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| <b>NHS Greater Glasgow and Clyde</b> | <b>Paper No. 21/71</b>  |
| <b>Meeting:</b>                      | <b>Board Meeting</b>  |
| <b>Meeting Date:</b>                 | <b>26 October 2021</b>  |
| <b>Title:</b>                        | <b>Whistleblowing Annual and Quarterly Report</b>                       |
| <b>Sponsoring Director/Manager</b>   | <b>Elaine Vanhegan, Head of Corporate Governance and Administration</b> |
| <b>Report Author:</b>                | <b>Jennifer Haynes, Corporate Services Manager - Governance</b>         |

## 1. Purpose

The purpose of the attached papers is to give Board Members an overview of whistleblowing activity from 2020/21. This is to provide assurance that whistleblowing investigations took place in line with the Whistleblowing Policy, and that all preparatory work was undertaken to ensure that NHSGGC was compliant with the new National Whistleblowing Standards (the Standards).

## 2. Executive Summary

The paper can be summarised as follows:

As well as handling live whistleblowing cases in 2020/21, as noted above, much of the year was spent preparing for the launch of the Standards, which were launched on 1 April 2021. The annual report therefore describes both performance activity and improvement work.

## 3. Recommendations

The Standing Committee is asked to consider the following recommendations:

- To note the performance from the year 2020/21;
- To note the improvement work undertaken to make the whistleblowing service effective, efficient, supportive and fit for purpose.

## 4. Response Required

This paper is presented for assurance

## 5. Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

- Better Health Neutral
- Better Care Positive
- Better Value Neutral
- Better Workplace Positive
- Equality & Diversity Neutral
- Environment Neutral

## 6. Engagement & Communications

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

Much of the annual report describes the preparation work to ensure adherence to the Standards. There was a short life working group convened for this work, to ensure engagement with a wide variety of stakeholders, including partnership colleagues.

There were also internal communications with staff via Core Briefs, to ensure they were aware of the whistleblowing process, and where to look if they required further information.

## 7. Governance Route

This paper has been previously considered by the following groups as part of its development: The Staff Governance and Audit and Risk Committees.

## 8. Date Prepared & Issued

Date Prepared: 04/10/21

Date Issued: 19/10/21



# WHISTLEBLOWING ANNUAL REPORT 2020/21

NHS Greater Glasgow and Clyde

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### Executive Summary

- Much of the reporting period has been spent preparing for the launch of the new National Whistleblowing Standards;
- The volume of cases received has been greater in this reporting period than in the previous two years;
- There has been learning and action from whistleblowing cases to improve services;
- A review undertaken by the Board's Whistleblowing Standards has offered a further opportunity to learn, take action, and improve the whistleblowing function.

### 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.

NHSGGC had a Whistleblowing Policy in place in 2020/21, which was superseded by the new National Whistleblowing Standards (the Standards), which were launched on 1 April 2021. This report therefore details whistleblowing activity for the year 2020/21 under the previous policy, which will include performance information, and an overview of each case that was handled within the reporting period for assurance purposes. The report will also give information on the vast improvement work that was undertaken in the reporting period, as well as a statement from the Board's Whistleblowing Champion and Non-Executive Director.

Although the Standards did not come into effect until 2021/22, the reporting requirements for the Standards have been incorporated into this report, to ensure best practice. This report therefore looks different to previous years' versions, and comments on its style and content are welcomed from members.

### 2. Performance

Information about activity in 2020/21 will refer to the following stages of whistleblowing, as per the Whistleblowing Policy:

- Stage 1 – an informal review, where the concerns have the potential to be resolved with normal line management action;
- Stage 2 – an internal inquiry, which are investigated by a named Director within the Whistleblowing Policy;
- Stage 3 – a formal investigation, which will be undertaken by a nominated Non-Executive Director.

