Public Services Delivery
Scotland

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NHS Greater Glasgow and Clyde (NHS GGC) Witness Support Service

Independent Service Review Report – DRAFT

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Contents

Distribution List

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Overview: Background

Strategic Context

Recent work within NHS Greater Glasgow and Clyde (NHS GGC) has created an opportunity to review the Witness Support Service and its alignment with related staff support functions, including Occupational Health and Psychological Services.

There is potential to move to a more joined-up approach which will help to reduce duplication, improve efficiency, increase flexibility and improve quality through a multidisciplinary approach. With the intention of improving staff experience.

Acknowledging the significant scrutiny the organisation is under and potential increase in demand for Witness Support, momentum and focus on this journey is imperative to future success and viability of the service provision of 'what is done' and 'how it is done'. There is scope to improve to create a more efficient and effective service. There are opportunities for growth both in terms of service offer and customer base.

If optimised, the service is well-placed to meet an ongoing strategic need within NHS GGC.

Drivers for Change

Within this strategic context, the drivers for change can be summarised as follows:

- **D1:** An opportunity to better align with NHS GGC wider support services, both strategically and operationally
- **D2:** Increasing pressures and anticipated new demand for the Witness Support service
- **D3:** Listening to service users and stakeholders on what is working well and what could be improved
- **D4:** Increasing understanding of demand for the service and current activity
- **D5:** Improving transparency and understanding of how the service is delivered

Overview: Objectives, Scope and Output

Scope and Objectives of the Review

The agreed Terms of Reference set out a clear and comprehensive set of review objectives, which have shaped both the analysis undertaken and the structure of this report. In summary, the review sought:

1. To establish the origins of the NHSGGC service
2. To clarify the purpose and scope of the NHSGGC service
3. To establish and compare the aims of other staff support services and initiatives within NHSGGC
4. To map operational service delivery and any revisions to approach over time
5. To quantify the demand for the service across different legal and regulatory processes over time
6. To examine the intensity of support provided across different legal and regulatory processes over time
7. To establish the impact of service provision against its stated aims
8. To assess likely future demand for the service within NHSGGC
9. To assess potential demand for a witness support service at national level
10. To make recommendations for future service provision

Each objective is addressed through the structure of the report, with a detailed mapping of objectives to report sections provided in Appendix 1.

In each of these key areas, the undernoted methodology was used:	
Review of the NHS GGC Witness Support Service	This included meetings with key staff, walkthroughs of processes and controls, review of service documentation and consideration of available activity information. The comprehensive service review provided data to understand how governance and controls operate in practice, alongside interviews with service users, service leads and stakeholder groups to understand lived experience, demand, impact and sustainability.
Recommendations & Future Considerations	Drawing on the review findings, the review identified the key risks, pressures and opportunities affecting the current service model. Concluding with developed proportionate, evidence-based recommendations and high-level future considerations to support structured decision-making.

Agreed output

A Service Review report covering:

- analysis of the current state and baseline position
- governance processes and controls and recommendations for improvement

Overview: Report Approach and Structure

Approach

The review was undertaken as a rapid review, commissioned by NHS GGC, working in partnership with the Interim Director of HR and Organisational Development as the organisation lead. The approach was designed to balance pace with sufficient depth to provide confidence in the findings, focusing on how the Witness Support Service operates in practice and how it is positioned to respond to future demand and scrutiny.

The review combined direct engagement with key staff, walkthroughs of processes and controls and an assessment of existing service management and governance arrangements.

Stakeholder and service user/provider perspectives were central to the review. This included interviews with staff who have used the service, those who deliver it and those with oversight or interface roles, alongside a review of available feedback information. Desk-based analysis was used to review service documentation, available data (including HR, finance, performance and pipeline iformation where available) and light-touch benchmarking to provide wider context.

Structure

The report structure (as below) reflects this approach, moving from context and intent, through operational practice and demand, into governance and sustainability, before setting out recommendations and future considerations. Recommendations are deliberately separated from future model options, enabling proportionate improvements to be considered now without pre-empting longer-term decisions.

- **Context and Intent** – why the service exists and what it is supposed to achieve.
- **Current Operating Model** – how the service runs day to day and the interface with other aligned staff support services.
- **Demand, Workload & Impact** – what volume and intensity of work the service handles, how this is being managed and what difference it makes.
- **Governance, Assurance & Sustainability** – where accountability for the service sits, how it is resourced, what quality assurance and risk management processes are in place.
- **Recommendations & Future Considerations** – summarising recommendations, phased implementation actions and what needs to change to meet future demand.

Overview: Executive Summary

The independent review examined the purpose, operation, demand, governance and sustainability of the NHS Greater Glasgow and Clyde (NHS GGC) Witness Support Service (WSS). Drawing on interview evidence, service documentation and activity information, the review sought to establish a clear baseline of how the service currently operates, the pressures it faces and the risks and opportunities associated with its future positioning.

Overall, the review found that the Witness Support Service is widely trusted and highly valued. Staff who have used the service consistently describe it as dependable, supportive and reassuring during some of the most challenging periods in their professional lives. While the service performs well at an individual level, the review identified growing challenges around visibility of demand, resilience, sustainability and organisational assurance as scrutiny and demand increase.

Context and Intended Purpose

There is strong agreement across interviews and documentation about why the service exists and what it is there to do. Its purpose is to provide confidential, supportive help to staff who are required to take part in legal, court or inquiry proceedings in a professional capacity. Service boundaries are clearly understood, it does not provide legal advice, influence evidence, or replace other wellbeing or therapeutic services. Instead, it sits alongside those functions, focusing on providing reassurance, preparation and helping staff navigate unfamiliar and often stressful processes.

A key feature of the service is that engagement is voluntary and staff-led. Interviews indicate that this is central to trust and psychological safety. The service has developed over time in response to real operational pressures rather than through formal commissioning.

Current Operating Model

In practice, the service operates as a small, specialist and relationship-based function. Support is tailored to individual need and ranges from brief conversations through to sustained involvement over long periods during complex or high-profile proceedings. A tiered approach operates informally, with more complex or sensitive cases requiring intensive specialist input.

The service works closely with Corporate Legal Services (CLO), Occupational Health (OH), Human Resources (HR), trade unions and other partners. Anecdotal feedback from these services confirm that Witness Support is well thought of and complimentary. The relationships generally work well between staff support functions, with evidence of signposting captured through interview discussions, but these rely heavily on personal knowledge and informal arrangements rather than defined pathways. Information on access, demand and activity of the WSS is recorded at a minimal level to protect confidentiality, which supports trust but limits service continuity, wider organisational visibility, service planning (resilience and future sustainability) if staff are absent or demand changes.

Overview: Executive Summary

Demand, Workload & Impact

Demand for the service is driven by external legal and inquiry processes and is inherently unpredictable. The review found that workload is shaped much more by intensity and duration than by the number of staff supported. Individual cases often involve repeated contact over long periods, particularly during major inquiries or investigations, creating sharp peaks in pressure at certain times.

