

NHS Greater Glasgow and Clyde	Paper No. 24/105
Meeting:	NHSGGC Board
Meeting Date:	27 August 2024
Title:	Whistleblowing Annual Report 2023/24
Sponsoring Director:	Ms Sandra Bustillo, Director of Communications and Public Engagement
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 across the annual review period from 1st April 2023-31st March 2024. 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:

- Performance for Stage 1s remains consistent at 100% for cases closed up to 10 working days
- There remain challenges to meet the 20 working day target for Stage 2 cases due to the complex nature of the concerns.
- We received 1 x Stage 3 outcome from the INWO which has been published here:-
[Speak Up! - NHSGGC](#)

3. Recommendations

The Board is asked to consider the following recommendations:

- To note the performance across the year.
- To note the improvement work undertaken throughout the reporting period as a result of whistleblowing cases received.
- To note that from 1 July 2024, Brian Auld took on the role of Board Whistleblowing Champion, previously held by Charles Vincent.

4. Response Required

This paper is presented for assurance.

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 | <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:

- CMT
- Audit and Risk Committee
- Staff Governance Committee

8. Date Prepared & Issued

This paper was prepared on 14 August 2024.

This paper was issued on 20 August 2024.



WHISTLEBLOWING ANNUAL REPORT
2023/24

NHS Greater Glasgow and Clyde

Kim Donald (Corporate Services Manager – Governance)
kim.donald@ggc.scot.nhs.uk

Executive Summary

- There were 20 cases received in the reporting period; 11 x Stage 1s, 5 x Stage 2s and 5 x cases not taken forward as a whistleblow.
- **Stage 1 performance was 100%** against the target of 5 working days with an option of extension of 10 working days to respond;
- **Stage 2 performance was 0%** against the target of 20 working days. Due to the nature of Stage 2s becoming increasingly complex, and involving, for example, site visits, interviews with staff and review of evidence, meeting the new 20 working day standard for all Stage 2 cases continues to be challenging, as it is important that investigations are thorough and robust and involve all appropriate staff. The Whistleblowing Champion has been in discussion with the Independent National Whistleblowing Officer (INWO) regarding these challenges, and this is a common theme across Health Boards.

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. 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

More information on how NHSGGC handles whistleblowing can be found on the website: <https://www.nhsggc.scot/staff-recruitment/hrconnect/policies-and-staff-governance/policies/>

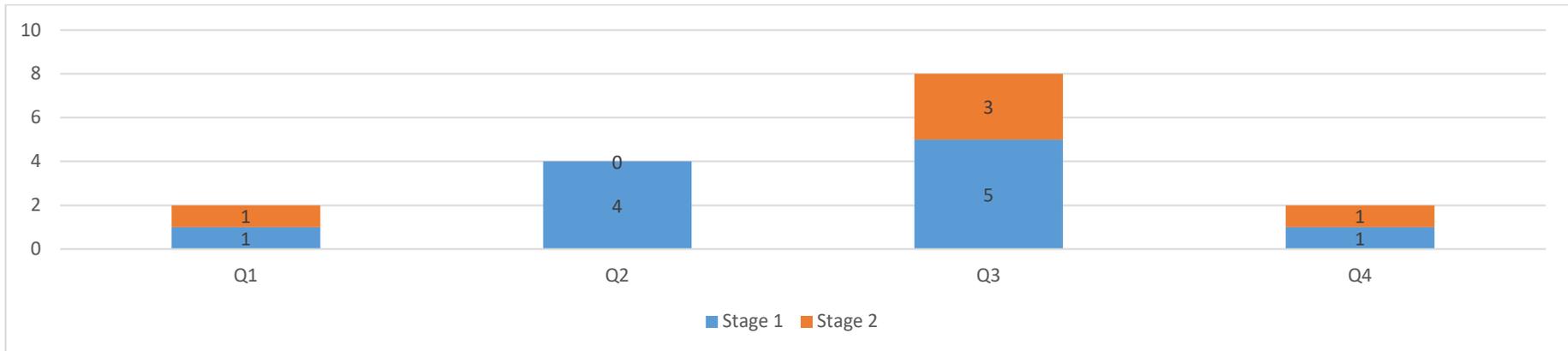
a. Cases Received

Table 1: Cases Received and Accepted as Whistleblowing

	Acute	Corporate	HSCP/Prisons	TOTAL
Stage 1	5	3	3	11
Stage 2	3	0	2	5
TOTAL	8	3	5	16

