



Whistleblowing Annual Report



**1 April 2024 to
31 March 2025**

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1. Introduction

This is our fourth annual whistleblowing report since the launch of the National Whistleblowing Standards came into force on 1 April 2021.

We support and encourage an environment where employees, both current and former, bank and agency workers, contractors (including third sector providers), trainees and students, volunteers, and anyone working alongside our staff can raise concerns.

Our aim in this report is to be transparent about how we handle whistleblowing concerns, highlight actions taken and improvements to our services as a result of whistleblowing concerns raised and lessons learned. The report will demonstrate our performance against the national key indicators as required by the Independent National Whistleblowing Office (INWO).

In line with the national standards requirements, details are shared at a level which ensures we protect the whistleblower's identity and to make sure the report does not identify anyone who has contributed to an investigation.

The reporting period includes activity between 1 April 2024 and 31 March 2025.

2. Background

Whistleblowing is an important process to enable a person to speak up about any whistleblowing concerns they may have in the organisation with respect to quality and safety in patient care and our service delivery. The way we respond to whistleblowing concerns raised is important, so that individuals feel that their concerns will be valued and handled appropriately, and that the organisation will take on board what they have to say.

In line with the organisation's values, whistleblowing is a key part of a transparent, accountable and safe work culture and we encourage concerns to be dealt with at the earliest opportunity and, where possible, in real time within the management structures that our staff work in. Alternate routes for raising concerns include with more senior managers, trade unions and other staff.

In support of providing alternate routes to raise concerns we have in place Confidential Contacts who provide an additional source of support for colleagues to talk about any workplace concerns or issues. We also have a dedicated whistleblowing telephone and email line. The whistleblowing telephone line is supported by the Whistleblowing Support Team and monitored daily during office hours.

Our Staff Governance Committee (SGC), which includes membership of our Whistleblowing Champion (WBC), have scrutinised this report, including performance against the requirements of the National Whistleblowing Standards, key performance indicators (KPIs) as part of the Board's ongoing work to promote a 'Speak Up' culture. The WBC has been proactive in engaging with the organisation and raising awareness of Speaking Up and in providing oversight of governance mechanisms for reporting, including production of quarterly and annual reports, to complement the oversight provided by the Board.

3. Whistleblowing 2024-25 – At a Glance



Whilst anonymous/unnamed concerns cannot be investigated under the Standards, nor can they be considered by the INWO, we have adopted good practice and the investigation of anonymous/unnamed concerns follows the Whistleblowing Standard process and principles as far as is practicable.

4. Concerns Received

Since 1 April 2024, our Whistleblowing Helpline and Confidential Contact service have been contacted on 17 occasions, only three of these concerns were raised under the auspices of whistleblowing. Of those three concerns two were raised as unnamed and one as anonymous and therefore not reportable under the Standards.

The remaining fourteen received through our Confidential Contact Service were related to Workforce Policies.

Feedback on unnamed and anonymous whistleblowing concerns raised that were investigated by not reportable under the Standards

The first unnamed concern received during quarter 2 was investigated as a Stage 2 concern from the outset due to its complexity and related to the management of vacancies; misuse of policies, including lone working; and training opportunities within the Service. If taken in isolation, each concern raised may have been considered as a grievance rather than whistleblowing, but collectively and considering the potential risk to patient safety it was agreed that investigation was appropriate.

Whilst the Investigating Manager found no evidence to support the unnamed concern, they did make a number of operational observations, which management considered and have implemented actions to respond to these in the following areas:

- Rota management including the development of operating principles and contingency arrangements;
- Communication strategies in relation to off-duty calls and clinical leadership presence;
- Reviewing current sickness absence levels including those staff being managed under attendance policies; and
- Lessons learned from post implementation reviews of changes made to services.

Management have actively managed the unnamed concern and will continue to work and communicate with staff. The actions taken to address the observations have formed part of the ongoing service improvement work which all staff have visibility.

The second unnamed concern received during quarter 3 was handled as a Stage 1 concern, resolved by a local manager and related to staff training.