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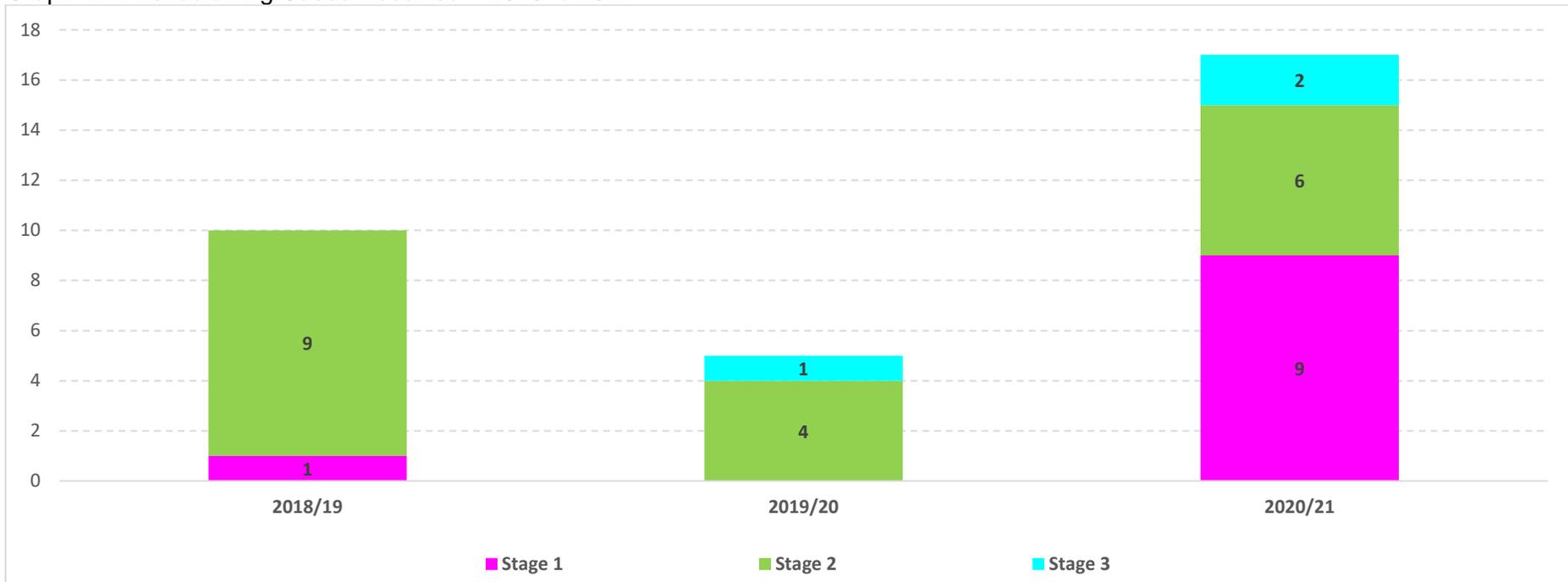
### a. Cases Received

Table 1: Cases Received and Accepted as Whistleblowing

|         | Acute | Corporate | HSCP/Prisons | TOTAL |
|---------|-------|-----------|--------------|-------|
| Stage 1 | 2     | 6         | 1            | 9     |
| Stage 2 | 2     | 1         | 3            | 6     |
| Stage 3 | 1     | 1         | 0            | 2     |
| TOTAL   | 5     | 8         | 4            | 17    |

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 past 3 years:

Graph 1: Whistleblowing Cases Received – 2018 to 2021



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The above graph shows that the most recent reporting year has seen both an increase in volume, and an increase in Stage 1s. This may be because of increased attention on whistleblowing both in the media, and internally, as we began to prepare for the introduction of the Standards. 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.

