

NHS Greater Glasgow and Clyde	Paper No. 22/86
Meeting:	NHS Board Meeting
Meeting Date:	25 October 2022
Title:	Whistleblowing Annual Report 2021/22
Sponsoring Director:	Ms Elaine Vanhegan, Director of Corporate Services and Governance
Report Author:	Ms Kim Donald, Corporate Services Manager (Governance)

1. Purpose

The purpose of the accompanying paper is: to give the Board an overview of whistleblowing activity during 2021/22. This is to provide assurance that whistleblowing investigations are taking place in line with the National Whistleblowing Standards (the Standards).

2. Executive Summary

The paper can be summarised as follows:

Annual Report

- The annual report describes both performance activity and improvement work throughout 2021/22;
- The annual report includes four legacy cases from 2020/2021. For transparency they have been included within the reporting figures, however, they have not been incorporated into overall performance as these cases were subject to different guidelines at the time they were received;
- There has been an increase in performance since the Standards were introduced in April 2021;
- The average time to respond to cases has also reduced:
 - Stage 1 (2020/21) – 50 days
 - Stage 2 (2020/21) – 121 days
 - Stage 1 (2021/22) – 10 days
 - Stage 2 (2021/22) – 89 days (average number of days higher due to legacy cases being closed within reporting period)

- The overall performance for Stage 1s (up to 10 working days) was 86%;
- The overall performance for Stage 2s (up to 20 working days) was 50%;

3. Recommendations

The Board is asked to consider the following recommendations:

- To note the performance during 2021/22;
- To note the improvement work undertaken throughout the reporting period as a result of whistleblowing cases received.

4. Response Required

This paper is presented for **approval** to publish the annual report.

5. Impact Assessment

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 **Positive**
- Better Care **Positive**
- Better Value **Positive**
- Better Workplace **Positive**
- Equality & Diversity **Positive**
- Environment **Positive**

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.
- The process was also advertised via Speak Up week which took place from 3-7 October with a positive response from colleagues.

7. Governance Route

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

- The Whistleblowing report was reviewed by the CMT and Staff Governance Committee for awareness.

8. Date Prepared & Issued

Prepared on 17 October 2022

Issued on 18 October 2022



WHISTLEBLOWING ANNUAL REPORT
2021/22

NHS Greater Glasgow and Clyde

Kim Donald (Corporate Services Manager – Governance)
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Executive Summary

- The volume of cases received has been greater in this reporting period than in the previous two years which is likely due to the Standards being introduced and the Whistleblowing process being communicated and supported across the services;
- We continue to support the process via Confidential Contacts, the Whistleblowing Champion and the Whistleblowing Lead within the organisation;
- There has been learning and action from whistleblowing cases to improve services;
- During the reporting period there were 4 legacy cases from 2020/2021. As these cases were initiated prior to the Standards they were not subject to a target date for closure. The 4 cases have been reported within table 3, however, have not been incorporated into the overall performance.
- **Stage 1 performance was 86%** against the extension of 10 working days to respond;
- **Stage 2 performance was 50%** against the extension of 20 working days.

1. Introduction

Whistleblowing in its truest form is an ethical and moral thing to do, and NHS Greater Glasgow and Clyde (GGC) is supportive of any member of staff who may have reason to utilise the process. The decision to whistleblow is rarely taken lightly, and NHSGGC is therefore committed to offering a compassionate and objective whistleblowing service. Whistleblowing is an important form of feedback, and gives NHSGGC a chance to receive direct and candid accounts of staff concerns. This in turn offers a key opportunity to learn and strive for improvement.

The new National Whistleblowing Standards (the Standards) were launched on 1 April 2021. This report therefore details whistleblowing activity for the year 2021/22 under the Standards, which will include performance information, and an overview of each case that was handled within the reporting period for assurance purposes.

2. Performance

Information about activity in 2021/22 will refer to the following stages of whistleblowing, as per the Whistleblowing Policy:

- Stage 1 – early resolution, for less complex cases, with the aim of responding within 5 working days; with option to extend to 10 days if required.
- Stage 2 – investigation, for more complicated matters, or for Stage 1s that have been escalated due to the whistleblower's dissatisfaction with the outcome. Should be responded to within 20 working days.

