

Whistleblowing Annual Report 2024/2025

1. INTRODUCTION

- 1.1 This is the fourth Annual Whistleblowing Report which is presented to the NHS Borders Board for consideration.
- 1.2 During the year 2024/25 the Director of HR, OD & OH&S took on the role of Executive Lead for Whistleblowing. In doing so, the Director of HR reviewed what Whistleblowing cases were 'live'. There was a shared understanding between the Director of HR, Health Board Chair, Chief Executive and Whistleblowing Champion of those cases which were outstanding and also of what further actions were required to ensure that NHS Borders fulfilled its obligations under the Independent Whistleblowing Officer (INWO) Standards. Whistleblowing is a sensitive and highly confidential process and our Internal Audit programme for 2025/26 has whistleblowing as a key area for auditing.
- 1.3 The appointment of a PA to the Director of HR who will also provide administrative support to the whistleblowing function has successfully concluded. It is anticipated that the appointee will be in post for the Quarter 1 period for 2025/26 and will be able to ensure a more efficient servicing of whistleblowing matters.

2. KEY PERFORMANCE INDICATORS (KPIs)

Key Performance Indicator	Requirement	Local Update
1	Statement outlining learning, changes or improvements to services or procedures as a result of consideration of	There have been 2 whistleblowing cases raised for the year 2024/25 which progressed to Stage 2.
	whistleblowing concerns	The learning from case 1 has involved:-

 Better information on our local intranet site for all staff – localised / borderised which explains clearly what the steps are for raising a WB case etc. – referring to the national guidance docs could be enhanced by some local info / factsheets.
• Guidance / information for if you need to secure an external investigator, how to go about it, what arrangements need to be put in place, what information does the investigator need.
 Some information specifically for those who have allegations or concerns raised against them, that explains the WB process in clear language.
 Consider providing 'informal contacts' outwith the WB process for those who have concerns raised against them, to act as 'peer support'.
 Standard letters / templates / prompts to give to the individual overseeing the WB investigation at the start of the process with clear guidelines / steps to follow – should also include a short cut guidance to contacting INWO.
• Clearer guidance at the end of a WB case as to what steps are open to the individual raising the concerns, and those who had concerns raised against them – with a clear route that does not include the individual who oversaw their case.
 Some sort of feedback collection process to be introduced that does not include the individual who did the investigation or who oversaw the investigation / case – otherwise no closure.

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• Need to be really honest in opening discussions / paperwork that for many WB cases these are complex and therefore not likely to meet the timescales set out by INWO.
 Information to investigators / those overseeing the investigation – from an information governance perspective - how and where to save data, confidentiality, data protection etc. especially for when using external investigators and notes re who 'owns' the data / notes from investigatory meetings etc.
Case 2 has been held in abeyance until all HR processes have been concluded.
Individuals decide who they wish to approach from the list of Whistleblowing Confidential Contacts. They may be attracted to a Confidential Contact in the same line of work or someone from a completely different job family. Geography might frame their decision one way or another i.e. speaking to someone out-with their immediate area or vice versa. Thought does need to be given as to whether there is any conflict of interest between potential whistleblower and Confidential Contact e.g. is the working relationship too close, is it unhelpful to seek assistance from someone in the same area. These things can usually be resolved between the whistleblower, Confidential Contact approached and the person who co-ordinates the Confidential Contacts.
Our Independent Contractors – General Dentistry Service, General Practice, Community Pharmacy and Community Optometry also have requirements under the INWO Standards.

2	Statement to report the experiences of all those involved in the whistleblowing procedure	There have been 4 whistleblowing cases raised for the year 2024/25.	
		Case 1 – Involved an external investigation. Case 2 – Held in abeyance until all HR processes have concluded. Case 3 – Resolved at Stage 1 as it was an HR issue. Case 4 – Related to Case 1 and was resolved via the issuing of an apology following INWO advice.	
		As we are a small Health Board due to confidentiality we are unable to provide commentary on the experiences of those involved in these cases.	
3	Statement to report on levels of staff perceptions, awareness and training	<u>Staff Awareness</u> – in October 2024, NHS Borders engaged in Speak Up week, issuing Staff Involvement and Staff Share communiqués on how and why it was important to raise any whistleblowing issues.	
		<u>Staff Training</u> – The majority of completion was in the financial years 2021/22 and 2022/23. Over the last two years, only around 20 learners have completed the training each year. There is improvement to be made in this area.	
		Number of staff (Head count): 2863.79 (WTE @ 28.02.25) No of Staff who completed training: 94 (118 commenced modules) % of total staff who completed training: 3% Manager head count: 471	
		No of managers who completed training: 66 % of managers who completed training: 14%	
		This training data is caveated in so much as issues have been identified with the integrity of the training data supplied nationally in	

