



WHISTLEBLOWING ANNUAL REPORT

2022/23

NHS Greater Glasgow and Clyde

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Executive Summary

- We continue to support the process via Confidential Contacts, the Whistleblowing Champion and the Whistleblowing Lead within the organisation; with a quarterly Confidential Contacts Forum being introduced, alongside close working with the HR led Speak Up! Campaign across the Board.
- Benchmarking is ongoing with other Health Boards, with close links being made with NHS Lothian regarding their Speak Up! structure.
- There has been learning and action from whistleblowing cases to improve services;
- The Board Secretary and Whistleblowing Champion have regular review meetings;
- **Stage 1 performance was 100%** against the 5 working days to respond;
- **Stage 2 performance was 25%** against the 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. They apply to all services provided by or on behalf of NHS Scotland and must be accessible to all those working in these services, whether they are directly employed by the NHS or a contracted organisation.

The Standards specify high level principles plus a detailed process for investigating concerns which all NHS organisations in Scotland must follow. Health Boards have particular responsibilities regarding the implementation of the Standards:

- ensuring that their own whistleblowing procedures and governance arrangements are fully compliant with the Standards.
- ensuring there are systems in place for primary care providers in their area to report performance data on handling concerns.
- working with higher education institutions and voluntary organisations to ensure that anyone working to deliver NHS Scotland services (including students, trainees and volunteers) has access to the Standards and knows how to use them to raise concerns.

A staged process has been developed by the INWO. There are two stages of the process which are for NHS GGC to deliver, and the INWO can act as a final, independent review stage, if required.

- 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.

The Standards require all NHS Boards to report quarterly and annually on a set of key performance indicators (KPIs) and detailed information on three key statements:

- • Learning, changes or improvements to services or procedures as a result of consideration of whistleblowing concerns
- • The experience of all those involved in the whistleblowing procedure
- • Staff perceptions, awareness, and training

2. Implementation and Raising Awareness

As reported in this report, considerable work has taken place to raise awareness of the Standards and during this reporting year, we will revisit the local processes in place and revise/refresh in light of any learning.

In addition, our plans for 2023/24 include, but are not limited to the actions outlined below:

- We will continue to promote the Standards and how to raise concerns safely within the organisation and a systematised approach to sharing learning via Core Briefs and our Intranet.
- Working with investigators and Executive Directors, we will review learning from the process and share as appropriate across the organisation.
- Working with our Speak Up! Service, we will continue to gather information on barriers to raising concerns and look at ways in which these can be addressed.
- Working with our Confidential Contacts – increasing the pool, linking with HR colleagues and ensuring adequate support across the organisation.
- Working with the INWO on their national Speak Up campaign.
- Working with universities and induction programmes to highlight whistleblowing process to students.

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/>

a. Cases Received

Table 1: Cases Received and Accepted as Whistleblowing

	Acute	Corporate	HSCP/Prisons	TOTAL
Stage 1	4	5	3	12
Stage 2	1	3	3	7
TOTAL	5	8	6	19

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.

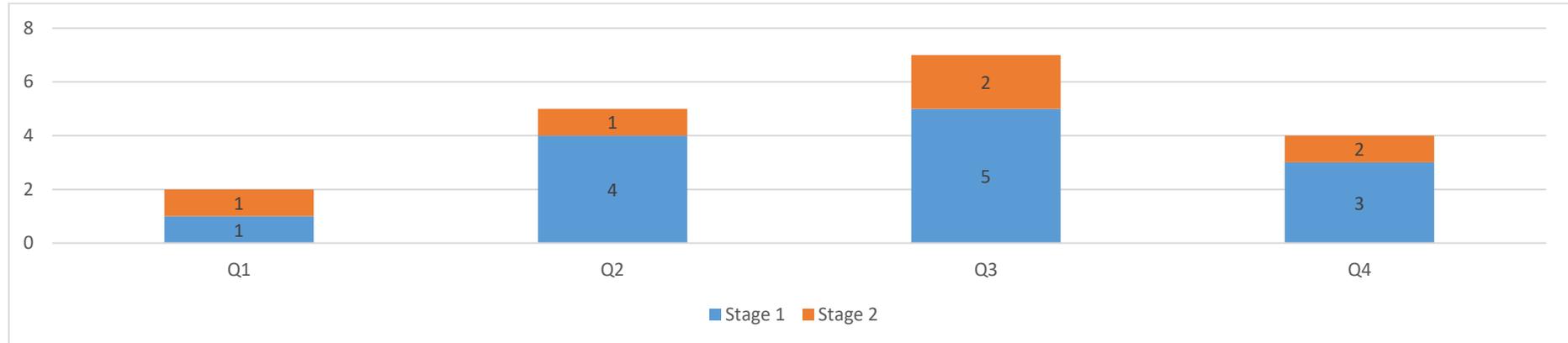
The prior year reporting period saw 29 cases taken forward as whistleblowing, meaning there has been a reduction in overall cases received.