There were also an additional 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

|   | Date Received   | Brief Description of Concerns  | Decision Made by  | Alternative Action Taken   |
|---|-----------------|--|---|--|
| 1 | 28 May 2020     | Anonymous caller expressed concerns related to fraud. Initial enquiries were made with Counter Fraud Team who confirmed the case was already under investigation via their processes.  | Corporate Services Manager for Governance   | Counter Fraud investigation already underway, and so additional whistleblowing investigation would have been duplication. This information was relayed back to the caller, who was pleased with the update and did not wish any further information. |
| 2 | 23 October 2020 | Anonymous concerns detailing concerns from student nurses, such as bullying behaviours and workload. No details of hospital or department. Lack of information meant it was impossible to conduct a meaningful investigation, and anonymous nature gave no scope to ask for clarification. | Director of Nursing and Corporate Services Manager for Governance                             | Issues discussed at Senior Nurse meeting, with Lead Nurse for Practice Education and at meeting with academic institutions.  |
| 3 | 9 November 2020 | Anonymous letter regarding a particular department, stating they should not have home working in place during COVID-19. Details did not meet the criteria for whistleblowing as per the policy.  | Head of Administration and Corporate Governance and Corporate Services Manager for Governance | Letter forwarded to Director with responsibility for the service, asking them to look into the issues, and they agreed to do so. Due to anonymous nature, no opportunity to feed back to person who raised concerns.                                 |

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|   | Date Received   | Brief Description of Concerns  | Decision Made by  | Alternative Action Taken  |
|---|-----------------|--|---|---|
| 4 | 1 February 2021 | Anonymous concerns from the husband of a member of staff, regarding her arrangements for working from home during COVID-19. As this situation was regarding an individual's own employment and did not come from a member of staff, it did not meet the criteria for whistleblowing. | Head of Administration and Corporate Governance and Corporate Services Manager for Governance | Email sent to anonymous person, asking for more information in order to be able to give advice on best next steps. No response.   |
| 5 | 24 April 2021   | Email regarding a particular department and their arrangements for home working during COVID-19. Letter was from a family member of a member of staff within the department. Did not meet the criteria for whistleblowing.   | Head of Administration and Corporate Governance and Corporate Services Manager for Governance | Letter forwarded to Director with responsibility for the service, asking them to look into the issues, and they agreed to do so. Letter sent to person from CEO, thanking them for raising their concerns, and explaining what action had been taken. Person who raised concerns was satisfied with this. |

### 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      | 1     | 7         | 1              | 9     |
| Stage 2      | 1     | 1         | 0              | 2     |
| Stage 3      | 0     | 1         | 0              | 1     |
| <b>TOTAL</b> | 2     | 9         | 1              | 12    |

The number of closed cases is less than the number of received cases. This is because many of the cases received in 2020/21 remained open beyond the end of the reporting period, and have subsequently been closed. They will therefore be reported in the 2021/22 annual report. In addition, a new requirement of the Standards is that there must be quarterly reporting, and so members will receive more regular, and therefore more recent, information about whistleblowing activity.

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A statement of outcome as to whether the case was upheld, partially upheld or not upheld has not previously been explicitly recorded. It is now one of the requirements of the Standards, and so in order to be able to report in a meaningful way, a retrospective look at cases from 2020/21 has been undertaken, to give an indication of the outcomes.

Table 4: Closed Cases by Outcome

|                  | Acute    | Corporate | HSCP / Prisons | Total     |
|------------------|----------|-----------|----------------|-----------|
| Upheld           | 0        | 0         | 0              | 0         |
| Partially Upheld | 1        | 2         | 0              | 3         |
| Not Upheld       | 1        | 5         | 1              | 7         |
| N/A              | 0        | 2*        | 0              | 1         |
| <b>TOTAL</b>     | <b>2</b> | <b>9</b>  | <b>1</b>       | <b>12</b> |

\*transferred to a different process

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 and Stage 3 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 or Stage 3 will have a ‘partially upheld’ outcome. Limited numbers of Stage 2 and 3s were completed in the reporting period, which is why a greater number of ‘partially upheld’ outcomes was not seen.