The impact of the service is clear from interview evidence. Staff consistently describe feeling more confident, less anxious and better prepared from receiving Witness Support. The service has wider organisational benefits, helping managers support their teams and reducing escalation during periods of heightened scrutiny. The positive impact is strongly felt by individuals and managers however it is less visible at system level. This makes service planning, including forecasting demand, and resilience more difficult.

Governance, Assurance & Sustainability

Confidence in the quality and consistency of the service is high, particularly amongst those who work closely with it. Governance and assurance arrangements are not consistently visible across the organisation and rely heavily on professional trust and informal feedback rather than routine, reporting of aggregated information on service provision.

The review identified a natural tension between protecting service user confidentiality and trust on the one hand and providing a minimum level of organisational assurance on the other. As legal scrutiny increases and demand becomes more volatile, the sustainability of the service is increasingly shaped by reliance on specialist expertise and individual relationships rather than by explicit resilience or continuity arrangements. The associated risks identified are lack of service planning, organisational assurance, service resilience and long-term sustainability. From the information gathered the review found no risks of current service provision or service quality but did identify opportunities for improvements to address the risks noted.

Recommendations & Future Considerations

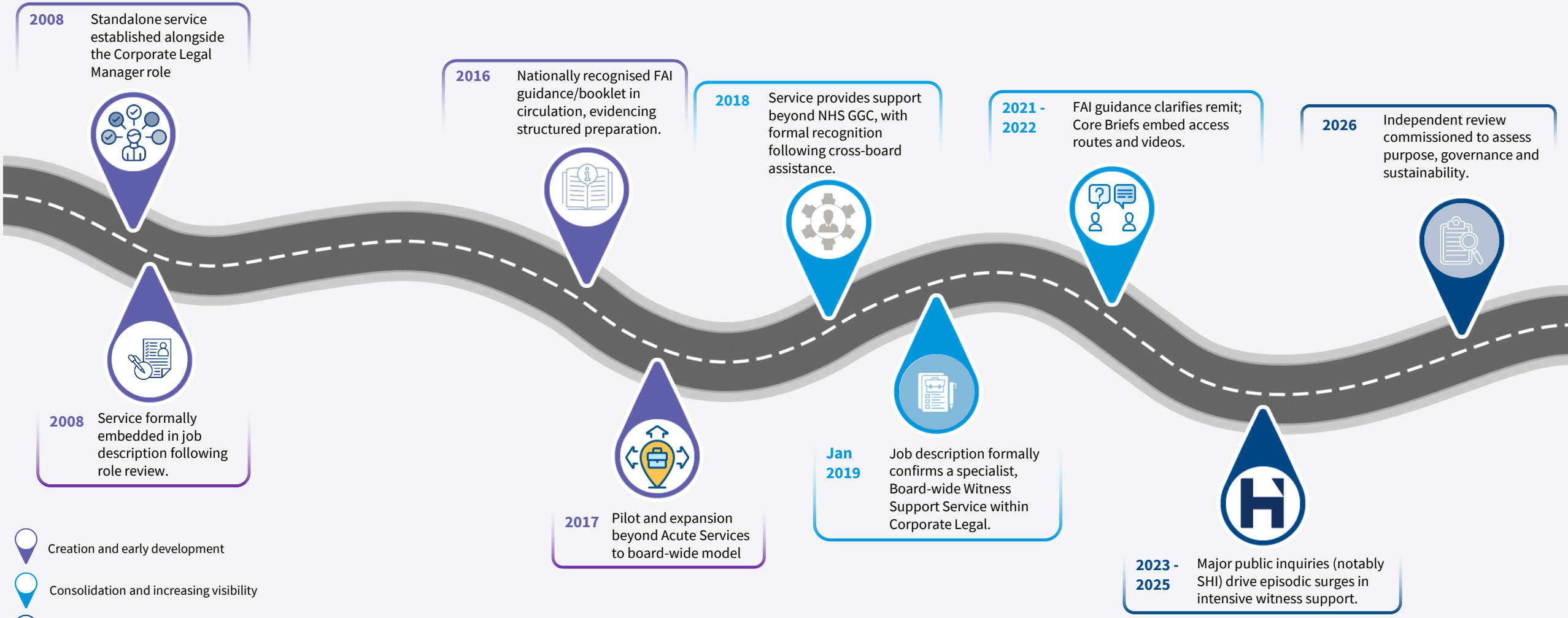
The review sets out six recommendations for improvement which address the risks and opportunities identified. These are focused on protecting what works well in the service and what could work better: providing clarity on purpose of the service and how the it operates, improving service planning, improving delivery assurance, reducing uncertainty around the management of service information and consent and organisational learning.

Findings highlighted wider questions about how a specialist, demand-led service should be positioned and sustained over time. The report outlines a small number of high-level options, ranging from a strengthened local model to more shared or centralised approaches. Any decision about the future model should be taken deliberately, once the recommendations have been implemented and there is a clearer understanding of future needs.

Review of the NHS GGC Witness Support Service

- Context and Intent
- Current Operating Model
- Demand, Workload & Impact
- Governance, Assurance & Sustainability

Evolution of the Witness Support Service – key milestones



2008 Standalone service established alongside the Corporate Legal Manager role

2008 Service formally embedded in job description following role review.

2016 Nationally recognised FAI guidance/booklet in circulation, evidencing structured preparation.

2017 Pilot and expansion beyond Acute Services to board-wide model

2018 Service provides support beyond NHS GGC, with formal recognition following cross-board assistance.

Jan 2019 Job description formally confirms a specialist, Board-wide Witness Support Service within Corporate Legal.

2021 - 2022 FAI guidance clarifies remit; Core Briefs embed access routes and videos.

2023 - 2025 Major public inquiries (notably SHI) drive episodic surges in intensive witness support.

2026 Independent review commissioned to assess purpose, governance and sustainability.

Creation and early development

Consolidation and increasing visibility

Demand Spike & Review

Context and Intent

Why the service exists and its intended purpose

Origins and rationale for the Witness Support Service

The NHS GGC WSS developed in response to a growing organisational need to support staff involved in formal legal and inquiry processes, particularly FAIs and related criminal justice proceedings. Service documentation describes the service as having evolved organically over time, initially in response to sudden and unexpected death investigations and subsequent FAIs, before expanding to cover a wider range of legal, regulatory and inquiry contexts as staff exposure increased. This expansion was driven by demonstrable need rather than by a single, formally commissioned service design and the service was later formalised within a specialist post holder's role following role review (this is mapped out within the Evolution of the Witness Support Service – key milestones).

Interview evidence reinforces this with interviewees consistently characterised the service as a pragmatic response to real operational pressures rather than a centrally designed corporate initiative, with its credibility and legitimacy derived largely from experience and the perceived value it provided to staff during high-stress legal processes.

[redacted]

Intended purpose of the service

Across the service documentation provided and interviews conducted, there is strong consistency in how the intended purpose of the Witness Support Service is articulated. Documentation describes it as a dedicated, in-house service providing practical and emotional support to NHS GGC staff who are required to participate in legal, court or inquiry processes in a professional capacity.