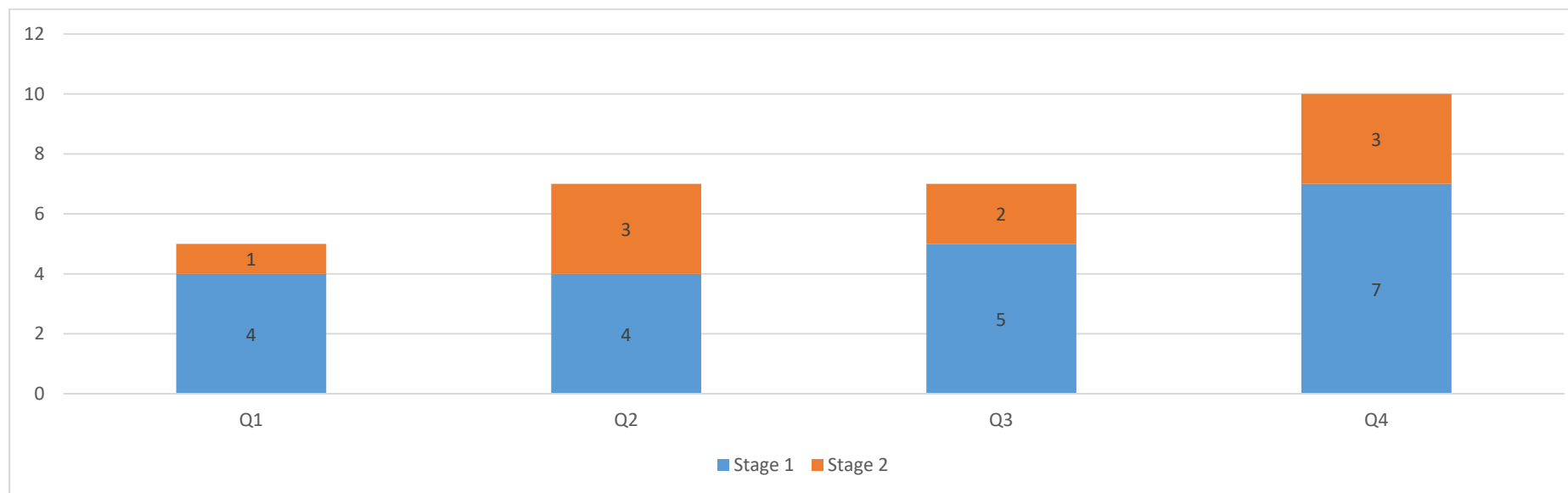
a. Cases Received

Table 1: Cases Received and Accepted as Whistleblowing

	Acute	Corporate	HSCP/Prisons	TOTAL
Stage 1	10	6	4	20
Stage 2	4	3	2	9
TOTAL	14	9	6	29

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. To give a gauge of how the reporting period compares to previous years, the graph below details the number of cases received over the quarters:

Graph 1: Whistleblowing Cases Received



The above graph shows that the most recent reporting quarters has seen both an increase in volume, and an increase in Stage 1s. This may be because of increased attention and awareness of the whistleblowing policy both in the media, and internally. The increase in Stage 1s is likely because of greater consideration at the triage stage internally by those who are operationally involved with whistleblowing, and this is a trend that is likely to continue, with emphasis in the Standards of dealing with concerns as Stage 1 in the first instance, whenever possible; this was also a recommendation following the review of the Whistleblowing Process undertaken by the Whistleblowing Champion.

There were also an additional 19 cases received in the reporting period which were not taken forward as whistleblowing. This tended to be because they did not meet the criteria for whistleblowing as defined in the policy, or there was insufficient information to be able to conduct a whistleblowing investigation. In order to ensure transparency, the table below lists each of these cases, describing what alternative route was offered or suggested.

Table 2: Cases Received and Not Taken Forward as Whistleblowing.

For governance purposes the decision not to take forward a case via the Whistleblowing Process is made by two senior members of staff. However, in some instances the Whistleblowing Policy clearly does not apply, e.g. it refers to another Health Board, meaning that an independent decision would not be required.