Two cases were not given a clear outcome as they transferred into an HR process. They were originally recorded as whistleblowing, but as the picture emerged, it became apparent that it was more appropriate that they were investigated in this way. They were included on a list of whistleblowing cases for transparency, due to their initial triage as whistleblowing.

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

|         | Acute | Corporate | HSCP / Prisons | Total Average |
|---------|-------|-----------|----------------|---------------|
| Stage 1 | 6     | 64        | 2              | 50            |
| Stage 2 | 212   | 30        | 0              | 121           |
| Stage 3 | 44    | 0         | 0              | 44            |

It is recognised that the average number of days to respond to whistleblowing concerns, regardless of Stage, was too long. Although all these cases were concluded under the previous policy, the Standards state that going forward, Stage 1s should be responded to within 5 working days, and Stage 2s should be responded within 20 working days.

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There was one particular Stage 2 case within Acute Services which was challenging, and for this reason, it took a long time to investigate and conclude. This impacted on the average number of days to respond to Stage 2 cases.

There is confidence that significant improvement can be made to turn around timescales, as a result of the improvement work and focus that has been put into the whistleblowing service. This has included regular monitoring reports, to ensure sharpened visibility. 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

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      |
|---|--|------------------|--|-------------|
| 3/2019-20<br><br>Porters<br><br>Stage 2     | Concerns regarding the workplace conditions in a particular hospital site. | Partially upheld | <p>Recommendations from the final report were:</p> <ul style="list-style-type: none"> <li>a. Staff should sign off on all uniforms allocated;</li> <li>b. There should be regular surveys or audits of bins;</li> <li>c. When training has to be cancelled due to unforeseen circumstances, it should be re-arranged at the earliest opportunity;</li> <li>d. When training involves 'shadowing' other members of staff, a brief note of this should be made in the employees' file.</li> </ul> <p>Confirmation has been received from the Director of Estates and Facilities that all recommendations have now been actioned.</p> | Complete    |
| 4/2019-20<br><br>Diagnostics<br><br>Stage 1 | Concern about the delivery of a particular type of patient treatment.      | Not upheld       | The whistleblower received a full response, which detailed evidence, stating that there was satisfaction that the correct treatment was being offered to patients. The whistleblower remained dissatisfied, and the case is now being considered at Stage 2 level.   | Complete    |
| 01/2020-21                                  | Concerns about whistleblowing process.                                     | Partially upheld | The concerns related to the handling of a previous case. Recommendations were:   | In progress |

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| Ref                                 | Issues Raised   | Outcome    | Action / Recommendations   | Status      |
|-------------------------------------|---|------------|--|-------------|
| Corporate Services<br>Stage 3       |   |            | <ul style="list-style-type: none"> <li>a. The new National Whistleblowing Standards are an opportunity to tighten and publicise the process across the Health Board</li> <li>b. Any recommendations that come out of the impending review are carried out to improve Board wide knowledge, understanding and confidence in the whistleblowing process.</li> </ul> <p>Recommendation (a) is complete. The recommendations from the review in (b) were fed into the wider whistleblowing action plan. Most of these are now complete, and all will be by the conclusion of Summer 2021.</p>  |             |
| 02/2020-21<br>Finance<br>Step 2     | Concern regarding roles, rates of pay and home working during COVID-19. | Not upheld | <p>The final report noted that none of the specific allegations could be substantiated, however, some recommendations for improvement were noted:</p> <ul style="list-style-type: none"> <li>a. Staff be reminded of their obligations regarding data confidentiality;</li> <li>b. The Information Governance manager considers if additional training is needed;</li> <li>c. A plan be agreed to ensure 100% compliance with statutory and mandatory training and monthly reports submitted;</li> <li>d. A plan be agreed to ensure 100% compliance with TURAS and monthly reports submitted.</li> </ul> <p>The Assistant Director of Finance has confirmed that these actions have now been completed.</p> | In progress |
| 03/2020-21<br>Care Homes<br>Stage 1 | Concerns about PPE in Care Homes.                                       | 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"> <li>a. Continue to work with care homes to support supply and use of PPE;</li> <li>b. Conduct further training on how to re-use certain PPE and putting on eye protection;</li> <li>c. Request feedback from the Care Home Tactical Group on whether there are similar concerns for other homes.</li> </ul> <p>The Clinical Lead for this area of work has confirmed that all of these actions are complete.</p>  | Complete    |

