Annual Whistleblowing Report 2023-2024

NHS Education for Scotland

24 May 2024

Contents

1.   Whistleblowing 2023-2024: At-a-glance

NHS Education for Scotland
Whistleblowing 2023-2024
At-a-glance

Two additional Confidential Contacts were recruited, bringing our available pool to four.

Two Confidential Contacts introduced themselves in a recorded video message. They highlighted their role and their willingness to provide advice and support to colleagues.
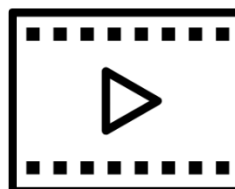
87% of line managers completed the required training.

Concerns	Stage one	Stage two
Upheld	-	1
Partially upheld	-	-
Not upheld	1	-

2 CONCERNS RECEIVED

In the national 2023 'iMatter' survey, we achieved the **highest score** (in NHS Scotland) on the whistleblowing statements:
- Confident to safely raise concerns about issues in the workplace.
- Confident that concerns will be followed up and responded to.

Figure 1: Whistleblowing 2023-2024 'at a glance' summary.

2. Introduction

2.1. This is the third NHS Education for Scotland (NES) Annual Whistleblowing Report, which presents our whistleblowing performance during 01 April 2023 to 31 March 2024 inclusive.

2.2. The Public Services Reform (The Scottish Public Services Ombudsman) (Healthcare Whistleblowing) Order 2020[1] created a new route for whistle-blowers in the healthcare sector to bring escalated complaints to the Scottish Public Services Ombudsman (SPSO) (via the Independent National Whistleblowing Officer. Subsequently, the April 2021 National Whistleblowing Standards[2] (the Standards) set out a national procedure for all NHS Scotland boards to handle any whistleblowing concerns.

2.3. Since the launch of the Standards, we continued to build on experiences and learning to date, and to promote a culture where everyone is confident to raise any concerns in the public interest. We continued to engage with our staff to foster a more open, honest and inclusive working culture, and to give assurances that any issues will be investigated fully and impartially.

2.4. In line with the Standards, all NHS Scotland boards are required to publicly report on any whistleblowing concerns on a quarterly basis and to publish an annual report. Throughout 2023-2024 the Staff Governance Committee received a whistleblowing performance report on a quarterly basis.

2.5. This report is presented as follows:
- A summary of the context and legal frameworks (p. 5).
- An overview of the whistleblowing procedure (p. 8).
- A chronological summary of our activities during 2023-2024 (p. 11).
- The whistleblowing annual return and key performance indicators (p. 15).
- A conclusion to the report (p. 18).

---

[1] Crown Copyright (2020) 'Scottish Statutory Instruments. 2020 No. 5. The Public Services Reform (The Scottish Public Services Ombudsman) (Healthcare Whistleblowing) Order 2020'. Available at: https://www.legislation.gov.uk/ssi/2020/5/made (Accessed: 22 October 2020).

[2] Independent National Whistleblowing Officer (2021) 'The National Whistleblowing Standards - April 2021'. Edinburgh: Scottish Public Services Ombudsman. Available at: https://inwo.spso.org.uk/sites/inwo/files/Standards/NationalWhistleblowingStandards-AllParts.pdf (Accessed: 24 January 2022).

3.   Context and legal frameworks

3.1.   To understand the background behind current whistleblowing arrangements in NHS Scotland, several reports merit a mention.

3.2.   Firstly, the NHS Scotland Staff Governance Standard[3] outlines the responsibility of employers to ensure that staff feel safe to speak up about any wrongdoing. It also places a responsibility on staff to speak up on issues that may cause upset and alarm, in line with the whistleblowing policy.

3.3.   The Mid Staffordshire NHS Foundation Trust Public Inquiry report[4] highlighted the need for a common patient-centred culture, clear standards and measures of compliance, and openness, transparency and candour throughout 'the system'. The resulting 290 recommendations aimed to put patients and their safety first, with cultural change required at all levels. The recommendations included patient, public and local scrutiny, performance management and clear metrics on quality.