The above table gives the figures for cases that were received 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 number of cases received reduced slightly from 2022/23 where 19 cases were received and taken forward via whistleblowing.

There were also 5 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.

Brief Description of Concerns		Alternative Action Taken
1	Introduction of rostering policy impacting on work/life balance	Signposted to Nurse Directorate to ensure policy being followed
2	Concerns re bullying resulting in leaving post	Signposted to Bullying and Harassment Confidential Contacts to discuss next steps
3	Grievance process not being managed properly by service	Signposted to Bullying and Harassment Confidential Contacts to discuss next steps
4	Concerns about individual patient care dating back to 2022	Case review ongoing and led by Chief Nurse of sector

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	6	2	4	12
Stage 2	2	1	0	3
TOTAL	8	3	4	15

Table 4: Closed Cases by Outcome

	Acute	Corporate	HSCP / Prisons	Total
Upheld	0	0	1	1

Partially Upheld	2	1	2	5
Not Upheld	6	1	2	9
TOTAL	8	2	5	15

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.

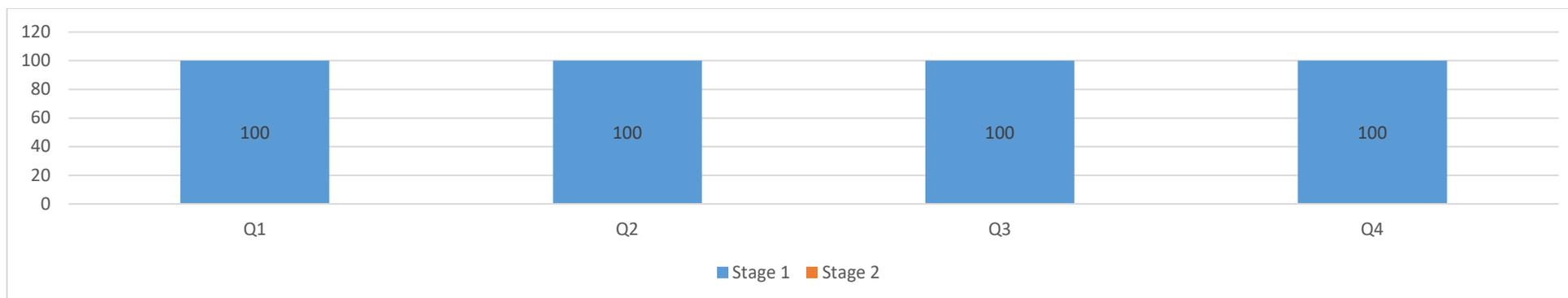
Most Stage 2 investigations include multiple points of concern, some of which are ‘upheld’ and some of which are ‘not upheld’; that it is why it is far more likely that a Stage 2 will have a ‘partially upheld’ outcome.

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

	Acute (working days)	Corporate days	(working HSCP / Prisons (working days)	Total Average (working days)
Stage 1	4	9	6	4
Stage 2	34	-	80	67

It is recognised that the average number of days to respond to whistleblowing concerns at Stage 2 is longer than we would like. This number 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.

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



Stage 1 performance remains consistent at 100%. As described above, Stage 2 performance continues to be challenging due to the complex nature of concerns and resource intensive investigation.