The anonymous concern was received during the latter stages of quarter 4 of 2024-25. The investigation is ongoing with the final report will be delivered in quarter 1 of 2025-26.



There were no reports received from students, trainees or volunteers.

Contractors (both NSS specific and those with national contracts) were all contacted on a quarterly basis to obtain information on any whistleblowing concerns received during the reporting period in question. No such concerns were received.

Over the relevant reporting period in the year to 31 March 2025, no named whistleblowing concerns were investigated; this compares to one in 2023-24; two in the 2022-23 year and three in the 2021-22 year. This is comparable with the whistleblowing activity in other National Boards across Scotland (Source National Boards 2022-23 Annual Reports).

Feedback from our Confidential Contact service and our analysis of the range of concerns raised in the organisation, continues to indicate that our staff feel able to speak up in using the Confidential Contact service.

The details of the Key Performance Indicators (KPIs) associated with the concerns reported in their totality, those which were raised under the auspices as whistleblowing and those which were investigated as whistleblowing concerns are given in **section 6**.

We also supported INWO in quarter 3 with a concern that was raised with them. The concern, although not related to the work of NSS, related to a contractor with possible links to other NHS organisations across the United Kingdom. Other UK agencies were also involved and it was agreed that the matter would be progressed under an alternative process to whistleblowing.

5. Referrals to INWO

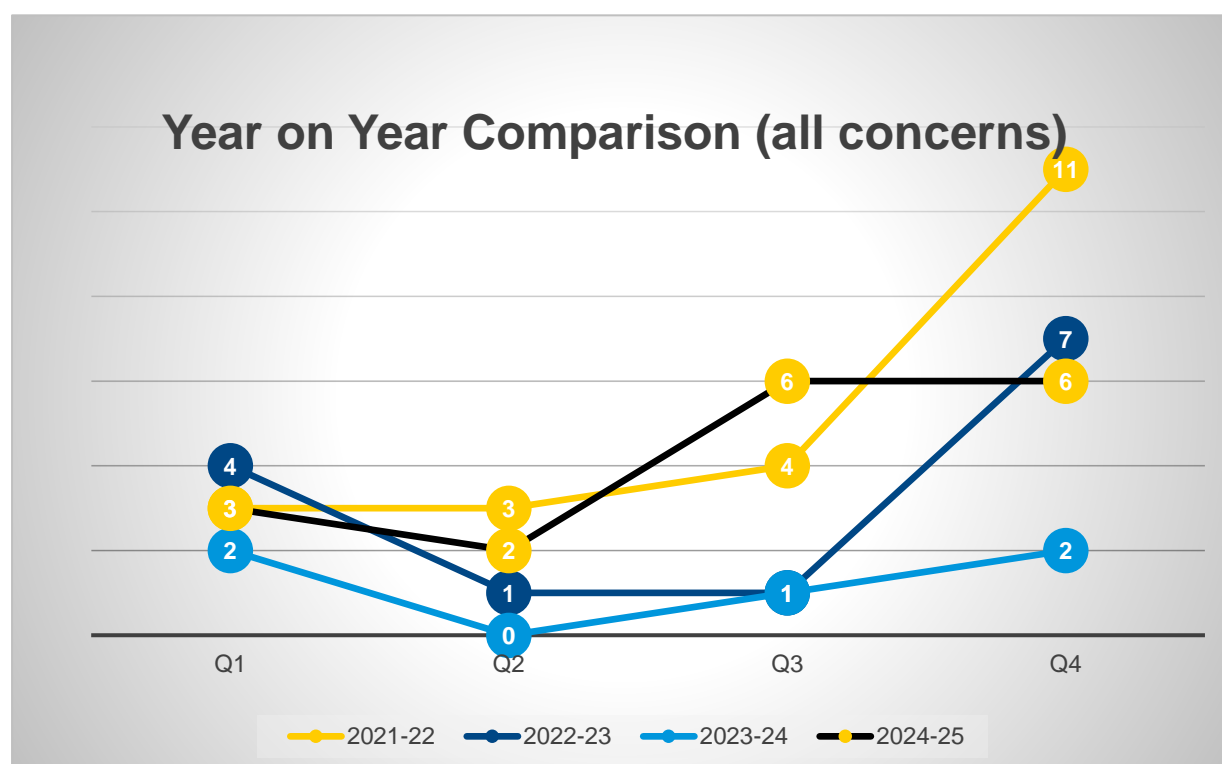
In September 2024, INWO released their Final Decision Notice of a concern raised in NSS during 2023-24. INWO did not uphold the complaint and found that we had conducted a thorough investigation in line with the Standards and that we exhibited areas of good practice in our handling of the concern. INWO did find that there was potential for improvement in the level of detail provided in the response to the whistleblower, which we have taken on board in considering responses to any subsequent whistleblowing concerns.