	Date Received	Brief Description of Concerns	Alternative Action Taken
1	09 April 2021	Concerns about health and safety across hospital site.	Whistleblower was not a member of staff.
2	16 June 2021	A volunteer emailed whistleblowing team describing how a staff member falsified a long-term sickness claim.	Member of staff employed by other Health Board.
3	23 June 2021	Concern member of staff had been arrested by Police.	Issue pertained to personal issues as opposed to employment.
4	28 July 2021	Complainant representing self and other anonymous staff to complain against management, particularly the line manager, about wearing facemasks in the workplace despite inconsistencies across workforce in NHS Lothian.	Concerns relating to another Health Board
5	3 August 2021	Complainant alleges colleague mocked foreign colleague's accent.	Whistleblower advised that this comes under the Dignity at Work Policy, and copy of policy sent with advice to speak to line manager/HR.
6.	29 August 2021	Concerns regarding treatment of patient.	No response from whistleblower when further information requested.
7.	22 September 2021	Concerns about bullying.	HR process confirmed.
8.	3 November 2021	Health and wellbeing of service staff	Concerns relating to other Health Board.

	Date Received	Brief Description of Concerns	Alternative Action Taken
9.	23 November 2021	Concerns relating to Fraud	Head of Financial Governance confirmed the case was already being investigated by the Counter Fraud Service.
10.	23 December 2021	Concerns about contract arrangements for locum pharmacists doing vaccinations	HR issue, confirmation that national guidelines followed.
11.	15 January 2022	Concerns raised about promotions within team	No response from complainant when further information requested.
12.	17 February 2022	Promotions within the Department without due regard for agreed HR Processes	Complainant directed to HR process.
13.	2 March 2022	Staff member unhappy about proposed review of service	Anonymous concern raised.
14.	8 March 2022	Staff member not working full contracted hours	Complainant directed to HR process.
15.	14 March 2022	Colleague allegedly working for another organisation whilst being off on sick leave.	Fraud investigation already underway.
16.	13 March 2022	Staff member allegedly exhibiting racist practices.	Confirmed as conduct issue and being led by HR.
17.	14 March 2022	Complaint about the Management of the Service Desk	Complainant directed to line manager for initial discussion.
18.	16 March 2022	Father concerned that his son has not had the right care and treatment from Dumfries and Galloway Health Board.	Concern was a complaint about service provided by another Health Board
19.	17 March 2022	Concern about nursing colleague being intoxicated whilst on duty.	Confirmed as conduct issue and being led by HR.

b. Cases Closed

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 Stage

	Acute	Corporate	HSCP / Prisons	Total
Stage 1	10	6	3	19

Stage 2	6	2	5	13
TOTAL	16	8	8	32

The number of closed cases is more than the number of received cases; this is due to 3 x legacy cases from 2020/2021 which were subject to a different process. As these were closed within the 2021/2022 reporting period they have been included in the figures noted above, however, have not been incorporated into the overall performance as they were subject to different guidelines which did not include a target date for closure.

It is now a requirement of the Standards to report on the outcome of closed cases; and so in order to be able to report in a meaningful way, a retrospective look at cases from 2021/22 has been undertaken, to give an indication of the outcomes.

Table 4: Closed Cases by Outcome

	Acute	Corporate	HSCP / Prisons	Total
Upheld	4	0	0	4
Partially Upheld	7	1	3	11
Not Upheld	5	7	5	17
TOTAL	16	8	8	32

It is recognised that the majority of cases were not upheld. These tended to be Stage 1 concerns, about single issues, where there was a clear 'upheld' or 'not upheld' outcome. In this reporting period, there were no 'upheld' outcomes, and this will be monitored going forward to ascertain if this is a coincidence or a pattern.

Most Stage 2 investigations include multiple points of concern, some of which are 'upheld' and some of which are 'not upheld'; that it is why it is far more likely that a Stage 2 will have a 'partially upheld' outcome.