Stage 3 – INWO Investigations

	Acute	Corporate	HSCP/Prisons	TOTAL
Stage 3	1	2	1	4

Throughout the year we received notification of 4 cases being taken forward by the INWO, one of which was anonymous. We received 1 outcome report which can be found here:- [Our findings | INWO \(spsso.org.uk\)](https://www.spsso.org.uk/our-findings)

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. It would be important to reflect confidentiality throughout the report; therefore some of the detail remains high level while more detail is held by the whistleblowing lead to take forward with the relevant services.

Table 6: Recommendations and learning from closed cases:

Issues Raised	Outcome	Action / Recommendations	Status
Anonymous complaint - accusation of breach of GDPR by discussing sensitive case in public forum	Not upheld	N/A	N/A
Concern regarding possible fraudulent contract activity	Not upheld	Concerns were time barred but forwarded to CFS	N/A
Anonymous concerns regarding community visits	Partially upheld	Evidence of mismanagement of diary. Case taken forward via HR/conduct.	Complete
Concern regarding member of staff's conduct at work	Not upheld	N/A	N/A
Concern regarding nepotism within department alongside unfair overtime availability and poor stock control	Partially upheld	No evidence of nepotism or issues with recruitment processes. Investigation showed issues with regards to team induction and cohesion. Recommendation to introduce competency and quality framework which will be monitored via the Director.	Complete
Concerns regarding conduct of staff, lack of remit around the service and requests for assessments for patients not registered.	Not upheld	Investigation concluded that national guidelines were being adhered to.	Complete
Concern regarding inappropriate sign off of bank shifts	Not upheld	Appropriate processes being followed and closely scrutinised	N/A
Concern regarding member of staff being charged by police due to possession of	Not upheld	Investigation provided no evidence of wrongdoing, but ongoing HR process underway.	N/A

Issues Raised	Outcome	Action / Recommendations	Status
drugs and suspended due to drugs going missing from ward			
Lack of halal meals and impact on patient care	Fully upheld	Procurement to arrange contingency plan for shortages and Site Facilities Manager to monitor and be main point of contact for all wards moving forward.	Complete
Concern about conduct of nursing staff on ward	Not Upheld	Investigation provided no evidence of wrongdoing, but ongoing HR process underway.	N/A
Concerns about patient privacy and ability to leave premises unaccompanied	Not upheld	Appropriate Health and Safety processes being followed.	N/A
SCN shouting at vulnerable patient in public space	Not upheld	Investigation provided no evidence of wrongdoing.	N/A
Concerns regarding decision made by Glasgow City HSCP to close the Homeless Health practice and impact on staff and patients	Not upheld	Evidence of extensive engagement and governance processes being followed along with clinical risk management and continued oversight via the Clinical Director.	N/A
Concerns regarding toxic leadership, lack of training/supervision, lack of appropriate triage and unnecessary patient delays	Partially upheld	The investigation provided no evidence of patient safety issues or delays in treatment, however, there were signals of a strained culture which should be addressed via regular 1-1s, implementation of ANP appraisal, iMatter action plan and OD sessions.	Ongoing
Concerns regarding quality of care provided to patients alongside financial waste	Partially upheld	The investigation demonstrated a lack of standardised induction for staff. There was also no evidence of robust quality assurance packages. Competency framework to be developed, rolled out and monitored. External training by appropriate	Ongoing

Issues Raised	Outcome	Action / Recommendations	Status
		service provider to be attended regularly. An internal quality assurance system to be developed, tested, implemented and monitored by the SMT. Patient facing staff should complete complaints training via LearnPro, monitoring via 1-1s and TURAS.	

2. Feedback Survey

Following the closure of a case each whistleblower, and staff involved in the investigation, 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 only 1 response being received within 23/24. To maintain confidentiality the content of the feedback has not been included within the report, however, the theme was regarding the corporate nature of whistleblowing and inability to fully speak up. This feedback has been taken forward via the Corporate Services Manager – Governance with a view to improvement within the service. This is also considered through the Speak Up! Campaign. Work is underway to improve the numbers responding to the survey.

3. Speak Up!

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

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