Table 2: Stage 3 Cases

	Acute	Corporate	HSCP/Prisons	TOTAL
Stage 3	-	1	2	3
TOTAL	-	1	2	3

We have a total of 3 cases which are being independently reviewed by the INWO.

Graph 1: Whistleblowing Cases Received



The above graph shows that Q3 received the most cases, and this period encompassed the INWO Speak Up! Week which fell 3rd-7th October 2022. However, in reviewing 2022/23 figures the same spike in cases happened in Q3 last year, meaning it is too early to establish if Speak Up! Week was responsible for the increase in new cases.

There were also an additional 5 cases received in the reporting period which were not taken forward as whistleblowing as 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. This is a significant reduction from the 19 cases from 2021/22 which could be an indication of increased understanding of the whistleblowing policy and process.

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.

	Brief Description of Concerns	Alternative Action Taken
1	Concerns about how colleague spoke to them in staff meeting.	Colleague signposted to HR Support Unit.

	Brief Description of Concerns	Alternative Action Taken
2	Anonymous letter on behalf of trainee doctors raising concerns about Consultant lack of supervision	Deputy Director of HR received letter and took forward
3	Anonymous concerns from staff advising Payroll not answering phones.	Concern passed to Payroll supervisor to take forward as a complaint.
4	Anonymous concerns regarding unequal rotation of nightshift working	Insufficient information to investigate
5	Patient complaint about member of nursing staff.	Complainant signposted to Complaints Department.

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	3	4	2	9
Stage 2	1	3	4	8
TOTAL	4	7	6	17

Table 4: Closed Cases by Outcome

	Acute	Corporate	HSCP / Prisons	Total
Upheld	1	0	0	1
Partially Upheld	2	1	2	5
Not Upheld	1	6	4	11

TOTAL	4	7	6	17
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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.

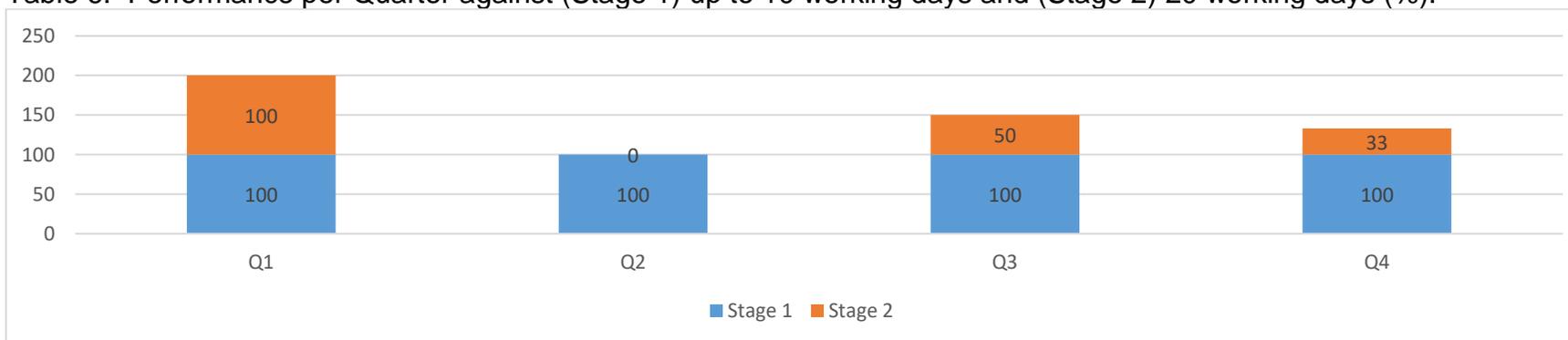
Table 5: Average Time to Respond (in working days)