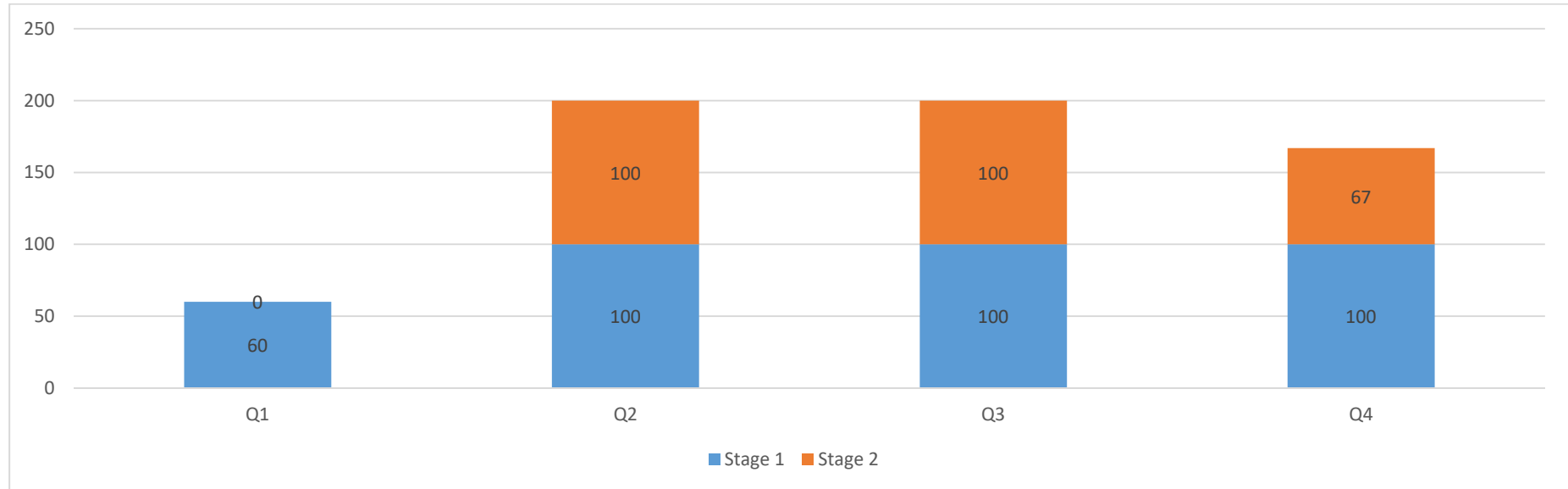
Table 5: Average Time to Respond (in working days)

	Acute (working days)	Corporate (working days)	HSCP / Prisons (working days)	Total (working days)	Average (working days)
Stage 1	9	10	9	28	10
Stage 2	71	13	261	345	89

It is recognised that the average number of days to respond to whistleblowing concerns at Stage 2, was too long. This number has been impacted by legacy cases that were opened prior to the Standards being implemented, and as such not subject to a target for closure. Due to the relatively low numbers received for whistleblowing cases, any late closure can negatively skew reporting figures.

It is, however, important to recognise that some whistleblowing investigations are complex, and involve, for example, site visits, interviews with staff and review of evidence. Meeting the new 20 working day standard for all Stage 2 cases will therefore be challenging, as it is important that investigations are thorough and robust, and this can take time.

Table 6: Performance per Quarter against (Stage 1) up to 10 working days and (Stage 2) 20 working days (%).



Following implementation of the Standards there has been a significant increase in performance for both Stage 1s and Stage 2s across the reporting period.

As noted within the Executive Summary, we have met the 86% target for Stage 1s extended to 10 working days across the reporting period.

3. Learning

A case will be closed at the time of issuing the final response, however, monitoring continues until the completion of all recommendations. The table below therefore details the learning from the recommendations in all the closed cases reported upon, to ensure transparency of the issues, and what action has been taken to ensure long term improvements in the service area.