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| Ref                                     | Issues Raised  | Outcome    | Action / Recommendations  | Status   |
|---|--|------------|---|----------|
| 06/2020-21<br>Procurement<br>Stage 1    | Concerns regarding nepotism.   | n/a        | This is one of the cases mentioned earlier in this report which was initially triaged as whistleblowing, but in the initial stage of investigation it was identified that an alternative HR process was more appropriate.   | Complete |
| 07/2020-21<br>Asbestos risk<br>Stage 1  | Concerns regarding possibility of asbestos in an offsite storage facility.   | Not upheld | Health and Safety colleagues confirmed that there were no asbestos issues in the site in question.  | Complete |
| 11/2020-21<br>Porters<br>Stage 1        | Concern regarding infection control with COVID-19 in a particular hospital site.                                     | Not upheld | <p>Detailed response from the relevant Assistant Director, which responded to all points. Although not upheld, areas for improvement were identified as:</p> <ul style="list-style-type: none"> <li>a. Facilities Management team will be fully re-briefed on appropriate response supporting staff isolation arrangements;</li> <li>b. Service Yard staff will receive further safety briefings;</li> <li>c. Social distancing risk assessments within the Service Yard will be reviewed and updated.</li> </ul> <p>All actions were carried out at the time of completion of this case.</p> | Complete |
| 14/2020-21<br>COVID-19 breach<br>Step 1 | Concern a clinician was breaking lockdown rules by travelling to and entering other households for personal reasons. | Not upheld | Issue discussed with doctor, who denied allegations. Further information sought from whistleblower regarding the allegations, but no reply.   | Complete |
| 15/2020-21<br>Procurement               | Concern regarding the conduct of an employee with regards  | Not upheld | Relevant management had already been made already of the situation, which had been appropriately reported and dealt with. There were therefore no recommendations or actions from this case.  | Complete |

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| Ref                                  | Issues Raised  | Outcome    | Action / Recommendations  | Status   |
|--------------------------------------|--|------------|---|----------|
| Stage 1                              | to contractual obligations.  |            |   |          |
| 17/2020-21<br>Job Panels<br>Stage 1  | Concern that posts that had been evaluated by a job panel were subsequently being downgraded by the employing manager. | Not upheld | Detail of the process provided, but in the absence of specific information regarding a role where this had occurred, it was not possible to investigate further. Concerns were anonymous, so no opportunity to ask for clarification. | Complete |
| 18/2020-21<br>Procurement<br>Stage 1 | Concern regarding cultural issues and processes in the department.   | n/a        | Director confirmed that issues raised were subsequently received directly, and were being taken forward via an HR process, which was appropriate given the nature of concerns.  | n/a      |

Although there were three cases for Procurement, these all related to separate issues and areas within this large department, and there were therefore no links or patterns.

#### 4. Improvement Work

##### a. Launch of the Standards

Although the Standards were not launched until 1 April 2021, there was significant work in the reporting period to ensure that NHSGGC would be compliant. The Standards were very welcome from a NHSGGC perspective, as they gave a focussed opportunity to consider what improvements could be made to the whistleblowing process to greater ensure an efficient, fair and compassionate approach.