	Acute (working days)	Corporate (working days)	HSCP (working days)	/ Prisons (working days)	Total Average (working days)
Stage 1	4	3.5	6.5		4
Stage 2	46	18	26		26

There has been an overall decrease in the length of time to respond to a Stage 1 case which previous sat at 10 working days across 2021/22.

There has also been a significant reduction in the average number of days to respond to a Stage 2 case which previously sat at 89 working days in 2021/22

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 consistency in in performance for Stage 1s across the reporting period. 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.

3. Learning and Improvement from Feedback

In order to ensure wider learning, this report will go to the Corporate Management Team and other fora across the Board, as well as Core Briefs, so that learning does not take place in silos, and good practice and service improvements can be shared. Action plans are developed and monitored via the Corporate Services Manager - Governance until such time as the Commissioner is satisfied that all actions have either been completed or have moved into a business-as-usual process with supporting monitoring/governance arrangements in place. Cases where the actions have not been completed will be reported on in future iterations of this report, until all recommendations have been implemented. There are no current outstanding actions.

To further ensure learning and improvements on the whistleblowing process itself, NHSGGC has introduced an anonymous survey, which is sent out to all those involved in a case (whistleblower, managers, and investigators). The purpose of the survey is to try and gauge how those involved found the process, to ensure that it is as clear, accessible and supportive as possible. The number of completed surveys is small, therefore will be included in the report when the measure is meaningful.

Table 6: Recommendations and learning from closed cases:

Issues Raised	Outcome	Actions / Recommendations	Actions / Recommendations Complete?
Concern regarding the impact of service as a result of the political climate surrounding LGBTQ+.	Not upheld	<ul style="list-style-type: none"> Continuation of the development of a Risk Assessment Tool. Ensure effective interface between the YPS and other services – including CAMHS, Social Work and GPs. Ensure that there are clear induction procedures for new staff including sufficient CPD/training 	<p>Ongoing</p> <p>Complexities within the service have resulted in active changes to processes being paused.</p>

Issues Raised	Outcome	Actions / Recommendations	Actions / Recommendations Complete?
		<ul style="list-style-type: none"> Continue to monitor detransition as per current processes. 	
Concern regarding the change of criteria regarding access to the Health and Homelessness Service	Partially Upheld	<ul style="list-style-type: none"> The HSCP should develop a Standard Operating Procedure for the processes involved in undertaking a Service Review. The Management Team of the Health & Homelessness Service should undertake a retrospective Equalities Impact Assessment and implement any recommendations from that process. 	<p>Complete</p> <p>SOP has been developed and shared. EQIA performed.</p>
Concern regarding breakdown in relationship between GP Practice and HSCP and the impact on the service	Withdrawn	<ul style="list-style-type: none"> Meeting held between Service Management team and GPs – complaint withdrawn. 	N/A
Concerns of unfair recruitment process within Board HQ.	Not upheld	<p>Although the external review concluded the case was not upheld, the following recommendations were made:</p> <ul style="list-style-type: none"> NHSGG&C continues to promote a positive inclusive approach to leadership and culture and the NHS Board refreshes its commitment to this approach. 	<p>Complete</p> <p>The Board has a range of initiatives overseen by the SGC, including the Investment in People and the Speak Up! Campaign.</p> <p>Recruitment guidance is regularly circulated to hiring managers as part of the recruitment packs.</p>

