions as part of staff induction, expanding the pool of Confidential Contacts, and working with key stakeholders to strengthen understanding of whistleblowing processes and the protections in place for those who raise concerns.

### Cases Received (KPI 4)

It should be noted that the number of whistleblowing cases taken forward has remained constant between 2024-25 and 2025-26 with 11 cases being taken forward each year.

The graph below details the number of cases received over the quarters for 2025-26:



### Cases Closed (KPI 5)

The information in this section relates to the performance for whistleblowing cases that were closed in the reporting period.

**Table 3: Closed Cases by Outcome (KPI 6)**

	Acute	Corporate	HSCP / Prisons	Total
Upheld	-	-	-	-
Partially Upheld	5	-	1	6
Not Upheld	1	-	3	4
<b>Total</b>	<b>6</b>	<b>-</b>	<b>4</b>	<b>10</b>

**Table 4: 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	-	-	7	7
Stage 2	32.8	-	48.5	37.3

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

	Acute	Corporate	HSCP / Prisons	Total
Stage 1	-	-	2	2
Stage 2	6	-	2	8
<b>Total</b>	<b>6</b>	<b>-</b>	<b>4</b>	<b>10</b>

It is recognised that the average number of days to respond to whistleblowing concerns at Stage 2 is longer than should be expected. The length of time 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**

	<b>Acute</b>	<b>Corporate</b>	<b>HSCP/Prisons</b>	<b>Total</b>
Stage 3	6	-	2	8

Throughout the year NHS GGC has received 2 decision notices from the INWO, one to Glasgow City HSCP in relation to specialist GP services for people experiencing homelessness (April 2025) and the other relating to the Maternity Unit at the Queen Elizabeth Hospital (March 2026). NHS GGC have interacted with the INWO in relation to a further six cases, all requests from the INWO have been complied with fully.

### **Conclusion**

Alongside the continued management of the whistleblowing caseload, it is important that there is a consistent, Health Board-wide message in relation to the Whistleblowing Standards and employees' rights to access the process where required. Ongoing support for staff is provided through line management, Confidential Contacts, the Whistleblowing Champion, and the Whistleblowing Lead.