3.4.   Leading on from the above Public Inquiry report, the February 2015 'Freedom to speak up' review[5] highlighted the need for additional measures to ensure that all NHS staff can freely raise any patient safety concerns. The report was related to NHS England, however, the Scottish Government welcomed it and used its findings to further support, encourage and promote whistleblowing in NHS Scotland. The findings were also considered in relation to the whistleblowing policy in place at the time and the potential change to NHS Scotland's whistleblowing approach.

3.5.   The 2019 report by John Sturrock QC investigated allegations of bullying and harassment in NHS Highland. This was commissioned by the Scottish Government and was submitted to the then Cabinet Secretary for Health and Sport, Jeane Freeman. Proposals for improvement included an independent whistleblowing process and the provision of an independent "guardian" for anyone wishing to report inappropriate behaviour, and for those whom such behaviour is alleged.

---

[3] Scottish Government (2012) 'Staff Governance Standard: A Framework for NHSScotland Organisations and Employees'. 4th edition. Edinburgh: Scottish Government. Available at: https://www.staffgovernance.scot.nhs.uk/media/1342/staff-governance-standard-edition-4.pdf (Accessed: 28 June 2019).
[4] Crown Copyright (2013) 'Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, Chaired by Robert Francis QC: Executive Summary'. London: The Stationery Office. Available at:
http://webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffspublicinquiry.com/sites/default/files/report/
Executive summary.pdf (Accessed: 3 August 2015).
[5] Francis, R. (2015) 'Freedom to speak up. An independent review into creating an open and honest reporting culture in the NHS.' Available at: https://webarchive.nationalarchives.gov.uk/20150218150953/https://freedomtospeakup.org.uk/wp-content/uploads/2014/07/F2SU_web.pdf (Accessed: 11 November 2019).

3.6.   In response to the Sturrock review, the Scottish Government published their report in May 2019[6]. It highlighted the required learning and reflection for all NHS Scotland boards and committed to building a more open, honest and inclusive culture. Several initiatives were subsequently put in place across NHS Scotland, and these included:

- The establishment of an Independent National Whistleblowing Officer for NHS Scotland, to investigate the handling of any whistleblowing complaints.
- The appointment of dedicated Whistleblowing Champions (as Non-Executive Directors) for each NHS Scotland board.
- A review of the 'Once for Scotland' workforce policies[7].
- A standardised 'Once for Scotland' procedure for handling any whistleblowing concerns.

3.7.   The Public Services Reform (The Scottish Public Services Ombudsman (Healthcare Whistleblowing) Order 2020[8] allowed the Scottish Public Services Ombudsman to take on the Independent National Whistleblowing Officer role. This gives whistle-blowers the opportunity to seek independent external review of their concern raised. The Independent National Whistleblowing Officer also has a national leadership role in providing direction, support and guidance to NHS Scotland boards regarding the National Whistleblowing Standards[9]. These Standards were launched in April 2021 and outline the NHS Scotland-wide procedure for handling any whistleblowing concerns.

3.8.   The Public Interest Disclosure Act 1998[10] is to protect employees who make disclosures in the public interest and allows them to bring action with respect to victimisation. The qualifying disclosures for protection are:

- A criminal offence.
- Failing to comply with a legal obligation.
- A miscarriage of justice.
- A risk to health and safety.
- A risk to the environment.
- Concealment of any of the above.

---

[6] Scottish Government (2019) 'The Scottish Government Response to the Sturrock Review: into cultural issues related to allegations of bullying and harassment in NHS Highland'. Edinburgh: Scottish Government. Available at: https://www.gov.scot/publications/scottish-government-response-report-bullying-harassment-nhs-highland/ (Accessed: 30 June 2019).