6. Key Performance Indicators (KPIs)

These following Key Performance Indicators (KPIs) are reviewed by the NSS Partnership Forum and Staff Governance Committee quarterly, at each meeting.

6a Concerns Received

	Q1	Q2	Q3	Q4	Total
Total number of concerns received	3	2	6	6	17
Number of whistleblowing concerns	0	0	0	0	0
No. reviewed at Stage 1 (5 days)	0	0	0	0	0
No. reviewed at Stage 2 (20 days)	0	0	0	0	0
No. classed as anonymous/unnamed	0	1	1	1	3
Number not classed as Whistleblowing	3	1	5	5	14

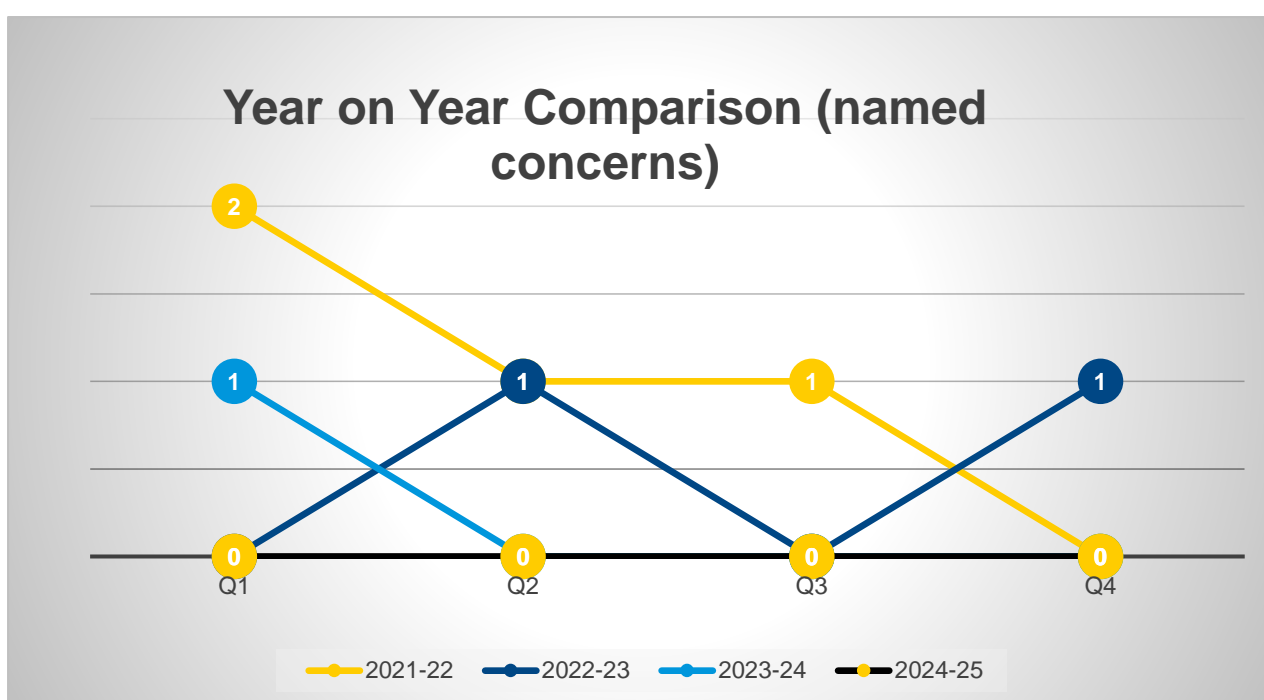


The remainder of this report is based on the concern relating to whistleblowing and referred to the whistleblowing service via the Confidential Contacts or raised with the whistleblowing service directly by the individual raising the concern.