Table 6: Recommendations and learning from closed cases:

Ref	Issues Raised	Outcome	Action / Recommendations	Status
MEN160919 Mental Health Stage 2	Concerns regarding promotions, training and use of contracted hours.	Not upheld	<p>Recommendations from the final report were:</p> <ul style="list-style-type: none"> • Measures should be developed and put in place to ensure compliance with the agreed policy and procedures. • A procedure should be put in place to ensure that if discrepancies occur, these are recorded and reported through appropriate governance structures. • The service should engage the Board's Organisational Development Team to develop a programme of team building that emphasises the need to value and respect each team member's contribution, and supports a culture of positive inquiry and shared learning 	Complete
RAD140820 Diagnostics Stage 2	Implementation of international guidance.	Not upheld	<p>Recommendations from the final report were:</p> <ul style="list-style-type: none"> • An appropriate risk assessment should be undertaken, involving representation from all relevant professional groups. • Outputs from the risk assessment should be disseminated to all staff involved in the clinical intervention, as part of the communication of and rationale for change. • Line Managers should re-affirm with their staff at 1:1s that they understand the reasons for change and are comfortable with those changes. 	Complete
SAN310820 Sexual Health Stage 2	Concerns relating to puberty blockers and funding.	Not upheld	<p>Recommendations from the final report were:</p> <ul style="list-style-type: none"> • Sandyford should review its induction materials, emphasising the Sandyford ethos and culture, and consider how induction helps new team members to understand wider care pathways and interfaces with other services. • Sandyford should work with the National Advisory Group and with ISD Scotland to agree a plan to establish future published data sets. 	Complete

Ref	Issues Raised	Outcome	Action / Recommendations	Status
SOU091020 South Stage 2	Concern nursing levels on Ward.	Partially upheld	<p>The final report noted that there was no evidence of impact on patients, however, some recommendations for improvement were noted:</p> <ul style="list-style-type: none"> The Nursing Workforce Plan should be completed and submitted into the appropriate governance channel for approval and implementation. A programme of structured succession planning should be developed, including opportunities for Senior Charge Nurses to be given more exposure to strategic assessment processes. An overview of huddle and ward risk classification should be explained in general to charge nurses Facilitated discussions should be organised, with the Senior Charge Nurses, Lead Nurses and Chief Nurse, to promote better dialogue between all parties. The focus should be on identifying a common position on what 'good' should look like. Consideration should be given to undertaking the NHS Board's training module 'Managing Difficult Conversations'. 	3 of 4 recommendations complete. Service confirm detail awaited from Learning & Education to complete Recommendation 4.
CHI080121 Specialist Children's Services Stage 2	Concerns about culture of bullying and intimidation	Not upheld	<p>Although this case was not upheld, there were recommendations to strengthen and improve practices. These were:</p> <ul style="list-style-type: none"> The HSCP should commission a bespoke staff survey from the OD Service, based on the iMatter format but tailored to encouraging an open, honest and appropriately challenging culture within the HSCP. Such a survey should be undertaken as soon as possible, and the results should inform an HSCP development programme, with the survey being re-run at an appropriate time (perhaps a year later). 	Complete
COR090421	Concerns regarding social distancing.	Not upheld	Investigation concluded that national guidelines were being adhered to.	Complete

Ref	Issues Raised	Outcome	Action / Recommendations	Status
Corporate Stage 1				
FIN090421 Finance Stage 1	Concerns regarding nepotism in Department.	Not upheld	Investigation found no evidence of any issues around recruitment processes.	N/A
SPE040621 East Dun HSCP Stage 1	Concern about doctor advertising private practice	Not upheld	Investigation concluded that no policies or guidelines were breached.	N/A
SUR220621 North Stage 1	Concern about a party on the Ward breaching social distancing guidelines	Upheld	Although investigation concluded that case should be upheld, there were no specific recommendations other than acknowledgement that the party should not have happened. Situation will be monitored by Lead Nurse and Service Management.	N/A
SPE040621 Specialist Children's Services Stage 1	Concern about a party on the Ward breaching social distancing guidelines	Upheld	Separate Whistleblow of same issue noted above. Recommendations from the final report were: <ul style="list-style-type: none"> All areas should have in place a Social Distancing Risk Assessment – review and update 6-monthly. Where indicated by the Risk Assessment, Action Plans should be developed and reviewed for implementation updates at team meetings. An inventory of Risk Assessments should be kept by each line manager in order to demonstrate that: <ul style="list-style-type: none"> RAs have been undertaken; Staff can have confidence that their manager holds the most up-to-date RA; 	Complete

