

NHS Greater Glasgow and Clyde	Paper No 26/88
Meeting:	NHS GGC Board Meeting
Meeting Date:	25 June 2026
Title:	Whistleblowing Action Plan Update
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1 Purpose

The purpose of this paper is to provide the NHSGGC Board with an update on the actions arising from the Whistleblowing Internal Audit undertaken by Azets during 2025-26.

The paper sets out an overview of the progress made to date, supported by evidence, in implementing the agreed recommendations. It also highlights the current status of each action and identifies any further work required to achieve full completion.

Appendix 1 to this paper provides a detailed summary of progress to June 2026 against the recommendations made within the 2025–26 Whistleblowing Internal Audit Report.

2 Executive Summary

This paper can be summarised as follows:

A Whistleblowing Internal Audit review was undertaken during 2025-26, which resulted in Azets identifying eighteen improvement actions. The resulting Internal Audit report was presented to, and accepted by, the Audit and Risk Committee (ARC) at its March 2026 meeting.

Management consider that all eighteen actions have now been completed. Formal validation of this position is subject to Azets' standard follow-up process, which will independently verify the status of the actions. The outcome of this follow-up work will be reported to ARC at its next scheduled meeting on 3 September 2026.

3 Recommendations

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

- Note the progress reported by Management as at June 2026 in implementing the recommendations arising from the 2025–26 Whistleblowing Internal Audit undertaken by Azets.
- Note that Azets will undertake their standard follow-up procedures to validate the status of these actions, with the outcome to be reported to the Audit & Risk Committee at its meeting on 3 September 2026.

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

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: Whistleblowing Action Plan Update

APPENDIX 1

WHISTLEBLOWING ACTION PLAN UPDATE

1. Background

During 2025-26, Azets carried out an Internal Audit of the Whistleblowing arrangements across NHS GGC. Eighteen actions were identified following the audit which have been progressed over the last six months.

To provide assurance, the Audit & Risk Committee have requested an update on the delivery against the audit improvement recommendations. This paper summarises the work and progress that has been completed following the audit.

2. Assessment

The following sections provide details of the work that has been completed to support audit action close out, noting within each section the audit action reference number that relates to the work completed.

Full details of all audit actions including their reference numbers has been provided in **Appendix A** below.

Measuring whistleblowing and the wider speak up culture

A range of activities to promote and increase awareness of whistleblowing have been undertaken. Please see the "Speak-up Action Plan 2025-26". These include:

- Core Brief
- Team Talk
- Drop-in Webinars
- Whistleblowing lead attendance at inductions
- Meetings with targeted services
- Meetings with hot spot services
- Video / Blogs via Core brief
- A 2026-27 Speak-up Action Plan which will build on the previous action has been developed.

The key Board measures are two iMatter questions around safely raising concerns and confidence that concerns will be followed up and responded to. NHSGGC scored in line with the national average for Health Boards to these two questions. (Audit Action Reference 1.1A, 5.1A - Complete).

Defining the role of the People Committee

A decision was made to merge the People and Staff Governance Committees into a single governance structure. The merged committee will still take forward the key strategic focus on improving organisational culture and promoting a Board wide Speak Up culture.

The revised Terms of Reference for the merged committee clearly articulates its key roles and responsibilities. These have been drafted and agreed at the People Committee on 7 May 2026 (Audit Action Reference 1.2A - Complete).

Whistleblowing Guidance Document

NHS GGC “*User’s Guide for the National Whistleblowing Standards*” has been updated and renamed “*Staff Guide to implementing the National Whistleblowing Standards*”.

The document is now reflective of the actual processes agreed and is now aligned to the INWO Standards. The *Staff Guide to implementing the National Whistleblowing Standards* document will be reviewed every 2 years, or sooner if required, and contains a formal document control section.

Additionally, the “*Whistleblowing Process - Quick Guide*” which details the process for managing whistleblowing concerns for each triage outcome has been updated to reflect the actual processes adopted within the Health Board.

The revised document also contains a description of the Triage Process. It is the responsibility of the Corporate Service Manager for Governance and relevant Director to triage concerns, normally the Director of Corporate Services & Governance who has overall accountability for the whistleblowing process. A Triage Template has been developed and implemented.