6b Whistleblowing Internal/External/Contracted Services

	Q1	Q2	Q3	Q4	Total
No. of concerns – Internal	0	0	0	0	0
No. of concerns – External	0	0	0	0	0
No. of concerns – Contracted Services	0	0	0	0	0

Internal refers to NSS staff in NSS services, and external refers to Non-NSS staff in NSS services (e.g. Volunteers/students).



6c Whistleblowing Concerns Closed

	Q1	Q2	Q3	Q4	Total
No. and % closed at Stage 1	0(0%)	0(0%)	0(0%)	0(0%)	0
No. and % closed at Stage 2	0(0%)	0(0%)	0(0%)	0(0%)	0

6d Status of outcome of Investigation

	Q1	Q2	Q3	Q4	Total
Stage 1					
Upheld	0	0	0	0	0
Partially Upheld	0	0	0	0	0
Not Upheld	0	0	0	0	0
Stage 2					
Upheld	0	0	0	0	0
Partially Upheld	0	0	0	0	0
Not Upheld	0	0	0	0	0
TOTAL	0	0	0	0	0

6e Response Times

	Q1	Q2	Q3	Q4
Stage 1 (5 days)	0	0	0	0
Average time in working days for responses	0	0	0	0
No. of cases closed at Stage 1 within timescale (%)	0(0%)	0(0%)	0(0%)	0(0%)
No. of Stage 1 cases extended	0	0	0	0
Stage 2 (20 days)	0	0	0	0
Average time in working days for responses	0	0	0	0
No. of cases closed at Stage 2 within timescale (%)	0(0%)	0(0%)	0(0%)	0(0%)
No. of Stage 2 Cases extended (%)	0(0%)*	0(0%)	0(0%)	0(0%)

6f Cases under consideration by INWO

	Q1	Q2	Q3	Q4	Total
Internally raised cases	0	0	0	0	0
Externally raised Cases	0	0	0	0	0
Contracted Services Raised Cases	0	0	0	0	0

6g INWO Referred Case

	Q1	Q2	Q3	Q4	Total
Stage 1	0	0	0	0	0
Stage 2	0	0	0	0	0

7. Key Themes arising from whistleblowing concerns

As detailed in Section 4, the concerns, received during 2024-25 were unnamed/anonymous and related to the management of vacancies; misuse of policies, including lone working; and training opportunities.

8. Learning, Changes or Improvements

We undertake continuous improvements of our processes and the support provided to individuals raising concerns at all levels. Improvements have been made following receipt of additional guidance from INWO as well as learning from other boards via networks for confidential contacts and those involved in whistleblowing management. This general learning has included:

- Specific lessons learned exercises are undertaken to ensure we examine anything more that needs to be done in support of communications and organisational implementation of the policy, and to support the improvement of services. Feedback is sought from everyone involved in whistleblowing cases, including commissioning managers, investigators, witnesses, and individuals raising concerns.
- Following feedback from INWO, Stage 2 responses will be more detailed in nature, linking specifically, where necessary to supporting evidence provided as part of a concern raised.
- We take confidentiality extremely seriously to ensure there is no risk of whistleblowers suffering from detriment. As part of investigations, where there has been a risk of deductive disclosure, we have taken steps to ensure that questions posed to witnesses are generic in nature for the interview to proceed, but will seek to interview one witness sufficiently removed from a whistleblower to provide specific evidence.
- When an individual identifies as a whistleblower as part of separate process, e.g. a workforce policy, we have reviewed our internal processes to ensure we are checking for informed consent to share information to prevent a whistleblower's identity being shared.
- The Whistleblowing Ambassador is leading a programme of work to provide tailored learning sessions for staff involved in both workforce policy and whistleblowing cases which will take the form for bulletins and in-person case studies.
- We are looking to include case studies in our Information Governance training module. This will strengthen the importance for staff to seek explicit consent to share any information, avoiding assumed consent. This addition of these case studies will continue to raise awareness of our commitment to protecting the identity of anyone raising concerns.