Ref	Issues Raised	Outcome	Action / Recommendations	Status
			<ul style="list-style-type: none"> Line managers have clear oversight that RAs are being regularly reviewed. All staff should be reminded of the importance of completing Datix entries whenever they perceive an actual or possible policy breach. This will provide evidence that they acted appropriately should there be subsequent consequences to the incident (such as, but not limited to a RIDDOR event). 	
SUR220621 North Stage 1	Concern about various processes at Contact Tracing Centre.	Not upheld	Investigation concluded case not upheld and there were no recommendations.	N/A
SOU200821 South Stage 1	Concerns about staffing on Ward.	Partially upheld	Investigation outcome concluded further communication required between management and staff; particularly those impacted directly by staff shortages for reassurance. There was no evidence of patient detriment or safety issues.	N/A
SOU240821 South Stage 1	Concerns about staffing and impact on patient care.	Partially upheld	Although a there was an investigation into the concerns raised, the investigation was limited due to the lack of detail - e.g. allegations that staff were treated in a poor way. Anonymous nature meant that clarity could not be sought.	N/A
REH060921 Glasgow City HSCP Stage 2	Concerns about competency of staff	Not upheld	Investigation concluded case not upheld and there were no recommendations.	N/A
ROW280921	Concerns about staffing levels	Upheld	Recommendations from the Stage 1 report were: <ul style="list-style-type: none"> Staff to receive appropriate break Priority for staff to attend reflective practice sessions 	Complete

Ref	Issues Raised	Outcome	Action / Recommendations	Status
Regional Services Stage 1	including time to recruit to vacant posts		<ul style="list-style-type: none"> Staff levels to be logged on Datix and monitored by SMT Protected time for LearnPro Review of appropriate policies 	
FIN240921 Finance Stage 2	Concerns regarding nepotism in Department.	Not upheld	Investigation found no evidence of any issues around recruitment processes.	N/A
MED011021 South Stage 1	Concerns about handover process on ward.	Partially upheld	<p>Recommendations from the Stage 1 report were:</p> <ul style="list-style-type: none"> The electronic handover templates are to be standardised so the service will now revert to electronic. All ward staff to ensure that their mandatory Information Governance Learnpro modules are up to date. 	Complete
SKY271021 Specialist Children's Services Stage 1	Concerns about staffing levels and culture in service.	Partially upheld	<p>Recommendations from the Stage 1 report were:</p> <ul style="list-style-type: none"> A staff survey is going to be undertaken; An audit will be done to ascertain if an entry in a case file was deleted The snagging issues highlighted will be feedback to the contractors; A risk assessment will be completed by the SCN and shared with the clinical team prior to building works commencing; A review will be undertaken on the clinical decision making processes will be shared with the team. 	Complete
GGH181121 South Stage 2	Concerns about data management and handover etiquette.	Upheld	<p>Recommendations from the final report were:</p> <ul style="list-style-type: none"> Implementation of electronic handover with immediate effect Lead Nurse to develop staff sessions on improvement and change Patient observation times to be standardised across the ward iMatter to be completed 	Complete

Ref	Issues Raised	Outcome	Action / Recommendations	Status
EST291121 Facilities and Estates Stage 1	Concerns about waste disposal.	Not upheld	Investigation concluded case not upheld and there were no recommendations.	N/A
EST081221 Facilities and Estates Stage 2	Escalation of above Stage 1	Not upheld	Investigation concluded case not upheld and there were no recommendations.	N/A
PRO101221 Finance Stage 1	Concerns regarding nepotism in Department.	Not upheld	Investigation found no evidence of any issues around recruitment processes.	N/A
CLY171221 Clyde Stage 1	Concerns about beds exceeding maximum number on ward and staffing levels.	Partially upheld	Recruitment to vacant posts remains ongoing.	Ongoing
VAC100122 Public Health Stage 1	Concerns about reduction in pharmacists offering vaccine is detrimental to patients.	Not upheld	Investigation concluded case not upheld and there were no recommendations.	N/A
EST110122 Finance Stage 2	Concerns regarding nepotism in Department.	Not upheld	Investigation found no evidence of any issues around recruitment processes.	N/A