The service guardrails are clear explicitly described as not providing legal advice, coaching, or influencing evidence. Both the guidance and interview documentation emphasise that responsibility for evidence preparation and legal advice sits with solicitors and legal representatives and that the service operates alongside — but distinct from — the NHS CLO, trade unions and OH services.

Interviewees consistently framed the service as information-focused and pastoral, rather than tactical or legal in nature. Support activities described in both documentation and interviews include explaining the stages of legal or inquiry processes, arranging court familiarisation visits, providing reassurance and practical support on the day of hearings, facilitating travel and accommodation where required and providing follow-up support once proceedings conclude.

Context and Intent

Why the service exists and its intended purpose

Core objectives the service is intended to achieve

Service documentation sets out the intended outcomes and defines what the service is supposed to achieve. These include enhancing staff confidence in legal and court processes, reducing anxiety associated with formal proceedings, promoting accurate and effective evidence delivery, mitigating organisational and professional risk and supporting workforce wellbeing and retention during lengthy or adversarial processes.

Interview evidence aligned closely with these stated objectives. Interviewees described the service as providing reassurance to both individual staff members and the wider organisation that witnesses are not left unsupported, particularly during high-profile, adversarial or prolonged inquiries. Importantly, several interviewees highlighted that the service's value is not limited to individual wellbeing outcomes and includes indirect organisational benefits. These include reducing escalation, preventing distress from compounding across services, supporting managers who may otherwise struggle to support staff through unfamiliar legal processes and helping to maintain staff engagement and retention during extended periods of uncertainty.

[redacted]

Voluntary, staff-centred nature of the service

A key element of the service's intended design is that engagement is voluntary and staff-led. The staff guidance explicitly states that seeking witness support is an individual choice and that staff should not feel pressured to engage with the service. Management are expected to raise awareness of the service and signpost but not to mandate its use.

[redacted]

Interview evidence confirms that this voluntary positioning is considered fundamental to maintaining trust, psychological safety and the trauma-informed ethos of the service. Interviewees emphasised that staff needs vary significantly depending on experience, seniority, vulnerability and the nature of the legal process and that a "one size fits all" approach would be inappropriate.

As a result, the service is intended to be flexible, responsive and tailored to staff needs, rather than uniformly applied. However, evidence from staff and stakeholders also indicates that this voluntary, bespoke nature creates inherent tension with organisational expectations for consistency of service provision, visibility and assurance — this is explored further in the review when considering delivery assurance, governance and risk.

Context and Intent

Why the service exists and its intended purpose

Positioning within the wider organisational landscape

The provided documentation positions oversight and delivery of the service within NHS GGC's Corporate Legal and Governance structures, aligning it with legal risk management, workforce wellbeing and organisational duty of care. The service is described as operating collaboratively with a range of internal and external stakeholders, including Corporate Services, NHS CLO, OH, HR, trade unions and external agencies such as Victim Information and Advice services.

Interview evidence suggests that while this positioning is understood in principle, service independence and perceived neutrality are seen as critical to its effectiveness. Interviewees noted an inherent tension between the service sitting within the Board and its need to be trusted by staff as a supportive, non-judgemental function. This tension is not presented as a flaw in intent but as an inherent characteristic of a service that must balance staff trust with organisational accountability.

Summary of Key Findings

- Taken together, service documentation and interview accounts show a high degree of alignment on why the Witness Support Service exists and its intended purpose.
- The service is intended to be a specialist, trauma-informed, staff-centred support function that helps NHS GGC staff navigate legal and inquiry processes with confidence, while supporting the organisational duty of care and risk management.
- The service guardrails are clear: it is supportive rather than legal, voluntary rather than mandatory and personalised rather than standardised.
- Simultaneously, the way in which this intent has been operationalised over time creates tensions that shape the governance and sustainability challenges explored later in the review.

Context and Intent

Opportunities

- **Re-Anchor the Service Purpose:** The review provides a strong opportunity to clearly restate why the service exists, who it is for and what it does and does not do.
- **Protect the Voluntary, Trust-Based Model:** Clear articulation of intent can protect staff trust and psychological safety as demand and scrutiny increase.

Risks

- **Purpose Drift:** There is a risk that, as the service has grown and come under pressure, its original purpose and boundaries have become misunderstood or stretched beyond its intended supportive remit.
- **Erosion of Voluntary Engagement:** Increasing organisational scrutiny and demand may unintentionally undermine the voluntary, staff-led nature of engagement, reducing trust and psychological safety.

Recommendation	Aligned Drivers for Change
Clarify and formalise the purpose, scope and guardrails of the Witness Support Service to increase staff awareness and protect its remit. This should include: • explicit confirmation of what the service does and does not provide • reinforcement of the voluntary, opt-in nature of engagement • consistent messaging for managers and partner services *This recommendation is about reinforcing the integrity of the service, not changing how it operates.*	**D1 & D5** This recommendation responds directly to findings that the service's intent is strong but increasingly exposed to assurance and boundary risk as scrutiny grows.

Current Operating Model

How the service runs day to day and the interface with other aligned services

How the service operates in practice

The Service operates as a small, specialist, relationship-led service that delivers highly-tailored support to staff across a range of legal and inquiry contexts. Documentation describes a structured lifecycle model—referral and triage, initial assessment, ongoing support, attendance at proceedings where required and post-process follow-up. However, interview evidence indicates that day-to-day delivery is driven more by professional judgement of the service and situational need than by rigid process adherence.

[redacted]

In practice, engagement ranges from a single reassurance conversation through to sustained involvement over many months or years, depending on the nature, duration and intensity of the legal process the witness is part of. Interviewees consistently described the value of the service as being "there when needed" rather than delivering a standardised intervention, with the ability to flex rapidly in response to emerging pressures, changing inquiry timelines, or staff vulnerability. This flexibility is widely viewed as a strength.

Users and system stakeholders described the service as calm, proportionate and responsive, particularly during volatile or adversarial inquiry phases. Practical support—such as court familiarisation, orientation to processes, physical presence on the day and post-event check-ins was repeatedly highlighted as central to service effectiveness.

Access routes, referrals and triage

Service guidance sets out multiple access routes, including direct contact by staff, referral from managers or partner services and proactive outreach by the service itself. Interviews confirmed that proactive identification and contact are common, particularly in large-scale inquiries or FAIs and are generally experienced positively by staff.

Interview findings indicate that triage and prioritisation are largely implicit, relying on professional judgement rather than explicit, documented thresholds. Decisions about intensity of support, frequency of contact and duration of involvement are shaped by factors such as staff experience, perceived vulnerability, seniority, public exposure and inquiry complexity, however, there is no documented capture of these judgements that would support organisational learning or assurance.

While this approach enables individualised support, it also means that demand, prioritisation and workload intensity are not easily visible or comparable.

Current Operating Model

How the service runs day to day and the interface with other aligned services

Tiered delivery and reliance on specialist expertise

Service model documentation describes a tiered approach, with routine activity delivered by support staff and complex or high-risk cases requiring senior specialist oversight. Interview evidence confirms this in practice: high-profile inquiries, senior witnesses or cases involving significant media or reputational exposure tend to require direct involvement from the most experienced staff member, drawing heavily on professional credibility and established relationships.