A more rigorous process in relation to recording whistleblowing concerns has been included in the *Staff Guide* document. All concerns raised are assigned a unique reference number and consistent naming conventions are applied to secure folders and Datix entries.

A “Whistleblowing Activity Tracker” has also been developed which will monitor activity in relation to each concern raised from inception to completion of recommendations.

A suite of letter templates has been developed for each of the whistleblowing triage outcome; these are contained now within the *Staff Guide document*.

The revised *Staff Guide* also documents the process through which information may be shared out with the whistleblowing process. Letter templates have been updated to seek explicit consent or to advise the complainant on the lawful basis on which the information is being shared. (Audit Action Reference 2.1A, 2.1B, 2.2A, 2.2B, 2.3A, 2.4B, 3.1A – Complete).

Stage 2 Investigators

Three NHS GGC Directors and one HSCP Chief Officer are confirmed Whistleblowing Stage 2 Investigators. All four undertook investigator training on 16/09/2025. Presentation provided to Stage 2 Investigators will be provided as audit completion evidence. An additional Stage 2 Investigator has recently been co-opted (March 2026) and is going through the necessary training prior to undertaking investigations. It is still recognised that further senior Stage 2 investigators are required and this will be taken forward through the Corporate Management Team structure.

The revised document “*Staff Guide to implementing the National Whistleblowing Standards*” also contains a section on Training Requirements. All training is recorded within a “Whistleblowing

Training Log” and includes due dates for annual refresher training. (Audit Action Reference 2.4A – Complete)

Breaches of Confidentiality:

The NHSGGC Information Governance Team are responsible for investigating information security breaches and breaches of confidentiality, they follow [Article 29 Data Protection Working Party – Guidelines on Personal Data Breach Notification under Regulation 2016/679](#)

A Confidentiality statement has been introduced and included in all communications to Stage 1 and Stage 2 Investigators and members of staff involved in managing/investigating the whistleblowing concern. (Audit Action Reference 3.2A – Complete)

Recommendations and Learning

All recommendations and identified learning from closed cases are now included in the standing Quarterly Whistleblowing Report. The revised document “*Staff Guide to implementing the National Whistleblowing Standards*” also includes details on the requirement to monitor the implementation of recommendations.

A revised “*Whistleblowing Activity Tracker*” has been developed to monitor activity in relation to each concern raised from inception to completion of recommendations. (Audit Action Reference 4.1A, 4.2B – Complete)

Confidential Contacts

Nine Confidential Contacts attended a development session on 14/11/2025. The Presentation provided to Confidential Contacts is available as audit evidence. In addition, all training is recorded within the “*Whistleblowing Training Log*” and this includes due dates for annual refresher training.

Quarterly Confidential Contact Forum meetings have been scheduled. Going forward scheduled 1:1 meetings with all Confidential Contacts will take place to gain greater insight into the role and identify potential areas for improvement. (Audit Action Reference 5.3A - Complete)

Training

All training is recorded within the “*Whistleblowing Training Log*” and includes due dates for annual refresher training. The revised document “*Staff Guide to implementing the National Whistleblowing Standards*” details the requirement for Stage 2 Investigators to attend training prior to commencing the role and annual refresher training.

Again, the revised document “*Staff Guide to implementing the National Whistleblowing Standards*” contains a section on Training Requirements.

All training, including uptake of the TURAS LearnPro module is recorded with “*Whistleblowing Training Log*” this gives greater oversight of uptake rates. Additionally, TURAS LearnPro Module uptake rates are included in Quarterly Whistleblowing Reports which are submitted to the INWO and the appropriate NHS GGC Governance Committees, Corporate Management Team and Audit and Risk Committee. (Audit Action Reference 6.1A, 6.2A – Complete)

3. Conclusions

This paper provides an overview of the work completed to implement the internal audit actions, noting that eighteen actions are complete.