[7] Crown copyright (NHS Scotland) (2024) 'Workforce policies'. Available at: https://workforce.nhs.scot/policies/ (Accessed: 11 April 2024).

[8] Crown Copyright (2020) 'Scottish Statutory Instruments. 2020 No. 5. The Public Services Reform (The Scottish Public Services Ombudsman) (Healthcare Whistleblowing) Order 2020'. Available at: https://www.legislation.gov.uk/ssi/2020/5/made (Accessed: 22 October 2020).

[9] Independent National Whistleblowing Officer (2021) 'The National Whistleblowing Standards - April 2021'. Edinburgh: Scottish Public Services Ombudsman. Available at: https://inwo.spso.org.uk/sites/inwo/files/Standards/NationalWhistleblowingStandards-AllParts.pdf (Accessed: 24 January 2022).

[10] Crown Copyright (1998) 'Public Interest Disclosure Act 1998. Chapter 23'. Available at: http://www.legislation.gov.uk/ukpga/1998/23/data.pdf (Accessed: 29 October 2019).

3.9. In summary, the overall aim is to ensure that all NHS Scotland staff (and others working alongside NHS Scotland):

- Have the confidence to speak up about any public interest concerns.
- Feel safeguarded against any potential victimisation and detriment.
- Know that any issues will be investigated thoroughly and timeously.

4.   The whistleblowing procedure

4.1.   The National Whistleblowing Standards came into force for all NHS Scotland boards on 01 April 2021, and replaced any local whistleblowing policies.

4.2.   The Standards consist of:
- The whistleblowing principles (which underpin the approach to handling any concerns), and the definitions of "whistleblowing" and "whistle-blower".
- An overview of the procedure, including the definitions of what is a whistleblowing concern, who can raise a concern and a brief description of the procedure for handling these concerns.
- The required governance arrangements.
- Arrangements for Health and Social Care Partnerships, organisations providing student and trainee placements, and volunteers.

4.3.   The initial process is to ensure that any issues are dealt with early, via business-as-usual procedures. All staff are encouraged to raise any concerns locally and to have the confidence that they will be positively dealt with professionally and promptly. Although business-as-usual concerns are not part of the formal whistleblowing procedure, they can be an important precursor. If business-as-usual processes are not suitable (for example, for serious high-risk cases), or if all previous means have been exhausted, then a whistleblowing concern can be raised. Whistleblowing should normally be seen as a last resort.

4.4.   "Whistleblowing" is defined as[11]:

"…when a person who delivers services or used to deliver services on behalf of a health service body, family health service provider or independent provider (as defined in section 23 of the Scottish Public Services Ombudsman Act 2002) raises a concern that relates to speaking up, in the public interest, about an NHS service, where an act or omission has created, or may create, a risk of harm or wrongdoing."

4.5.   Under the Standards, all whistle-blowers are afforded support, legal protections, and confidentiality. A formal whistleblowing concern can be raised when:
- It is not related to a Human Resources issue.
- It is in the public interest (for example, patient safety).
- It is raised within six months (this being the normally accepted time-limit).
- The business-as-usual process has already run its course (where applicable).

---

[11] Crown Copyright (2020) 'Scottish Statutory Instruments: 2020 No. 5. Public Services Reform: Scottish Public Services Ombudsman. Public Health. National Health Service. The Public Services Reform (The Scottish Public Services Ombudsman) (Healthcare Whistleblowing) Order 2020'. The Stationery Office. Available at: https://www.legislation.gov.uk/ssi/2020/5/pdfs/ssi_20200005_en.pdf (Accessed: 21 April 2022).

4.6. If a whistle-blower does not wish to use the Standards for a whistleblowing concern, then the organisation will decide on how to proceed. It is indeed 'good practice' to investigate any issues raised regardless of whether they are raised under the Standards or not.