Issues Raised	Outcome	Actions / Recommendations	Actions / Recommendations Complete?
		<ul style="list-style-type: none"> The current policies and procedures for recruitment within NHS GG&C should be communicated to staff. 	
Anonymous concerns raised regarding retired member of staff having access to NHS Systems	Not Upheld	<ul style="list-style-type: none"> Member of staff had returned to provide project work and had appropriate access to the system. 	N/A
Anonymous concern that money for a funded service within hospital site were being used inappropriately	N/A	<ul style="list-style-type: none"> CFS investigated. 	N/A
Concerns regarding waste disposal.	Partially Upheld	<ul style="list-style-type: none"> Staff reminded of waste disposal protocol. Ensure all staff have completed LearnPro module. 	Complete LearnPro modules completed by relevant staff
Concerns regarding GDPR breach	Not upheld	<ul style="list-style-type: none"> Ensure staff have access to GDPR protocol and are familiar with guidance. 	Complete information available in new intranet system
Concerns regarding inappropriate personal use of NHS vehicles	Not upheld	<ul style="list-style-type: none"> Vehicles noted in complaint are not approved NHS vehicles. 	N/A
Concerns about processes in staff bank leading to patient safety issues.	Partially Upheld.	<ul style="list-style-type: none"> The process for booking agency staff will be shared with appropriate colleagues as a reminder of the correct process. 	Complete – reporting process developed and agreed between Head of Service and Deputy Director of Nursing.

Issues Raised	Outcome	Actions / Recommendations	Actions / Recommendations Complete?
		<ul style="list-style-type: none"> Review governance arrangements for the reporting of agency staff removed from the system. Utilisation of Datix to record incidents and ensure Deputy Director of Nursing sited. 	
Decision to move purpose built facility to insufficient site resulting in additional cost and patient service	Partially Upheld	<ul style="list-style-type: none"> Rapid option appraisal of other sites Ensure effective communication with all services impacted. Evidence of communication with other services potentially impacted by the move. Future moves should involve a transparent option appraisal that is shared with all impacted staff members. 	Ongoing – Options appraisal commissioned with view to completion September 2023.
Concern regarding behaviours on ward resulting in poor patient care	Not Upheld	<ul style="list-style-type: none"> Development sessions for new charge nurses should include compassionate leadership Discussions should take place with the team on low response of iMatters and the importance of feeding back through this should be emphasised. Review whether staff undertaking regular bank shifts should be offered the same training as permanent staff Ensure staff get regular feedback from MDT on complex patients 	Complete.

Issues Raised	Outcome	Actions / Recommendations	Actions / Recommendations Complete?
Concerns regarding the implementation of the MAT Standards	Partially Upheld	<ul style="list-style-type: none"> Service management should review the current mechanisms for escalation of concerns to support early resolution. External Peer Review of MAT Standards implementation also recommended. 	Ongoing – CO has commissioned Peer Review
Anonymous concern regarding the procurement of uniforms	Not Upheld	<ul style="list-style-type: none"> Protocol limits amount and what items can be ordered. 	N/A
Concerns regarding remit of role and whether staff member conflict of interest	Not Upheld	<ul style="list-style-type: none"> Established additional duties are within remit of role and appropriate 	N/A
Concern regarding appropriate use of clinical sessions	Fully Upheld	<ul style="list-style-type: none"> Concern sent to CFS. 	Complete

3. Speak Up! Campaign and Confidential Contacts

Further work will be undertaken in 2023/24 with the Speak Up Ambassadors to more fully understand the barriers identified by staff about raising concerns through the line management structure, and that they will or may not be taken seriously and how this perception may be changed.

Work is underway regarding the national Speak Up! Campaign which will run from 2-6 October 2023 and how the service will promote whistleblowing across the campuses.

There has also been a recent recruitment drive to increase our pool of Confidential Contacts which has been supported by the Whistleblowing Champion. The Corporate Services Manager – Governance has worked closely with INWO colleagues to develop a national training package which will be rolled out to all Health Boards in due course.

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