- The Central Legal Office (CLO) has promoted through its Employment Newsletter to NHS Boards, the requirement for consent from self-declared whistleblowers, prior to the sharing of their identity with named individuals as part of any process. CLO will include periodic reminders in future bulletins.
- The NSS Whistleblowing Liaison Officer met with colleagues from the Independent National Whistleblowing Office (INWO) to discuss potential changes to the National Whistleblowing Standard and the 'HR Function – a Guide for HR Practitioners'. INWO undertook to highlight the requirement of HR professionals seeking informed consent when a whistleblower self-identifies as part of another workforce policy process. This article formed part of the [INWO January bulletin](#).
- To further strengthen this approach, the Whistleblowing Executive Lead also wrote to Scottish Government to formally request amendments to the Once for Scotland Policy guidance in respect of informed consent. As a result, the Scottish Workforce and Staff Governance Committee (SWAG) has asked colleagues in the Scottish Government Health Directorate to explore this through the NHSScotland "Once for Scotland" Workforce Policy Development Group, in the first instance. INWO will also input into this wider piece of work.
- We will continue to support learning and understanding in respect of the relationship between whistleblowing and workforce policies to ensure a robust approach to maintaining confidence of staff in these processes.

9. Staff Perceptions, Awareness and Training

9a Staff Perception/Awareness

As part of our Speak Up Week activities we conducted an anonymous survey, asking staff to give us their views. Although the number of responses were small (less than 100 responses were received), the information was very insightful. The results revealed that **57%** of those who responded were aware of our Confidential Contacts, understood the services they provide, and knew how to contact them.

Additionally, **85%** of staff had heard of the National Whistleblowing Standards. However, while **63%** of staff felt comfortable raising concerns if needed, **37%** felt uncomfortable doing so. This indicated that while awareness was relatively high, improvement is required in making all staff feel safe and supported when raising concerns.

Key themes from the anonymous survey included:

- Fear of speaking up and retribution
- Lack of a safe environment
- Perceived linkage to HR
- Risk to job security in speaking up
- Lack of trust in senior management
- Fear of nothing being done/changing

The results of the 2024 iMatter Survey also told us that 70% of 2,662 respondents strongly agreed/agreed with the statement that they felt confident to safely raise concerns about issues in their workplace. However, only 57% (strongly agreed/agreed) were confident that their concerns would be followed up and responded to. These figures compare with 2023 as follows:

Year	No. of Respondents	I am confident that I can safely raise concerns about issues in my workplace	I am confident that my concerns will be followed up and responded to
2024	2,662	1,863 (70%)	1,517 (57%)
2023	2,575	1,854 (72%)	1,545 (60%)

To address the feedback received, we are going to:

- Hold sessions across NSS providing information on the Confidential Contacts, speaking up processes and what happens during an investigation;
- Provide additional Signposting to Confidential Contacts/Whistleblowing;
- Create an anonymous form to protect and alleviate fears
- Roadshows and drop-in sessions (Town Hall, Live Connected Event) with representatives (confidential contacts and others)
- Targeted communications for senior managers - supportive materials to help them in building staff confidence around speaking up
- Changes to staff training to include case studies demonstrating how concerns are taken seriously, the support to whistleblowers and organisational learning and change as a consequence
- Continue to measure and assess the impact of these activities through staff feedback, for example iMatter.

9b Whistleblowing Training Figures

We actively encourage staff to undertake the NHS Education for Scotland (NES) developed whistleblowing training, for all employees and senior managers, in TURAS which provides learning on both the Standards and the role of INWO.