A Short Life Working Group (SLWG) was convened, which comprised of senior doctors, nurses, managers and partnership representation. The purpose of the SLWG was to oversee the action plan that had been developed to achieve compliance with the Standards. Some of the key actions from the plan were:

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Table 7: Some Key Points from Action Plan

|   | Theme                              | Task   | Progress / Outcome   | Complete |
|---|------------------------------------|--|--|----------|
| 1 | Communication                      | Information on the Standards should be included in a Core Brief / Staff news, and the NHSGGC website, ensuring the process is clear, easy to understand and accessible   | Information put into Core Brief as planned, and new website page developed:<br><a href="https://www.nhsggc.org.uk/working-with-us/hr-connect/policies-and-staff-governance/policies/whistleblowing-policy/">https://www.nhsggc.org.uk/working-with-us/hr-connect/policies-and-staff-governance/policies/whistleblowing-policy/</a> | Yes      |
| 2 | Training                           | Staff training should be undertaken to ensure that there is awareness of the content of the Standards, and how to use it in practice.  | Two online learning modules were developed by NHS NES, and these were promoted in a Core Brief for staff to complete. A brief was also sent to Directors, and all HR staff were advised of the module to be completed.   | Yes      |
| 3 | Local Practice                     | The Standards provide the national approach, but not how whistleblowing should be applied locally. A NHSGGC whistleblowing users guide should therefore be written, which details how the concerns will be handled internally. | Local Users' Guide was developed, and is published on our website:<br><a href="https://www.nhsggc.org.uk/media/266105/nhsggc-whistleblowing-users-guide-final.pdf">https://www.nhsggc.org.uk/media/266105/nhsggc-whistleblowing-users-guide-final.pdf</a>  | Yes      |
| 4 | Process                            | When a new case is received, there should be a robust triaging system in place to ensure that the issues are taken forward in the most appropriate way   | Triage matrix written and included in aforementioned users' guide.   | Yes      |
| 5 | Recording                          | A new recording system should be implemented that will capture the key areas of a case and the KPIs from the Standards to then allow reports to be generated   | A bespoke module on the Datix system has been created and is now in use  | Yes      |
| 6 | Governance, Reporting and Learning | Quarterly Whistleblowing Activity Reports and Annual Report will go to the Staff Governance and Care and Clinical Governance Committees, before going to the Board.  | In place   | Yes      |
| 7 | Support                            | Confidential contacts should be put in place for those involved with the whistleblowing process (e.g. the whistleblower or a manager involved)   | 8 volunteers have taken on the Confidential Contact Whistleblowing Role. These are a range of staff from throughout the organisation. Their training is complete, and their contact details published on the whistleblowing page on the NHSGGC website.  | Yes      |

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### **b. Whistleblowing Review**

Simultaneous to the aforementioned work, the Board's Whistleblowing Champion and Non-Executive Director, Mr Charles Vincent, undertook a review of all whistleblowing cases over a three year period. Mr Vincent was supported in this work by Mr Kenny Small, former Director of HR for NHS Lanarkshire. The purpose of the review was to consider the current approach to whistleblowing in NHS GGC, and identify any actions required to ensure the ongoing effectiveness of the existing systems in processes, including any that would also improve the implementation of the Standards.

The key areas investigated in the review included:

- A review of historical cases within the reference period which were not categorised as Whistleblowing, and formation of a view on the reasonableness of such decisions;
- Staff awareness of the Whistleblowing Process;
- The quality and effectiveness of investigations and reporting of Whistleblowing cases;
- Experience of some colleagues (throughout NHS GGC) who were involved in the Whistleblowing cases;
- Implementation of Case Recommendations generated from the Whistleblowing investigations;
- Assessment of whether all cases not classified as Whistleblowing have a logged rationale providing an explanation for classification as such.

The completion of the review, and the recommendations with in, offered an opportunity to augment the existing action plan with further work that would improve the whistleblowing function within NHS GGC. The recommendations and progress in achieving them is detailed in the table below.