This tiering is not formalised through documented criteria but rather enacted through experience and judgement. Several interviewees noted that service effectiveness in complex cases is closely tied to the service managers individual expertise, personal credibility with external bodies and trusted internal relationships. This has enabled the service to operate effectively in challenging contexts and resulted in the service being closely associated with individual expertise. There was limited evidence or visibility of the wider function of the service or interviewee knowledge of the tiered approach or experience of using standard processes.

Interfaces with other services and functions

The service operates alongside and frequently interacts with, other staff support services including NHS CLO, Corporate Services, OH, HR, Trade Unions and external agencies such as Victim Information and Advice services. Interview evidence consistently describes the relationships between the services as complementary rather than duplicative. Legal advice and evidence preparation are clearly understood as the responsibility of CLO and legal representatives, with role of WSS focus on emotional reassurance, process orientation and support during the process. Users with experience of both functions reported clear understanding of role differentiation and effective informal coordination.

[redacted]

These interfaces are largely managed through informal relationships and personal knowledge rather than defined pathways. Interviewees noted that while coordination generally works well, it is not always visible or assured at organisational level and there is limited shared understanding of cumulative pressure when staff are interacting with multiple services simultaneously. Reviewers were made aware of work underway to develop a framework document which will help staff better navigate and understand how support services work together to support them.

Current Operating Model

How the service runs day to day and the interface with other aligned services

Information capture, continuity and business-as-usual operation

Service documentation and the Information Governance (IG) assessment indicate the intention to maintain a minimal activity log to support continuity, capacity monitoring and business continuity in staff absence. In practice, interview evidence suggests that information capture is inconsistent and often avoided due to concerns about confidentiality and trust. This contrasts with other staff support services which require similar levels of trust and confidentiality but provide aggregate reports of anonymised data to support effective service planning.

This has operational implications - continuity of support during absence relies heavily on individual memory. Oversight of cumulative demand, peaks in intensity and sustained pressure on the service is limited and relies on individual escalation rather than a standard service planning approach. Whilst the service continues to function effectively on a day-to-day basis, reliance on informal mechanisms rather than standard operating procedures has the potential to create fragility and reduce resilience as demand fluctuates or staff availability changes.

Summary of Key Findings

- The service operates as a small, specialist, relationship-led service, delivering highly tailored support that ranges from brief reassurance discussions to sustained witness support during lengthy legal and inquiry processes.
- Day-to-day delivery is driven primarily by professional judgement and situational need, rather than adherence to standard operating procedures (SOPs); this flexibility is widely viewed as a core strength by users and stakeholders. This creates a manageable risk under current conditions but one that could become more significant if demand increases or staff capacity changes and there is an opportunity to improve delivery assurance.
- A tiered model operates in practice, with routine support delivered primarily by the Service Manager and complex or high-risk cases requiring senior specialist oversight but this tiering is not identified in formally approved documentation and has limited visibility without SOPs.
- Interfaces with CLO, OH, HR and other support functions are generally complementary and effective but rely heavily on informal relationships and personal knowledge for signposting rather than defined pathways.
- Information capture is minimal, reflecting a deliberate emphasis on confidentiality and trust, however this creates a risk in continuity, handover and organisational visibility as demand fluctuates.

Current Operating Model

Opportunities

- **Strengthen Delivery Resilience Without Reducing Flexibility:** Making existing ways of working clearer through adoption of standard operating procedures can improve resilience whilst preserving professional judgement.
- **Improve Visibility of Workload Pressure:** High-level, non-intrusive visibility can support service planning and sustainability without undermining confidentiality.
- **Clarify How Witness Support Fits with Other Services:** Simple shared principles can improve coordination, staff awareness and experience across support services.

Risks

- **Reduced Organisational/Service Resilience:** Day-to-day delivery relies heavily on professional judgement and informal processes which cannot be easily transferred or adapted during staff absence or sudden increases in demand.
- **Invisible Workload Pressure:** Workload intensity and prioritisation decisions are not visible outside the service, limiting early identification and resolution of pressure and strain to support witness support service staff.
- **Informal Interfaces with Other Support Services:** Effective coordination with legal, HR and wellbeing services depends largely on personal relationships rather than shared, visible understanding.
- **Lack of Organisational Learning:** Minimal information capture by the service reduces the ability to analyse demand, pre-empt risks and pro-actively improve the service for staff.

Recommendation	Aligned Drivers for Change
Formalise the tiered delivery model through standard operating procedures and introduce proportionate visibility of workload and prioritisation to improve service planning and oversight This should include a documented process for: • how the service decides what is routine support and what requires more complex dedicated support • service principles, that help explain when support may be lighter or more intensive, without introducing rigid criteria • support continuity and handover during staff absence or peak periods • reporting of aggregate workload demand and intensity (for example, broad categories rather than case detail) to support service planning and resilience. *This recommendation is about making existing ways of working clearer and more resilient not constraining professional judgement.*	**D1, D2, D3, D4 & D5** While the current operating model works well in practice, increased pressure and volatility mean it now requires greater clarity and resilience to remain sustainable and aligned.

Demand, Workload & Impact

What volume and intensity of work the service handles, how this is managed and what difference it makes

Nature and drivers of demand

The evidence shows that use of the service is demand-led and event-driven, rather than steady-state. Activity is closely linked to external legal and inquiry processes, including FAIs, public inquiries, court proceedings and major investigations. As a result, demand is characterised by peaks and troughs, shaped by hearing schedules, investigative phases and procedural milestones rather than predictable volume.

Across all evidence, demand is consistently described as ever changing and difficult to forecast. Periods of relatively low activity may be followed by sudden increases in intensity when legal or inquiry activity escalates. This pattern reflects the nature of the service remit and operating environment, rather than the way the service is delivered.

Importantly, the findings indicate that “demand” for witness support cannot be understood solely by reference to the number of staff supported. Instead, demand is more accurately described by the timing, complexity and intensity of support required in response to specific legal events.

Workload characteristics and intensity

The evidence indicates that workload is driven primarily by intensity of support per individual, rather than by the number of individuals alone. In practice, a single case may involve multiple interactions over an extended period, spanning preparation, attendance at hearings or interviews and post-process follow-up.

Support often takes place across several phases of a legal or inquiry process and may extend over months or longer where proceedings are protracted. The intensity of engagement varies depending on factors such as procedural complexity, public exposure, seniority, vulnerability and the duration of the process.

As a result, workload is inconsistent in practice. Relatively small changes in the number of cases can translate into disproportionately higher demands on time and specialist capacity during peak periods.

Demand, Workload & Impact

What volume and intensity of work the service handles, how this is managed and what difference it makes

Concentration of demand during major investigations and inquiries

Evidence demonstrates that major investigations and public inquiries create step-changes in demand with workload becoming more concentrated and time-critical during hearing phases. During these periods, support is often required to be more immediate, sustained and visible, including in-person presence and repeat contact over short timescales.

