



Whistleblowing Performance Report

Quarter 2

1 July 2025 to 30 September 2025

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Contents Whistleblowing Concerns – Quarter 2

1	Context
2	Areas covered by the report
3	Implementation and Raising Awareness
4	Quarter 2 Performance Information July 2025 – September 2025 • Indicator 1 - Total number of concerns, and concerns by Stage • Indicator 2 - Concerns closed at Stage 1 and Stage 2 as a percentage of all concerns closed • Indicator 3 - Concerns upheld, partially upheld and not upheld as a percentage of all concerns closed in full at each stage • Indicator 4 - The average time in working days for a full response • Indicator 5 - Number and percentage of concerns closed in full within set timescales
5	Concerns where an extension was authorised
6	Primary Care Contractors
7	Anonymous Concerns
8	Learning, changes or improvements to services or procedures
9	Experience of individuals raising concerns
10	Staff Training

1. CONTEXT

The National Whistleblowing Standards (the Standards) set out how all NHS service providers in Scotland must handle concerns that have been raised with them about risks to patient safety and effective service delivery. They apply to all services provided by or on behalf of NHS Scotland and must be accessible to all those working in those services, whether they are directly employed by the NHS or a contracted organisation. The Standards specify high level principles plus a detailed process for investigating concerns which all NHS organisations in Scotland must follow.

Health Boards have particular responsibilities regarding the implementation of the Standards:

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

To comply with the whistleblowing principles for the NHS as defined by the Standards, an effective procedure for raising whistleblowing concerns needs to be:

‘open, focused on improvement, objective, impartial and fair, accessible, supportive to people who raise a concern and all people involved in the procedure, simple and timely, thorough, proportionate and consistent.’

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

- **Stage 1: Early resolution** – for simple and straightforward concerns that involve little or no investigation and can be handled by providing an explanation or taking limited action – 5 working days.
- **Stage 2: Investigation** – for concerns which tend to be serious or complex and need a detailed examination before the organisation can provide a response – 20 working days.

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

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

2. AREAS COVERED BY THE REPORT

Since the go-live of the Standards in April 2021, processes have been put in place to gather whistleblowing information raised across all NHS services to which the Standards apply. Within NHS Borders in the Health and Social Care Partnership (HSCP) any concerns raised about the delivery of a health service by the HSCP are reported and recorded using the same reporting mechanism which is in place for those staff employed by NHS Borders.

The General Manager for Primary & Community Services has responsibility for concerns raised within and about primary care service provision.

3. IMPLEMENTATION AND RAISING AWARENESS

Work had taken place to raise awareness of the Standards and during this reporting year as part of our improvement plan we are looking to revisit the local processes in place and revise/refresh in light of any learning.

In addition, our plans include the actions outlined below:

- Continue to promote the Standards and how to raise concerns safely within the organisation across the year and specifically utilising Speak Up Week.
- In conjunction with our HR Department train more staff in the process of investigations for both whistleblowing investigations and other investigations.
- Continuous improvement of our processes based on learning and experience.
- Formulate meaningful training plans through our confidential contacts network.
- For each complaint that is upheld or partially upheld formulate an action plan to be put in place to address any shortcomings or apply any identified learning.

4. QUARTER 2 PERFORMANCE INFORMATION JULY 2025 – SEPTEMBER 2025

Under the terms of the Standards, the quarterly performance report must contain information on the following indicators:

Indicator 1 - Total number of concerns, and concerns by Stage

For the Quarter 2 period we have received 1 concerns at Stage 1 and zero concerns at Stage 2.

Indicator 2 - Concerns closed at Stage 1 and Stage 2 as a percentage of all concerns closed

For the Quarter 2 period we have 1 concern closed at Stage 1 and zero concerns closed at Stage 2.

Indicator 3 - Concerns upheld, partially upheld and not upheld as a percentage of all concerns closed in full at each stage

For the Quarter 2 period there was 1 concern upheld, partially upheld or not upheld.

Indicator 4 - The average time in working days for a full response

For the Quarter 2 period the concern raised at Stage 1 was concluded in 2 days.

For the Quarter 2 period we continue to have 1 concern at Stage 2 that is held in abeyance until all HR processes have been concluded.

Indicator 5 - Number and percentage of concerns closed in full within set timescales

For the Quarter 2 period the concern raised at Stage 1 was concluded within the 5 days timescale prescribed.

For the Quarter 2 period we continue to have 1 concern at Stage 2 that is held in abeyance until all HR processes have been concluded.

5. CONCERNS WHERE AN EXTENSION WAS AUTHORISED

For the Quarter 2 period we continue to have 1 concern at Stage 2 that is held in abeyance until all HR processes have been concluded.

6. PRIMARY CARE CONTRACTORS

Primary care contractors (GP practices, dental practices, optometry practices and community pharmacies) are also covered by the Standards.

In total 0 returns were received for the Quarter 2 period for Stage 1 or Stage 2 concerns from:-

22 GP Practices
19 Dental Practices
15 Optometry Practices
29 Community Pharmacies

7. ANONYMOUS CONCERNS

Concerns cannot be raised anonymously under the Standards, nor can they be considered by the INWO. However good practice is to follow the whistleblowing principals and investigate the concern in line with the Standards, as far as practicable.

The definition of an anonymous concern is 'a concern which has been shared with the organisation in such a way that nobody knows who provided the information'.

There were zero anonymous concerns received during the Quarter 2 period.

8. LEARNING, CHANGES OR IMPROVEMENTS TO SERVICES OR PROCEDURES

System-wide learning, changes or improvements to services can be limited by the need to maintain confidentiality of individual whistleblowers. The future aim is that for each complaint that is upheld or partially upheld a documented action plan will be formulated to address any shortcomings or apply any identified learning.

9. EXPERIENCE OF INDIVIDUALS RAISING CONCERNS

All those who raise concerns are given the opportunity to feedback on their experience of using the Whistleblowing procedure in order that we can learn and make any improvements in our processes as appropriate.

10. STAFF TRAINING

A staff guide had been produced and an updated flow chart has also been produced. Investigation training is run by the HR Department for those who may be involved in taking or investigating any matter including whistleblowing concerns. We continue to monitor the uptake of training and promote the TURAS learning modules.

During this reporting period the Director of HR, OD & OH&S has also formulated a presentation "Whistleblowing – What do I need to know and do" (Appendix 1) and presented it to staff in a range of departments across NHS Borders to raise awareness.

The intranet and internet whistleblowing pages have also been updated during this period.