Appendix A - Audit Actions

No	Ref	Recommendation	Grade	Management Response	Action Owner and Due Date
1	1.1A	<p>Management should establish the most productive means of measuring whistleblowing and the wider speak up culture, including tackling the points noted above.</p> <p>The activities should be measured to ensure there is a positive impact.</p>	3 (Operation)	<p>Agreed. Management will consider the points raised within an overall action plan which is designed to gain wider feedback from staff. However, it should be noted that staff feedback is always optional and within NHS Scotland as a whole staff participation levels are consistently low.</p> <p>A range of activities to promote and increase awareness of whistleblowing have been undertaken. Please see the "Speak-up Action Plan 2025-26". These include:</p> <ul style="list-style-type: none"> • Core Brief • Team Talk • Drop-in Webinars • Whistleblowing lead attendance at inductions • Meetings with targeted services • Meetings with hot spot services • Video / Blogs via Core brief <p>A 2026-27 Speak-up Action Plan has been developed and builds on the previous action.</p> <p>The key Board measures are two iMatter questions around safely raising concerns and confidence that concerns will be followed up and responded to. NHSGGC scored in line with the national average for Boards to these two questions.</p>	Complete
2	1.2A	<p>Management should formally define the role of the People Committee in promoting and sustaining a robust speak up culture that encourages staff to consistently share concerns.</p> <p>1. Management may wish to consider the extent to which this Committee has the necessary status, visibility and influence to promote transparency and psychological safety within the organisation, thereby supporting the tone from the top and overall culture in this regard.</p>	Advisory (Design)	<p>Agreed. A decision was made to merge the People and Staff Governance committees in a single governance structure.</p> <p>The merged committee will continue to take forward the key strategic focus on improving organisational culture and promoting a Board wide Speak Up culture.</p> <p>The revised ToR for the merged committee clearly articulates its key roles and responsibilities.</p>	Complete

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No	Ref	Recommendation	Grade	Management Response	Action Owner and Due Date
3	2.1A	We recommend that the current guidance document is updated to reflect current processes.	2 (Design)	<p>Agreed. NHSGGC "User's Guide for the National Whistleblowing Standards" has been updated and renamed "Staff Guide to implementing the National Whistleblowing Standards". The document is now reflective of actual processes and is more fully aligned with INWO Standards.</p> <p>Additionally, a "Whistleblowing Process – Quick Guide" which details the process for managing whistleblowing concerns for each triage outcome has been updated to reflect actual processes.</p>	Complete
4	2.1B	<p>Refreshed guidance should include document and version control information, e.g.:</p> <p>2. Timelines for document review/approval.</p> <p>Ownership and accountability for maintenance of guidance and ensuring content is up-to-date, reflective of actual processes, and aligned with INWO Standards.</p>	2 (Design)	<p>Agreed. The updated guidance document will include the items recommended in 2.1B.</p> <p>The revised document "Staff Guide to implementing the National Whistleblowing Standards" will be reviewed every two years or sooner if required.</p> <p>The revised document contains formal document control.</p> <p>The Corporate Services Manager – Governance (CSMG) who has operational responsibility for whistleblowing is the owner of the document.</p> <p>The document has been approved by the Director of Corporate Services & Governance and the Non-Executive Whistleblowing Champion.</p>	Complete –
5	2.2A	The triage process should be documented to ensure that the requirement for two individuals to discuss and agree the decision is clearly articulated. The process for ensuring that conversation, arising decisions, and supporting rationales should also be defined to ensure this takes place consistently.	2 (Operation)	<p>Agreed. A triage template will be developed to meet the recommendations outlined in 2.2A.</p> <p>The revised document "Staff Guide to implementing the National Whistleblowing Standards" contains a description of the Triage Process. It is the responsibility of the CSMG and relevant Director to triage concerns, normally the Director of Corporate Services & Governance who has overall accountability for the whistleblowing process.</p>	Complete