Documentation provided a specific example of workload concentration during the SHI oral hearings* it describes demand intensifying significantly during hearing periods, with Witness Support staff travelling to Edinburgh to provide accessible in-person support (June 2023: 8; August 2024: 5; Sept–Nov 2024: 21; May 2025: 4; total 38—excluding familiarisation visits).

These step-changes are a structural feature of the service operating environment and reflect the heightened intensity of legal scrutiny during such events. This reinforces that capacity pressures are driven by when support is needed, not simply by how many people are supported overall.

Workload management and prioritisation in practice

The evidence indicates that workload management and prioritisation rely heavily on professional judgement, rather than on service principles, formalised triage criteria or eligibility thresholds. Decisions about the intensity, frequency and duration of support are shaped by contextual factors such as proximity to hearings, procedural complexity, perceived vulnerability, seniority and exposure, rather than by rigid rules.

This judgement-led approach is closely aligned with the service ethos of trauma-informed and staff-centred. It allows support to be tailored to individual need and avoids creating barriers to access in situations where staff anxiety or distress may fluctuate over time.

At the same time, the findings indicate that because prioritisation decisions are largely implicit, they are not routinely visible at an aggregate level. This means that whilst individual decisions are experienced as proportionate and appropriate, organisational understanding of how workload is prioritised across cases is not visible and there is potentially a gap in organisational learning.

** Document: SHI hearing attendance logs and travel records (June 2023 – May 2025)*

Demand, Workload & Impact

What volume and intensity of work the service handles, how this is managed and what difference it makes

Visibility of demand and throughput

Findings indicate that demand and activity are partially visible through high-level descriptions and anonymised summaries. However, multiple access routes and the confidentiality-led design of the service mean that aggregate visibility of demand, throughput and workload intensity across the system is limited.

As a result, organisational understanding of workload relies heavily on qualitative narrative and professional judgement rather than on consistent, aggregate reporting on service delivery. This approach reflects the service design intent but also shapes how demand and pressure points are understood at system level with a gap in analysis of service demand and throughput impacting service planning and forecasting.

Visibility of demand also differs depending on circumstances. During major inquiries or scheduled hearing periods it becomes easier to see through coordinated activity, shared timetables and closer working with partner services. Outside these periods throughput and workload intensity are less visible beyond the service itself. As a result, demand is often understood in context rather than observed routinely at system level which again is a missed opportunity for organisational learning of what is working well and pre-empting any risks or issues for the service or early resolution.

Impact on staff experience and readiness

The qualitative impact of the service on staff experience is consistently and strongly evidenced. The service is described as improving confidence, reducing anxiety and helping staff navigate unfamiliar and stressful processes through calm, non-directive and practical support. There is strong evidence of staff benefit from accessing WSS whilst participating in a legal process. Impact is most clearly articulated in terms of staff:

- feeling more prepared for legal and inquiry processes;
- experiencing reassurance during high-pressure proceedings;
- valuing continuity of support across lengthy or adversarial processes;
- anecdotal evidence from clinical staff that it is a wonderful service and the value of having a ‘listening ear’ during a time of uncertainty.

[redacted]

Importantly, interviewees emphasised the value of continuity — knowing there was a consistent point of contact across prolonged or stop-start legal processes. This continuity was described as reducing cumulative stress, supporting emotional regulation during hearings and enabling staff to remain engaged in their substantive role. [redacted]

Demand, Workload & Impact

What volume and intensity of work the service handles, how this is managed and what difference it makes

Wider organisational and system impact

In addition to individual wellbeing the service has a broader system-level impact. By providing practical and emotional support focused on process orientation rather than legal advice, the service reduces the extent to which legal teams (specifically NHS CLO) are drawn into pastoral or non-legal support activities.

This transfer of workload supports more effective use of specialist legal capacity, allowing legal teams to focus on evidential and litigation matters while the Witness Support Service addresses staff support needs. In this way, the service contributes to organisational efficiency, as well as to NHS GGC wider duty of care during periods of heightened scrutiny.

[redacted]

Taken together, the findings show that the service impact extends beyond individual experience, supporting the organisations ability to manage legal risk, staff wellbeing and system resilience in parallel.

Summary of Key Findings

- Use of the service is demand-led and event-driven, characterised by significant peaks and troughs linked to FAIs, public inquiries and major investigations rather than steady-state activity.
- Workload is driven less by the number of witnesses supported and more by the intensity and duration of engagement, with multiple interactions per witness commonly required over extended periods.
- Major inquiries (notably SHI oral hearings) create step-changes in demand and resource concentration, exposing capacity and resilience pressures during defined periods.
- Impact is strongly evidenced qualitatively, with consistent testimony that the service improves staff confidence, preparedness and wellbeing and provides calm, non-directive support distinct from legal advice and has been beneficial to all service users interviewed.
- Despite the perceived value, poor system-level visibility of demand, flow and impact limits service planning, proportionality and the ability to evidence value under scrutiny.

Demand, Workload & Impact

Opportunities

- **Anticipate Demand Peaks More Effectively:** Inquiry timetables provide predictable signals that can be used to plan capacity more confidently and increase visibility of the WSS offer during these times.
- **Evidence Demand and Impact Proportionately:** A standard, proportionate approach to gathering data and feedback, in line with what other confidential staff support services provide, can strengthen delivery assurance without burdening staff or service users.
- **Strengthen Governance Without Fully Reshaping the Service:** Clear, governance routes can improve organisational confidence while preserving the service's ethos and managing risk of service resilience.

Risks

- **Capacity Strain During Predictable Demand Peaks:** Major inquiries and investigations create intense, time-critical surges in demand that place strain on service capacity and ability to provide support to staff who need it.
- **Limited Ability to Demonstrate Proportionality:** Without aggregate demand information, the organisation cannot confidently evidence that service resourcing and activity remain proportionate.
- **Service Impact Vulnerable to Challenge:** The service value is strongly felt but not fully evidenced or documented, making it vulnerable during future resourcing or redesign decisions.

Recommendation	Aligned Drivers for Change
Establish a standard approach to contribute to NHS GGC governance reporting on service demand, workload intensity and impact of the WSS Learning for other NHS GCC staff support services, this should include: • a small set of high-level indicators that describe demand and workload intensity over time (e.g. number of staff supported) • recognition that workload is driven by intensity and duration, not just the number of individuals supported • use of known inquiry and hearing timetables to anticipate predictable demand peaks • a trauma-informed approach to capturing aggregate feedback on service impact. *This recommendation is about improving service planning, sustainability and organisational resilience, not scrutinising individual cases or undermining the acknowledged value of the WSS.*	**D2, D3 & D4** This directly addresses the gap between strong qualitative impact and weak organisational evidence.

Governance, Assurance & Sustainability

Where accountability for the service sits, how it is resourced, what quality assurance and risk management processes are in place

Governance positioning and oversight

Documentation positions the Service within NHS GGC Corporate Legal and Governance structures, aligning it with legal risk management, workforce wellbeing and organisational duty of care. The service is described as “operating with specialist oversight and escalation arrangements, particularly during complex or high-risk matters”.