4	Total number of concerns received	terms of staff having the ability to move directly to completion of training without having undertaken all of the modules. <u>Board Awareness</u> – The annual iMatter survey outcomes are reviewed by the Board to seek assurance that our staff have the awareness and ability to speak up should they have any concerns. The Whistleblowing Confidential contacts have moved to six monthly meetings to share experiences and stay up-to-date with any changes to the INWO Standards via an internal training plan. The NHS Borders website was updated in the period 2024/25 and includes the whistleblowing quarterly and annual reports as well a flowchart for staff and contractors to understand how whistleblowing concerns are taken forward. From 01 April 2024 to 31 March 2025, NHS Borders received 4 whistleblowing concerns.
		organisations internal HR process. The other 3 concerns involved 1) an external investigation 2) being held in abeyance until all HR processes have concluded 3) an apology being issued.
5	Concerns closed at stage 1 and stage 2 of the whistleblowing procedure as a percentage of all concerns closed	During 2024-25 1 Whistleblowing Case was concluded at Stage 1 (Case 3).

		During 2024/25 1 Whistleblowing Case was concluded at Stage 2 (Case 1). During 2024/25 1 Whistleblowing Case was concluded at Stage 1 as a connection to the concern concluded at Stage 2 (Case 4). During 2024/25 1 Whistleblowing Case remains in abeyance until all HR processes have concluded (Case 2).
6	Concerns upheld, partially upheld, and not upheld at each stage of the whistleblowing procedure as a percentage of all concerns closed in full at each stage	 During 2024-25 1 Whistleblowing Case was concluded at Stage 1 – Not Upheld (Case 3). During 2024/25 1 Whistleblowing Case was concluded at Stage 2 – Not upheld (Case 1). During 2024/25 1 Whistleblowing Case was concluded at Stage 1 as a connection to the concern concluded at Stage 2 – Partially upheld (Case 4).
7	Average time in working days for a full response to concerns at each stage of the whistleblowing procedure	For Whistleblowing Case raised in 2024/25 under Stage 2 the total time taken from notification to resolution was 205 days (Case 1). For Whistleblowing Case raised in 2024/25 under Stage 1 the total time taken from notification to resolution was 2 days (Case 3).
8	Number and percentage of concerns at each stage which were closed in full within the set timescales of 5 and 20 working day	For Whistleblowing Case raised in 2024/25 the total time taken from notification to resolution was 2 days (Case 3).
9	Number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1	No cases handled under Stage 1 required an extension.

•	 Progress with the investigation was kept under review through liaison with senior managers. Due to a lack of administration support formal extensions were not recorded. Recruitment has now been made to administration support to support the full whistleblowing process and will ensure that where extensions are required these are formally applied for at 20 working day intervals and logged in line with the regulations.
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3. CONCLUSIONS

- 3.1 The NHS Borders approach to handling whistleblowing allegations under the INWO Standards continues to evolve in line with evolving guidance from INWO.
- 3.2 NHS Borders appreciates that the decision to pursue whistleblowing allegations is not taken lightly and wishes to express its thanks to those parties who took the time and effort to do so during 2024-2025, and also to staff who were involved in responding to concerns, including our network of Confidential Contacts.
- 3.3 In terms of improving our learning from whistleblowing cases, we have developed an improvement plan that remains live and is discussed at our regular Whistleblowing Governance Group to ensure progress is being made.

LYNNE LIVESEY Whistleblowing Champion ANDY CARTER Executive Lead for Whistleblowing IRIS BISHOP INWO Whistleblowing Liaison

YEAR END REPORTING - INWO

Reporting Year:

2024-25

KPI	Category (link to Guidance)	Description	Total	Percentage
	Staff perceptions, awareness and			
3	training	No of staff (headcount)	2863	
3		No of staff who completed training	94	
3		% of total staff who completed training	3%	3%
3		Manager headcount	471	
3		No of managers who completed training	66	
3		% of managers who completed training	14%	14%
4	Received	Total number of concerns received	4	1470
5	<u>Closed</u>	Total number of concerns closed	3	
5	Stage 1	Number of concerns closed at Stage 1	2	67%
5	Stage 2	Number of concerns closed at Stage 2	1	33%
6	Stage 1 Outcomes	Number of concerns upheld at Stage 1	0	0%
6	Stage 1 Outcomes	Number of concerns partially upheld at Stage 1	0	
6	Stage 1 Outcomes	Number of concerns not upheld at Stage 1	1	50%
6	Stage 2 Outcomes	Number of concerns upheld at Stage 2	0	0%
6	Stage 2 Outcomes	Number of concerns partially upheld at Stage 2	0	
6	Stage 2 Outcomes	Number of concerns not upheld at Stage 2	1	100%
7	Stage 1 Avg Working Days	Average working days for concerns at Stage 1	2	
7	Stage 2 Ave Working Days	Average working days for concerns at Stage 2	205	
8	Stage 1 Timescales	Number of concerns at Stage 1 closed within 5 working days	1	50%
8	Stage 2 Timescales	Number of concerns at Stage 2 closed within 20 working days	0	0%
9	Stage 1 Extensions	Number of concerns at Stage 1 with authorised extension	0	0%
10	Stage 2 Extensions	Number of concerns at Stage 2 with authorised extension	0	0%