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No	Ref	Recommendation	Grade	Management Response	Action Owner and Due Date
				A Triage Template has been developed and implemented.	
6	2.2B	Prior to production of whistleblowing reports, management should complete a secondary check to ensure that the number and type of whistleblowing cases is accurately recorded. This check should include review of cases within Datix to ensure these have been categorised correctly.	3 (Operating)	<p>Agreed. Human error is always present in any system or process. The Director of Corporate Services already reviews all reports prior to submission for accuracy and quality. However, a further step will be included in relation to Datix cross referencing.</p> <p>The revised document "Staff Guide to implementing the National Whistleblowing Standards" contains a more rigorous process in relation to recording whistleblowing concerns. All concerns raised are assigned a unique reference number and consistent naming conventions are applied to secure folders and Datix entries.</p> <p>A "Whistleblowing Activity Tracker" has been developed which will monitor activity in relation to each concern raised from inception to completion of recommendations.</p>	Complete
7	2.3A	<p>Final communication with whistleblowers reflecting all required information (per INWO Standards) should be reflected within NHSGGC documentation.</p> <p>Management should consider implementing quality assurance measures on conclusion of investigations to this end (e.g. a standard letter/narrative which can be adapted for each case).</p>	2 (Design)	<p>Agreed. Communications will be revised to meet 2.3 A. For example, Standard wording has already been developed and added to the closing of acknowledgement emails.</p> <p>The revised document "Staff Guide to implementing the National Whistleblowing Standards" contains revised Letter Templates for each whistleblowing triage outcome.</p>	Complete
8	2.4A	Management should update and record/confirm which individuals have authority to complete Stage 2 investigations (both trained/holding the required seniority).	2 (Design)	<p>Agreed. The master list of Stage 2 Investigators and supporting documentation will be updated to meet the points noted in 2.4A</p> <p>Three NHS Directors and one Health & Social Care Partnership Chief Officer are confirmed Whistleblowing Stage 2 Investigators. They all undertook investigator training on 16/09/25. Presentation provided to Stage 2 Investigators is provided as evidence. An additional Stage 2 Investigator has recently been co-opted (March 2026)</p>	Complete

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No	Ref	Recommendation	Grade	Management Response	Action Owner and Due Date
				<p>and is going through the necessary training prior to undertaking investigations.</p> <p>The revised document "Staff Guide to implementing the National Whistleblowing Standards" contains a section on Training Requirements.</p> <p>All training is recorded with "Whistleblowing Training Log" and includes due dates for annual refresher training.</p>	
9	2.4B	The process for investigating Stage 2 concerns should be fully documented and communicated to staff, with respective roles and responsibilities clearly defined (particularly Corporate Directors).	2 (Design)	<p>Agreed. The process for investigating Stage 2 concerns will be documented and reflect the points noted under 2.4B.</p> <p>The revised document "Staff Guide to implementing the National Whistleblowing Standards" and "Whistleblowing Process – Quick Guide" details the process for managing whistleblowing concerns for each triage outcome.</p>	Complete
10	3.1A	Management should document the process through which information may be shared out with the whistleblowing process. Consideration should be given to the manner in which this information should be shared, i.e. through obtaining and recording explicit written consent from the individual to whom the information pertains, or proactively/ formally documenting the lawful basis under which the information sharing can happen.	2 (Design)	<p>Agreed. A process will be documented which meets the recommendation around how information may be shared out with the whistleblowing process including how NHSGGC balances the need for the Board to action follow up investigations e.g. patient safety concerns. This process will also document the requirements set in respect of sharing personal data within the Boards overall information governance arrangements.</p> <p>The revised document "Staff Guide to implementing the National Whistleblowing Standards" documents the process through which information may be shared out with the whistleblowing process.</p> <p>Letter templates have been updated to seek explicit consent or to advise the complainant on the lawful basis on which the information is being shared.</p>	Complete

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11	3.2A	Management should establish a process for recording, reviewing and investigating all breaches of confidentiality to ensure the root cause is identified.	2 (Design)	<p>Agreed. A process will be drafted which outlines how any breaches of confidentiality will be investigated. In line with standard practices within the Board any learning will be incorporated into future models.</p> <p>Governance Team are responsible for investigating information security breaches and breaches of confidentiality, they follow Article 29 Data Protection Working Party – Guidelines on Personal Data Breach Notification under Regulation 2016/679</p> <p>Confidentiality statement introduced and included in all communications to Stage 1 and Stage 2 Investigators and members of staff involved in managing/investigating the whistleblowing concern.</p>	Complete
12	4.1A	Management should include detail of progress made on whistleblowing actions within the quarterly & annual reports to ARC for clear oversight.	3 (Design)	<p>Agreed. The report will be updated to capture all cases taken forward, including local actions.</p> <p>Recommendations and learning from closed cases are now included in Whistleblowing Quarterly Reports.</p>	Complete
13	4.1B	Document the process local areas must follow for providing updates on actions. Details should reported within whistleblowing reports.	2 (Operation)	<p>Agreed. A management guide will be developed to reflect how anonymous cases should be managed locally and will be issued as a supplement with any investigation request.</p> <p>The revised document “Staff Guide to implementing the National Whistleblowing Standards” includes details on the requirement to monitor the implementation of recommendations.</p> <p>The revised “Whistleblowing Activity Tracker” has been developed to monitor activity in relation to each concern raised from inception to completion of recommendations.</p>	Complete
14	5.1A	Management should review the current communications approach for the whistleblowing and speak up processes. This should include identifying alternative / additional mechanisms to the core brief such	2 (Design)	Agreed. A programme of work with Comms and HR colleagues regarding Core Brief, hard copies of	Complete