Analysis from interviews indicated different perspectives on the visibility of governance and oversight in practice. [redacted] expressed, there is “no routine governance route” where service activity, performance or impact is scrutinised and routine data and reporting is not visible. Conversely, another interviewee indicated that governance and accountability was described as operating through BAU corporate legal structures, with Director oversight and for major events via a short-life working group.

This variation in perception appears to be closely linked to the limited availability of routine, aggregate management information, rather than to the absence of oversight intent.

[redacted]

Assurance and confidence in service quality

The service is consistently described as calm, proportionate and non-directive, with clear ethical boundaries and a trauma-informed approach. Confidence in service quality is high, particularly among those with direct experience of the service. This confidence is grounded in trust, credibility and observed impact, rather than formal performance metrics. At the same time, the findings indicate that formal assurance artefacts - such as routine reporting of activity, demand or outcomes - are absent. Assurance therefore operates largely through professional confidence and informal feedback rather than through systematic, documented evidence.

[redacted]

Interview evidence from other services provides a relevant comparator for how confidential staff support services can balance trust with organisational assurance. While maintaining strict confidentiality at individual level, OH reports anonymised, aggregated activity and outcome information routinely through established governance forums. Equivalent reporting for the service is not visible, limiting system understanding of scale. Trends and learning for improvement. These combined views indicate that while the service is trusted, delivery assurance is constrained by the lack of routine, aggregate reporting of activity and risk controls.

Governance, Assurance & Sustainability

Where accountability for the service sits, how it is resourced, what quality assurance and risk management processes are in place

Confidentiality and information governance

Confidentiality is consistently identified as a foundational feature of witness support. The service is deliberately designed to minimise data capture and avoid detailed recording, to protect trust and encourage engagement.

Evidence shows that there is an established information governance basis* for proportionate administrative recording, intended to support continuity, capacity monitoring and accountability. However, expectations about what constitutes “minimum necessary” information are not always shared or consistently applied in practice.

This creates an ongoing tension between:

- the desire to protect staff trust through data minimisation and
- the need for sufficient service delivery and impact visibility to support assurance. resilience and sustainability.

This tension is not a failure of design but a feature of a service operating where confidentiality, wellbeing and organisational accountability intersect.

Positioning, independence and staff confidence

Findings indicate that perceived independence and neutrality are important enablers of staff engagement. While the WSS organisational placement is understood in principle, its location within corporate structures can influence how confidentiality and trust are perceived by staff.

The evidence suggests that where staff feel confident about independence and boundaries, engagement is strong. Where there is uncertainty, engagement may be more hesitant, even when service delivery itself is well regarded.

This highlights that governance and positioning are not purely structural issues but have a direct relationship with staff confidence and willingness to access support.

** Document: NHS GGC IG rapid assessment (2022)*

Governance, Assurance & Sustainability

Where accountability for the service sits, how it is resourced, what quality assurance and risk management processes are in place

Sustainability and resilience

The evidence indicates that service sustainability is shaped by several inter-related factors, including changing demand driven by external legal processes, reliance on specialist expertise and professional credibility and limited formalisation of resilience and continuity arrangements. Demand is not evenly distributed over time and is influenced by the timing, duration and intensity of legal and inquiry activity, creating periods of concentrated pressure interspersed with quieter phases. The service has evolved organically in response to these conditions and operates effectively within its current context. Its ability to respond flexibly has been enabled by specialist knowledge, experience and trusted professional judgement.

[redacted]

Interview evidence from NHS CLO indicates that legal scrutiny and the scale of investigations involving NHS staff are increasing, reinforcing the likelihood that demand for witness support will remain volatile rather than exceptional. In this context, the absence of more explicit resilience and continuity arrangements becomes more significant in shaping the longer-term robustness of the WSS.

Summary of Key Findings

- The service is positioned within Corporate Legal and Governance structures, with director-level oversight and additional short-life working group arrangements during major investigations; however, routine governance visibility is uneven with varied perceptions across stakeholders.
- Assurance relies heavily on professional trust, reputation and anecdotal feedback, with limited routine aggregated reporting on activity, demand or outcomes which is not supported by standard operating procedures.
- While confidentiality is fundamental, other support services demonstrate that anonymised, aggregate reporting into governance forums can strengthen assurance and improve workforce planning without undermining staff trust.
- There is an unresolved tension between data minimisation and the need for a minimum audit trail to support service continuity, resilience and delivery assurance which in turn provides support to those providing the WSS.
- Perceived independence and organisational placement materially influence staff confidence and willingness to engage, even where service quality is high.
- Sustainability is challenged by demand volatility, reliance on specialist expertise and person-dependency with limited formal arrangements for cover, succession and scaling during peaks.

Governance, Assurance & Sustainability

Opportunities

- **Clear and Proportionate Governance:** Clear governance route that provides organisational confidence and oversight through standard processes while maintaining case-level confidentiality.
- **Standard Process for Managing Service Information and Consent:** Clearly defined process for capturing service provision information that must be recorded, what is explicitly not recorded and how consent is handled.
- **Strengthened Staff Confidence and Perceived Independence:** Clarifying boundaries, information handling and positioning.
- **Improved Service Resilience:** Improving reporting, governance and risk controls through strengthened cover, supervision and continuity arrangements.
- **Strengthened Assurance of the Witness Support Service:** Viewing Witness Support as part of a wider, coordinated staff support system rather than a standalone function.

Risks

- **Inconsistent Governance Visibility:** Governance and oversight arrangements exist but are not consistently visible or evidenced across the organisation.
- **Information Handling Ambiguity:** No evidence of standard operating procedures creating unclear expectations around consent, recording and access create compliance, trust and reputational risk.
- **Sustainability Dependent on Individuals:** resilience is overly dependent on individual expertise rather than explicit continuity and cover arrangements.
- **Fragmented Oversight of Staff Support Services:** Witness Support is not consistently considered as part of a wider, coordinated staff support system.

Governance, Assurance & Sustainability

Recommendation	Aligned Drivers for Change
Introduce proportionate governance and delivery assurance that support the service purpose This should include: • a clearly defined governance route where aggregate service information about demand, pressure points and sustainability can be considered • assurance focused on trends and risks, not on individual cases or personal detail • clarity about who is responsible for oversight and escalation when pressure increases • alignment with existing corporate governance arrangements, without creating parallel or burdensome structures *This recommendation is about giving the organisation confidence that the WSS is consistent, supported and continuously improving, while preserving the specialist, trusted and non-directive nature of the service.*	**D1, D4 & D5** As scrutiny and complexity increase, NHS GGC needs clearer, more consistent assurance arrangements that provide organisational confidence without undermining the trusted, specialist nature of the service.

Recommendation	Aligned Drivers for Change
Define and clearly communicate minimum information and consent standards This should include: • a plain-English explanation of what information is recorded for administrative and continuity purposes • explicit confirmation of what is not recorded, including case detail, evidence content or sensitive personal narratives • a clear and transparent approach to consent, so staff understand how information is handled before they engage • alignment with existing Information Governance guidance and assessments *This recommendation is about reducing ambiguity and anxiety, strengthening trust and ensuring consistent, safe practice — not increasing data collection.*	**D1, D2 & D5** Unclear expectations around information handling, combined with reliance on individuals, create avoidable risk to staff confidence, sustainability and long-term resilience.