The Whistleblowing training figures, provided by Human Resources, as of 31st March 2025 were:

	Q1	Q2	Q3	Q4
Employees				
Headcount	2353	2348	2348	2357
Complete	1559	1567	1702	1797
Compliance %	66%	66.7%	72.5%	76.2%
Line Managers				
Headcount	578	565	565	558
Complete	279	311	364	376
Compliance %	48%	55%	64.4%	67.4%
Senior Managers (AfC 8B and above)				
Headcount	314	335	335	325
Complete	104	120	117	117
Compliance %	33%	35.8%	52.8%	54.5%

Following the launch of the Standards in 2021, 2024-25 saw the completion of the first three year cycle for the mandatory whistleblowing training. It was therefore expected that there would be some fluctuation in compliance rates during the year.

There will be a continued focus in 2025-26 on ensuring compliance with training requirements this year, targeting line and senior managers to ensure the appropriate level of training is undertaken.



10. Working with Contractors

We work with current in scope contracted suppliers to ensure compliance with the policy requirements. We undertake this work for NSS contracted services and for national contracts on behalf of NHS Scotland.

We collate reports of any concerns reported by the contractors and on an annual basis send all in-scope suppliers of contracted services an electronic form, requiring detail of any whistleblowing concerns raised during the financial year, or confirmation of a nil response.

For the 2024-25 reporting year, there were no whistleblowing concerns raised by the identified NSS in-scope suppliers, as detailed above.

11. Communications

A Speak Up Communications strategy is delivered on annually in NSS. The aim of this strategy is to:

- To promote and encourage speaking up in the workplace;
- To highlight the difference speaking up can make;
- To provide a way for individuals to have their voices heard;
- To highlight the different routes available to staff to speak up and how to access them (depending on the nature of the concern).

Throughout 2024-25 there was proactive staff messaging (via all staff emails and Stay Connected Staff Newsletter) including:

- Publicising the Standards and where to find them
- Reminding staff about our eLearning programme and how to access
- The promotion of Confidential Contacts and updates of the service.
- Independent National Whistleblowing Officer (INWO) monthly updates shared with option to sign up
- Activities around Speak Up Week 2024 (X and LinkedIn activities).
- geNSS homepage updated with direct links to HR Connect pages on Whistleblowing and Confidential Contacts – [geNSS \(scot.nhs.uk\)](https://geNSS.scot.nhs.uk)
- A Joint Board/Staff Governance Committee Seminar was held on 5 November. We were delighted to welcome Rosemary Agnew, Independent National Whistleblowing Officer and Elaine Cameron, Head of Investigations, INWO to the seminar who spoke to us about creating a safe culture to speak up in. We also heard from our Confidential Contacts; Communications Colleagues on future activities and National Procurement provided details on our work with contractors to ensure they are fully reporting any relevant whistleblowing concerns. Our Whistleblowing Champion also provided us with detailed analysis that showed that NSS whistleblowing figures are on a par with other NHS organisations across Scotland.

12. Confidential Contacts

Our Confidential Contacts listen, support and signpost options under the relevant policies to staff who wish to raise concerns. They undertake this role on a voluntary basis, in addition to their substantive role in NSS.

The Confidential Contacts received training on the role of the confidential contact, HR policies, whistleblowing and listening skills. Our Confidential Contacts utilise an electronic recording form to enable anonymous recording of contacts being made.

The Chief Executive; Executive Lead for Whistleblowing and WBC meet with the Confidential Contacts, at least annually, to discuss the support and service they provide to staff. This has been especially valuable as it has further enhanced a deeper understanding of the experiences of the Confidential Contacts as well as considering the key topic themes emerging from the service. This has enabled the organisation to consider requirements for annual planning related to this service and wider NSS needs.

Some comments from colleagues who have used the confidential contact service include:



13. Our Services

We provide services and advice to the NHS and wider public sector in Scotland. Since its inception, NSS has provided a wide range of national services that ensure health boards and other health, and care partners can deliver their services with confidence.

Digital and Security

Our expertise in digital services includes end-to-end business solutions, technology and data for clinical settings, and digital security options. Our innovative and person-centred scalable technology is delivered through local and national digital solutions, providing clinical informatics, cyber security and information governance.