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		as social media, integrating discussions into team talks, line management tools and performance reviews.		<p>guidance/posters/and access to QR codes to access guidance will be developed.</p> <p>A range of activities to promote and increase awareness of whistleblowing have been undertaken. Please see the "Speak-up Action Plan 2025-25". These include:</p> <ul style="list-style-type: none"> • Core Brief • Team Talk • Drop-in Webinars • Whistleblowing lead attendance at inductions • Meetings with targeted services • Meetings with hot spot services • Video / Blogs via Core brief 	
15	5.2A	Management should ensure that all current Confidential Contacts have received training, with an agreed regular training cycle, regular attendance at forums. Parties should explore further the issues and concerns noted above impacting the Confidential Contact role and process.	3 (Operation)	<p>Agreed. A register of training will be completed and keep up to date including the establishment of bi-annual development sessions.</p> <p>Nine Confidential Contacts attended a development session on 14/11/25. Presentation provided to Confidential Contacts is provided as evidence. All training is recorded within the "Whistleblowing Training Log" and includes due dates for annual refresher training.</p>	Complete
16	5.3A	<p>Management should consider:</p> <ul style="list-style-type: none"> - More proactive analysis of the role, tenure and activity of Confidential Contacts (including exit reasons) - Using this oversight to monitor training and activity levels, to help identify trends and potential improvements 	2 (Design)	<p>Agreed. The oversight of Confidential Contacts and underpinning support/quality assurance processes will be considered to meet the observations contained within Section 5.3.</p> <p>Published contact information for Confidential Contacts has been reviewed and updated to ensure accuracy.</p> <p>Quarterly Confidential Contact Forum meetings have been scheduled. Going forward the new in post Corporate Services Manager – Governance will schedule 1:1 meeting will all Confidential Contacts to gain greater insight into the role and identify potential areas for improvement.</p>	Complete

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17	6.1A	Management should establish a cycle for whistleblowing investigator refresher training. Training should be comprehensive – including roles and responsibilities - and attendance should be recorded in accordance with HR process for this type of training (e.g. PDPs / eESS).	3 (Design)	<p>Agreed. An appropriate cycle will be agreed for refresher training with attendance recording.</p> <p>All training is recorded within the “Whistleblowing Training Log” and includes due dates for annual refresher training. The revised document “Staff Guide to implementing the National Whistleblowing Standards” details the requirement for Stage 2 Investigators to attend training prior to commencing the role and annual refresher training.</p>	Complete
18	6.2A	As far as is possible with the scale and unique context of NHSGGC, managers should undergo appropriate training to comply with the above whistleblowing standards.	3 (Design)	<p>Given the size of NHSGGC and the generic term of ‘Manager’ described within the Standard this recommendation, while supported, is not able to be implemented on a practical basis given the relevant training module is not deemed as mandatory for completion. To meet the essence of the risk observed around ‘training and empowerment’ this will be included within the revised documentation agreed previously at Section 2.1A.</p> <p>The revised document “Staff Guide to implementing the National Whistleblowing Standards” contains a section on Training Requirements.</p> <p>All training, including uptake of the TURAS LearnPro module is recorded with “Whistleblowing Training Log” this gives greater oversight of uptake rates. Additionally, TURAS LearnPro Module uptake rates are included in Quarterly Whistleblowing Reports which are submitted to the INWO and the appropriate NHSGGC Governance Committees, Corporate Management Team and Audit and Risk Committee.</p>	Complete