Recommendations & Future Considerations

- Recommendations
- Delivery Roadmap
- Future Considerations and Options

Recommendations

All recommendations are intended to support and strengthen an established, trusted service, not to redesign or standardise its delivery.

Recommendation	What this addresses	Key elements to consider
R1 - Clarify and formalise the purpose, scope and boundaries of the Witness Support Service to increase staff awareness and protect its remit.	• Risk that the role of the service becomes unclear as demand and scrutiny increase • Confusion about what the service does and does not offer • Provides a baseline for continuous improvement of the service and future sustainability	• Reaffirm and share core principles of the service - why it exists and who it is for • Be explicit about what the service does not provide (e.g. legal advice, coaching) • Reinforce that using the service is voluntary, not expected or required • Use consistent messages for staff, managers and partner services and ensure service is offered to all staff participating in a legal process • How non-peak periods are used to support service improvement, learning and readiness
R2 - Formalise the tiered delivery model through standard operating procedures and introduce proportionate visibility of workload and prioritisation to improve service planning and oversight	• Service resilience – reduces reliance on informal practice and individual knowledge and provides contingency arrangements during staff absence or busy periods • Service planning – increases visibility of workload pressure and capacity	• Clearly explain how routine support differs from more complex cases • Describe, at a high level, when support is lighter or more intensive • Put arrangements in place for cover and handover • Proportionate aggregate reporting of service information – workload demand and activity not case detail
R3 - Establish a standard approach to contribute to NHS GGC governance reporting on service demand, workload intensity and impact of the WSS	• Increase organisational understanding of the demand for the service • Service planning - difficulty showing that the service is resourced proportionately • Organisational learning - impact being strongly felt but hard to demonstrate at system level	• Applicability of SOPs from other staff support services i.e. OH which rely on trust and confidentiality and work to SOPs • Use a small number of simple indicators to describe demand and intensity • Recognise that workload is about how intense and long-lasting cases are, not just numbers • Use known inquiry and hearing schedules to plan ahead • Capture high-level feedback on impact without burdening staff to support continuous improvement

Recommendations

All recommendations are intended to support and strengthen an established, trusted service, not to redesign or standardise its delivery.

Recommendation	What this addresses	Key elements to consider
R4 - Introduce proportionate governance and delivery assurance that support the service purpose	• Strengthens the core principles of the service with clear assurance routes • Inconsistent visibility of governance and oversight • Reliance on informal trust rather than organisational assurance • Tension between trusted and confidential service provision and service planning/reporting information requirements	• Agree service governance and process where service pressure and risks are reviewed • Focus assurance on trends, pressure points and sustainability • Accountability is agreed for oversight and escalation • Use existing governance routes rather than creating new ones • Explicitly align the approach with existing NHS GGC confidential service models (e.g. OH) • Governance and oversight to strengthen and preserve ethos of WSS
R5 - Define and clearly communicate minimum information and consent standards	• Any uncertainty about confidentiality • Inconsistent recording that affects continuity and resilience • Risk to trust if expectations are unclear	• Explain clearly what information is recorded and why • Be explicit about what is not recorded • Align with existing Information Governance advice
R6 - Use the findings of this review to support a deliberate, evidence-informed decision about the future service model	• Risk of reactive change driven by pressure or scrutiny • Lack of shared evidence to support future decisions • Uncertainty about long-term sustainability	• Use clarified purpose, service planning information and delivery assurance as a starting point • Consider future options in a structured, evidence-based way • Separate immediate improvements from longer-term decisions • This should follow the establishment of baseline service definition, reporting and governance • Set clear timescales so decisions are planned, not rushed • Involvement of WSS staff in developing options

Delivery Roadmap

Phase 1 – Clarity & Confidence

0 -3 months

Recommendations 1, 4 & 5

What happens in this phase:

- **Re-confirm and communicate the purpose**, scope and boundaries of the service
- Document information management approach which explains what information is recorded and what is not
- Document a simple, transparent consent approach
- **Align senior leaders, managers and partner services on shared expectations of the service**
- **Confirm governance and delivery assurance** arrangements

Outcome:

Shared understanding and accountability, reduced ambiguity and reinforced staff trust.

Phase 2 – Resilience & Visibility

3 -9 months

Recommendations 2 & 3

What happens in this phase:

- **Formalise the tiered delivery model and supporting processes**
- **Confirm and introduce service planning** approach including :
  - providing high-level visibility of workload intensity (not case detail) through aggregate reporting
  - using inquiry and hearing timetables to anticipate demand peaks
  - confirming cover and continuity arrangements in place

Outcome:

A more resilient service that can plan for pressure while staying flexible and staff-centred.

Phase 3 – Strategic Decision

9 + months

Recommendations 4 & 6

What happens in this phase:

- Use evidence from Phases 1 and 2 to **review sustainability and risk**
- Confirm governance and assurance routes are working and **capture organisational learning**
- Consider future options (refined local or hybrid/national models)
- **Make a planned, evidence-based decision about the future service model**

Outcome:

An informed decision about the future of the service, supported by evidence and experience.

Future Considerations and Options

Future Considerations – what will shape the next decision

While the recommendations focus on stabilising and strengthening the existing service, the findings also raised broader considerations that will shape any future decisions about the service. Taken together, these considerations do not suggest an immediate need for structural change but they do raise wider questions about how the Witness Support Service should be positioned and sustained over the longer term.

Context	What this means
Increasing legal and inquiry scrutiny: Demand for Witness Support is driven by external legal and inquiry processes that sit largely outside NHS GGC direct control and are likely to remain volatile.	Future decisions need to account for episodic pressure and sudden surges, rather than assuming steady-state demand.
Intensity-driven workload: Workload is shaped more by intensity, duration and complexity than by staff numbers.	Traditional activity measures (case counts) will not, on their own, provide a reliable basis for capacity or sustainability decisions.
Trust and independence: Evidence consistently shows that staff engagement depends on confidentiality, voluntary access and perceived independence from legal or managerial control.	Any future arrangement that weakens these characteristics risks reducing engagement and undermining the service's effectiveness, even if capacity increases.
Sustainability and resilience: Delivery relies heavily on specialist expertise, professional judgement and individual relationships, creating sustainability risks if demand grows**.**	Future choices must address sustainability and resilience of current resource model without diluting what makes the service work well.
Organisational assurance: As scrutiny increases, NHS GGC will need a proportionate way to demonstrate assurance and sustainability.	Governance arrangements must support confidence and assurance without undermining trust or confidentiality which can be done through proportionate service planning.

Future Considerations and Options

Future Options – potential directions (not recommendations)

In light of the considerations identified, there are a small number of high-level directions that NHS GGC could consider over time in determining the future model for Witness Support. **No future option is recommended at this stage -** any decision should be taken once actions stemming from recommendations in this report are taken forward alongside wider considerations and discussions with NHS Scotland territorial and national health boards.