Table 8: Progress with Recommendations from Whistleblowing Review

|   | Section in Review          | Detail  | Progress                     | Complete? |
|---|----------------------------|---|------------------------------|-----------|
| 1 | Active management of cases | Ensure proper classification, stage allocation and identification of investigator.  | Part of original action plan | Yes       |
|   |                            | Production and provision of appropriate summaries.                                  | Added to action plan         | Ongoing   |
|   |                            | Confidential circulation of final report to appropriate people.                     | Part of original action plan | Ongoing   |
|   |                            | Design and implement a survey for feedback on process.                              | Added to action plan         | Yes       |
| 2 | Classification of cases    | Each concern should be assessed through a managed process                           | Part of original action plan | Yes       |
| 3 | Case investigation         | Cases should be investigated at Stage 1 unless there is a specific reason/s not to. | Part of original action plan | Yes       |

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|   | Section in Review         | Detail  | Progress   | Complete?  |
|---|---------------------------|---|--|------------|
| 4 | Logging and tracking      | Establish and maintain a contemporary and comprehensive Corporate Database of all activity.                             | Part of original action plan                         | Yes        |
| 5 | Staff Education           | Launch a policy and process staff education campaign.<br>Share the outcome of the review.                               | Part of original action plan<br>Added to action plan | Yes<br>Yes |
| 6 | Support for all concerned | Support should be confidential and formally brought to the attention of all staff involved in a Whistleblowing process. | Added to action plan                                 | Yes        |
| 7 | Escalation                | Have an urgent, clear, documented process for the escalation of serious concerns to Senior Management                   | Added to action plan                                 | Yes        |
| 8 | Logging                   | All cases (irrespective of the determination of validity) should be recorded  | Part of original action plan                         | Yes        |

### 5. Comments from Whistleblowing Champion

All Health Boards in Scotland have a Non-Executive Director Whistleblowing Champion in place, and in NHSGGC this is Mr Vincent. Mr Vincent has offered the following comments on his experience and perspectives of whistleblowing work over the reporting period:

*“This annual report demonstrates a step improvement in NHSGGC’s whistleblowing performance. This is particularly clear in two areas:*

- *Adherence to the process;*
- *Ability for SGC to provide effective governance.*

*The biggest objective change in adherence to the policy appears to have resulted in a significant increase in Step 1 whistleblows (referred to as Stage 1 as this is the term under the new standards). Going from one Step 1 in the previous 2 years to nine in the last year with no material change in the number of Step 2 & 3 demonstrates that whistleblowing is starting and being dealt with at a lower level in the organisation. Based on the review I conducted using Step 1s is more likely to result in issues being dealt with quickly and with minimal disruption to the department.*

*The ability for the SGC to see the reasons for whistleblows being rejected as well as tracking of recommendations is a significant improvement in the committee to assure themselves that the process is being applied correctly. This will be further reinforced when the Audit and Risk committee commission an audit into the whistleblowing process either this or next audit year. There is consensus as to this happening, however the audit period has not yet been agreed.*

*Together this puts us in a much improved place to administer the new standards which will be the subject of next year’s report.*

*Finally I would ask that the committee provide particular recognition and thanks to Jennifer Haynes whose efforts in improving the whistleblowing process were tireless and of notably excellent quality.”*

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### **6. Conclusion**

As well as continuing to manage the case load of whistleblowing cases, much of the latter half of 2020/21 was spent on preparing for the launch of the Standards, so that NHSGGC was not only compliant with these, but also offering the best possible whistleblowing service, for all of those who may be involved with a case. This not only applies to process, but there has also been recognition that whistleblowing can be a daunting and emotive situation for staff who may be involved, and it was therefore crucial to ensure a compassionate and supportive approach.

Now that much of the improvement work is in place, the aim for 2021/22 will be to embed it, continue to offer a thorough whistleblowing service, and improve turnaround times for investigations.

**Jennifer Haynes**  
**Corporate Services Manager for Governance**