Ref	Issues Raised	Outcome	Action / Recommendations	Status
CLY120122 Clyde Stage 2	Concerns about staffing levels and bed numbers on ward.	Partially upheld	Recommendations from the final report were: <ul style="list-style-type: none"> Trakcare guidance to be issued to staff. 	Complete
SOU21012022 South Stage 1	Concerns that agency nursing staff are being booked over nursing bank staff.	Partially upheld	Recommendations from the final report were: <ul style="list-style-type: none"> Guidance on booking staff for rota gaps to be shared with appropriate staff. 	Complete
PRO170122 Finance Stage 1	Concerns regarding nepotism in Department.	Not upheld	Investigation found no evidence of any issues around recruitment processes.	N/A
EST110222 Finance Stage 1	Concerns regarding nepotism in Department.	Not upheld	Investigation found no evidence of any issues around recruitment processes.	N/A
HR15022022 Corporate Stage 1	Concerns that attendance management policy is not being used consistently.	Not upheld	Investigation concluded case not upheld and there were no recommendations.	N/A
SKY250222 Specialist Children's Services Stage 1	Concerns about medication protocol and staffing levels.	Not upheld	Investigation concluded case not upheld, however, it was acknowledged that the medication dispensing protocol should be reviewed.	Ongoing
WMP22022022	Concerns about locum cover and GP	Partially upheld	Recommendations from the final report were:	Complete

Ref	Issues Raised	Outcome	Action / Recommendations	Status
Hosted services Stage 1	Practice not taking on new patients.		<ul style="list-style-type: none"> • The Practice should be supported by the NHS Board's Primary Care Team and Glasgow City HSCP through the transitional time of GP recruitment (and beyond, if required). • The practice should be reminded of their responsibility to have clear whistleblowing arrangements in place and arrangements to deal with any concerns raised by staff or patients. • The practice should be reminded of the requirement to register patients in line with the regulations and to provide essential GMS services during core hours. • The practice should confirm that they have robust business continuity plans in place including buddying arrangements. 	

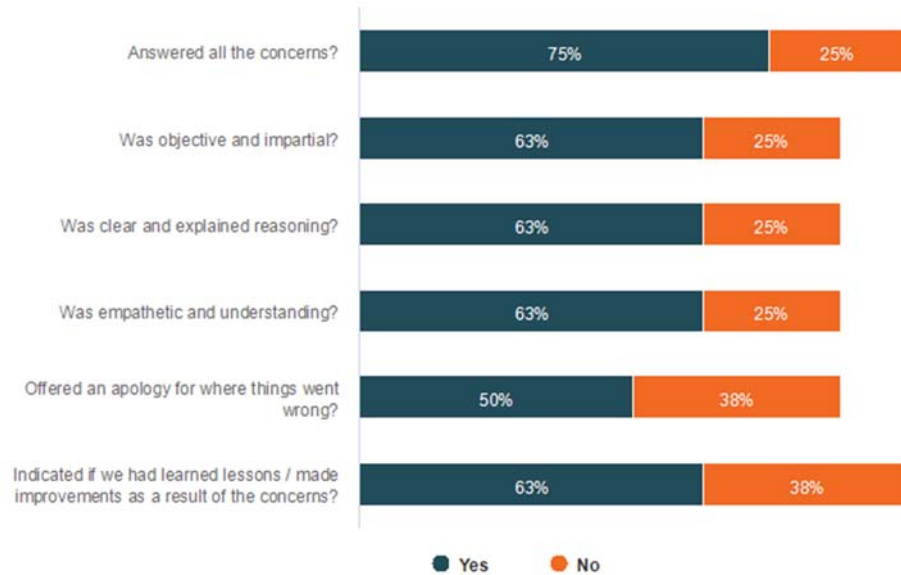
The main theme of whistleblowing cases throughout the reporting period were:

- Staff levels
- Appropriate rota cover
- Recruitment processes

3. Feedback Survey

Following the closure of a case each whistleblower has the opportunity to fill in an anonymous survey on their experience within the process. The number of responses to date has been small, with the below report being based on 8 responses across 2021/2022.

On receipt of the written response to the concerns, did you feel that it:



The responses to date have been largely positive, however, there is a need to review communication surrounding apology and lessons learned within our reports. This learning will be considered in line with the INWO advice and guidance, alongside consistent review of the feedback received.

4. 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