National Contact Centre

We provide call centre services to the people of Scotland. This includes appointment booking and rescheduling and providing advice, support and guidance to support access to health and care services.

Primary Care Support

We support general practitioners, dentists, opticians, community pharmacies and dispensing contractors to deliver primary care across Scotland. This includes managing contractor payments, maintaining an up-to-date patient registration database, medical record transfers and clinical governance for dental services.

Specialist Healthcare Commissioning

We commission a range of specialist and rare condition treatments supporting NHS Scotland to ensure equitable and affordable access to these services when needed. We also co-ordinate a range of screening programmes.

Legal


We provide specialist legal advice and assistance in every area of law relevant to the public sector. With many years of experience, we advise clients on all aspects of the law, and with close links to the Scottish Government, we also counsel on wider policy issues.

Programme Management Services

We act as a national delivery provider and work with our partners to offer total solutions in portfolio, programme, project management and transformation services. By equipping our clients with the right people and approaches we can support the delivery of complex and challenging change programmes.

National Procurement

We provide a single procurement service across NHS Scotland. We work collaboratively to provide best quality, fit for purpose and best value commercial solutions – weighing up cost and added value. Our expert logistics services include



distribution, supply chain and warehouse operations, fleet management and ward product management.

Fraud Prevention

We work in partnership with NHS Scotland and across the Scottish public sector to provide a comprehensive service to reduce the risk of fraud and corruption. We are responsible for checking patient exemptions in respect of NHS Scotland patient charges and collecting payments for incorrectly claimed exemptions.

Blood, Tissues, and Cells

The Scottish National Blood Transfusion Service provides blood, tissues, and cells to NHS Scotland, ensuring they are available, 24 hours a day, every day of the year throughout Scotland. We also provide specialist treatment and therapeutic solutions, and specialist testing and diagnostic services appropriate for all Scottish patient needs.

Corporate Services

We provide corporate services to other health boards in vital areas such as finance, HR, digital, facilities, procurement, and business support. This includes managing payroll for eight NHSScotland boards and delivering a full corporate shared services solution for Public Health Scotland.

The Board Services team provides essential support for the effective functioning of NHS Scotland Committees and the NSS Board and Committees. They work closely with the Corporate Governance Directorate to uphold high corporate governance standards.

NHS Scotland Assure

We deliver a coordinated approach to the improvement of risk management and quality in the healthcare environment across NHSScotland. We encompass services provided by Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland and Health Facilities Scotland. Our goal is to promote excellence, protect patients from the risk of infection and support better health outcomes for all.

Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland

ARHAI Scotland is responsible for coordinating national surveillance, reporting of healthcare associated infections and monitoring antimicrobial resistance and prescribing. As part of NHS Scotland Assure, we also provide evidence-based guidance and expert advice on infection prevention and control to reduce healthcare-associated infection (HAI).

APPENDIX – KPI Checklist

KPI	Requirement	See Section
1.	A statement outlining learning, changes or improvements to services or procedures as a result of consideration of whistleblowing concerns.	Section 8, Page 11
2.	A statement to report the experiences of all those involved in the whistleblowing procedure (where this can be provided without compromising confidentiality).	Section 8, Page 11
3.	A statement to report on levels of staff perceptions, awareness and training.	Section 9, Page 12
4.	The total number of concerns received	Section 6a, Page 7
5.	Concerns closed at stage 1 and stage 2 of the whistleblowing procedure as a percentage of all concerns closed.	Section 6c, Page 9
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.	Section 6d, Page 9
7.	The average time in working days for a full response to concerns at each stage of the whistleblowing procedure.	Section 6e, Page 10
8.	The number and percentage of concerns at each stage which were closed in full within the set timescales of 5 and 20 working days.	Section 6e, Page 10
9.	The number of concerns at Stage 1 where an extension was authorised as a percentage of all concerns at Stage 1.	Section 6e, Page 10
10.	The number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at Stage 2.	Section 6e, Page 10

This annual report will be published on the NSS website.

For alternative formats please contact NSS.EqualityDiversity@nhs.scot