



Whistleblowing Performance Report

Quarter 1

1 April 2026 to 30 June 2026

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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 and formulate a systematised approach to sharing learning.
- In conjunction with our HR Department establish an investigators network, which will not only cover those who undertake whistleblowing investigations but anyone who could undertake an investigation.
- Continuous improvement of our processes based on learning and experience.
- Formulate meaningful training plans through our confidential contacts network.
- Provide performance reports to our Staff Governance Committee.
- For each complaint that is upheld or partially upheld formulate an action plan template to be put in place to address any shortcomings or apply any identified learning.

4. QUARTER 1 PERFORMANCE INFORMATION APRIL 2026 – JUNE 2026

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 1 period we have received 2 concerns at stage 2.

Case 1 commenced on 13.04.26.

Case 2 commenced on 13.11.24.

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

For the Quarter 1 period we have zero concerns 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 1 period there are zero concerns upheld, partially upheld or not upheld.

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

For the Quarter 1 period we have two ongoing concerns at Stage 2.

Case 1 commenced on 13.04.26 (75 working days to date). We now expect the report to be finalised by 5 August.

Case 2 commenced on 13.11.24 (424 days to date) and had been held in abeyance following INWO advice to allow HR processes to conclude, so there have been significant delays. Meetings have taken place between the whistleblower and their trade union representative and a way forward was agreed on 30.06.26. Answers are now awaited from the Trade Union so that the externally commissioned investigation team can commence their investigation.

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

For the Quarter 1 period we have two ongoing concerns at Stage 2.

5. CONCERNS WHERE AN EXTENSION WAS AUTHORISED

For the Quarter 1 period we have two ongoing concerns at Stage 2 and an extension to the timeline has been advised to the whistleblowers whilst the investigations are taking place.

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 1 period for Stage 1 or Stage 2 concerns from:-

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

7. HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP)

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.

In total 0 returns were received for the Quarter 1 period for Stage 1 or Stage 2 concerns from the Health and Social Care Partnership (HSCP).

8. 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 1 period.

9. 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. For each case that is upheld or partially upheld a documented action plan will be formulated to address any shortcomings or apply any identified learning.

10. 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.

11. STAFF TRAINING

To help staff, NHS Borders has developed a [NHSB Raising Whistleblowing Concerns - Guide for Staff \(2024\)](#), as well as a [Whistleblowing Flowchart](#) and "[Whistleblowing - What do I need to know and do](#)" presentation.

NHS Borders operates an approach where employees act as Confidential Contacts. The purpose of the Confidential Contact is to help people to judge whether their issue is just personal to them (and might constitute a grievance) or of interest to the wider general public. They support people and help them to navigate the recommended whistleblowing approach.

We also signpost our staff to the training available on Turas - [National Whistleblowing Standards training on Turas](#) as well as the Training available via INWO:-

[Training](#)

[Guidance on the National Whistleblowing Standards](#)

[Guidance for people receiving concerns](#)

[Training materials for Confidential Contacts](#)

[Communications materials for NHS use](#)

[FAQs](#)

[Case study directory](#)

[Webinars](#)

[Annual reporting](#)

We have updated our procedures and produced an updated SOP/Guidance for Investigators (internal and external) on the back of lessons learnt from a previous whistleblowing case.

We continue to monitor the uptake of training and promote the TURAS learning modules.

Whistleblowing Training Compliance as at 31.03.2026

Staff Head Count	3142	3.92%
Staff Completed Training	123	
Line Manager Head Count	396	
Line Manager Completed Training	71	17.93%