Option 1: Strengthened local specialist model (enhanced current approach)

Retain a Board-based service, strengthened through clearer role definition, processes, service planning, resilience arrangements and proportionate reporting.

Most appropriate when:
demand remains volatile but manageable locally with improved service continuity and planning.

Key risk to manage:
Ongoing exposure to demand spikes with service reliance on person dependent resource model.

Option 2: Hybrid / shared model (local delivery with shared specialist support)

Retain local delivery and trust, with access to shared capability (e.g. specialist hub support, shared learning, additional staff capacity during major inquiries).

Most appropriate when:
inquiry-driven peaks become more frequent or exceed local resilience but local trust remains essential.

Key risk to manage:
Ensuring shared arrangements do not blur boundaries.

Option 3: More centralised model (larger-scale service approach)

A more centralised approach can improve consistency and response to peak demand but carries higher risk to perceived independence and local accessibility.

Most appropriate when:
sustained inquiry and investigation demand materially exceeds what can be supported locally.

Key risk to manage:
Loss of local trust, reduced accessibility and decreased staff willingness to engage.

Appendices

- Scope & Objectives Mapping
- Overview of Documents
- List of staff Interviewed
- Glossary of Abbreviations

Appendix 1 – Scope & Objectives Mapping

Scope & Objective	Primary Report Section(s)
1. To establish the origins of the NHS GGC service	**Context & Intent**
2. To clarify the purpose and scope of the NHS GGC service	**Context & Intent** **Current Operating Model**
3. To establish and compare the aims of other staff support services and initiatives within NHS GGC	**Current Operating Model**
4. To map operational service delivery and any revisions to approach over time	**Current Operating Model**
5. To quantify the demand for the service across different legal and regulatory processes over time	**Demand, Workload & Impact**
6. To examine the intensity of support provided across different legal and regulatory processes over time	**Demand, Workload & Impact** **Governance, Assurance & Sustainability**
7. To establish the impact of service provision against its stated aims	**Demand, Workload & Impact**
8. To assess likely future demand for the service within NHS GGC	**Governance, Assurance & Sustainability** **Recommendations & Future Considerations**
9. To assess potential demand for a witness support service at national level	**Recommendations & Future Considerations**
10. To make recommendations for future service provision	**Recommendations & Future Considerations**

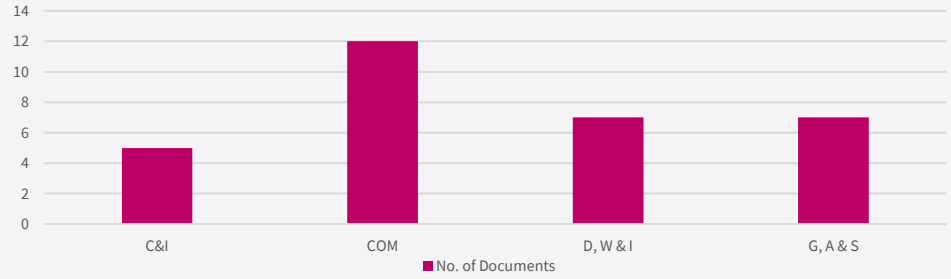
Appendix 2 – Overview of Documents

Desktop Review of Documentation

As part of the review documents covering a variety of areas of the current NHS GGC witness support service were requested. The list requested was an outline of the types of documents that would help provide a complete picture of the service. For the request it was noted that it was not a comprehensive list and where final documents were not available, working drafts would suffice. The list requested is indicated here: →

Breakdown

The documentation reviewed was primarily operational and service-led, reflecting how the Witness Support Service functions in practice. The review therefore focused on how organisational governance and assurance have (or have not) kept pace with the operational model. Over 33 documents were received and reviewed as part of the work in developing and publishing the report. A high-level breakdown of total documents can be seen below.



- NHS GGC corporate strategies / policies that reference staff support, witness support, legal / regulatory processes (e.g. FAIs)
- Commissioning papers, approval notes, or correspondence that established or materially changed the service
- Papers referencing increased scrutiny, anticipated service demand, or strategic reliance on Witness Support
- Historic and current job descriptions for all Witness Support roles
- Public-facing descriptions of the service (intranet pages, staff guidance, leaflets)
- Standard Operating Procedures (SOPs) for Witness Support (current and previous versions)
- Any local work instructions, guidance notes, or informal process descriptions
- Referral criteria and triage guidance (formal or informal)
- Process maps
- Handoff guidance with: OH, Psychological Services or any other staff support initiatives
- Case logs or registers for Witness Support activity (ideally 3–5 years, if available)
- Pipeline or tracker reports showing open cases, closed cases, waiting or backlog
- Breakdown of cases by legal / regulatory process type
- Any dashboards or routine reports used by managers
- Travel and accommodation expenditure
- Budgets or cost centre reports
- Staffing model, vacancies and turnover data
- Service governance structure charts (formal or informal) including reporting lines and escalation routes
- Risk registers or risk logs
- Performance reports submitted to senior groups
- Case management standards (if defined)
- Record-keeping or documentation standards
- Any checklists, approvals, or sign-off records
- Any previous service reviews or audits
- Customer feedback – complaints, compliments, survey results, EQIAs
- FAI and PI timetables for 2026/27 and beyond
- Any internal forecasting, scenario planning, or workforce planning documents
- Correspondence or papers discussing future reliance on Witness Support
- Engagement notes with other Boards
- Known national-level timetables or intelligence relevant to future service demand
- Benchmarking material already held by NHS GGC
- Previous improvement plans or action logs
- Lessons learned reports from major cases or periods of high demand
- Any existing transformation or improvement initiatives

Appendix 3 – List of Staff Interviewed

Thanks go to the following people for sharing their experiences and their time in this NHS GGC Witness Support Service Review (n = 18):

[redacted]	NHS GGC
	NHS GGC
	NHS GGC
	NHS GGC
	NHS GGC
	NHS GGC
	NHS GGC
	NHS GGC
	NHS GGC
	NHS GGC
	NHS GGC
	NHS CLO
	NHS CLO

continued on the next page

** Unable to be interviewed online but did respond with written answers to interview questions*

Appendix 3 – List of Staff Interviewed

Thanks go to the following people for sharing their experiences and their time in this NHS GGC Witness Support Service Review (n = 18):

[redacted]	NHS GGC
	NHS GGC
	NHS CLO
	NHS GGC
	NHS GGC

Appendix 4 – Glossary of Abbreviations

BAU	Business as usual
EQIA	Equality Impact Assessment
FAI	Fatal Accident Inquiry
HR	Human Resources
IG	Information Governance
NHS CLO	NHS Central Legal Office
NHS GGC	NHS Greater Glasgow & Clyde
OH	Occupational Health
PGMS	Programme Management Services (*part of Public Services Delivery Scotland*)
PSD Scotland	Public Services Delivery Scotland
SHI	Scottish hospitals Inquiry
SOP	Standard Operating Procedures
WSS	Witness Support Service

This resource may be made available, in full or summary form, in alternative formats and community languages. Please contact us on **0131 275 6000** or email **i.e.** to discuss how we can best meet your requirements.

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