4.7. Anonymous and "unnamed concerns" cannot be formally investigated under the Standards. An anonymous concern is where no-one knows the identity of the whistle-blower. An unnamed concern is where the person raising the concern does not want his/her details recorded within the whistleblowing systems. Both these types of concerns limit the protections available to the whistle-blower and cannot be referred to the Independent National Whistleblowing Officer. However, once again it is recommended practice to investigate any issues, whether they are raised under the Standards or not.

4.8. The Standards note a three-stage procedure. At the end of stage two, whistle-blowers are signposted to the Independent National Whistleblowing Officer (Figure 2).
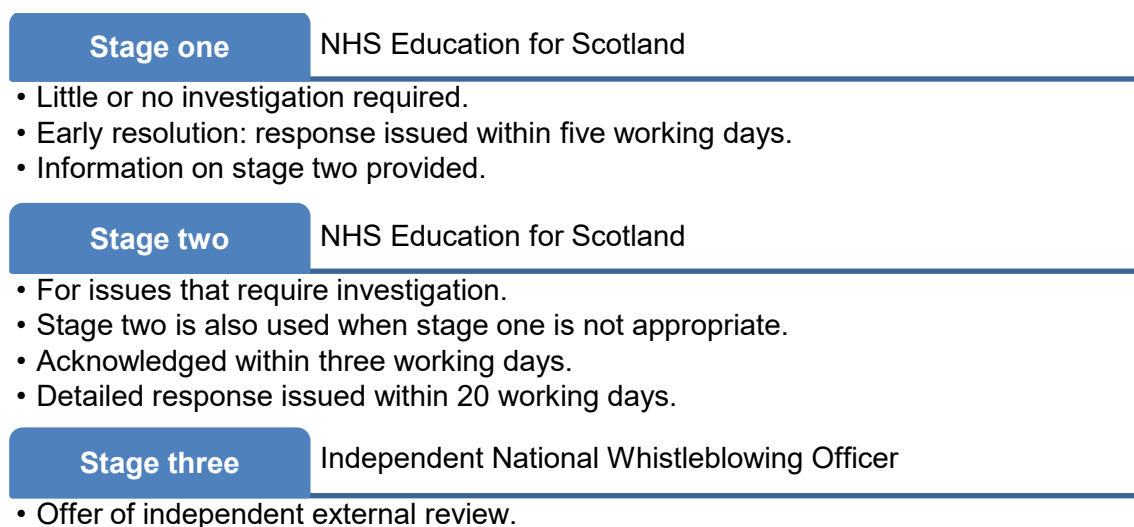
4.9.

Stage one — NHS Education for Scotland
- Little or no investigation required.
- Early resolution: response issued within five working days.
- Information on stage two provided.

Stage two — NHS Education for Scotland
- For issues that require investigation.
- Stage two is also used when stage one is not appropriate.
- Acknowledged within three working days.
- Detailed response issued within 20 working days.

Stage three — Independent National Whistleblowing Officer
- Offer of independent external review.

Figure 2: Summary of stages.

4.10. To support the Standards, all NHS Scotland boards are required to have a dedicated Whistleblowing Champion as a Non-Executive Director of the board. The role is to provide independent oversight of the whistleblowing agenda and to provide assurance to the board on the organisation's compliance with the Standards. There is no operational function in relation to the application of the whistleblowing policy or in any investigation of concerns. This dedicated role replaced the previous nominated Non-Executive Director with additional whistleblowing responsibilities[12].

---

[12] Gray, P. (2015) 'Non-Executive Whistleblowing Champion. Letter to NHS Scotland Health Board Chairs (29 September 2015)'. Edinburgh: Scottish Government.

4.11. Board members are required to monitor the number of concerns on a quarterly basis at their public board meetings. An annual report that sets out whistleblowing performance is also required.

4.12. Confidential Contacts are appointed in each NHS Scotland board to provide support and advice to a whistle-blower (or potential whistle-blower). They offer a safe and supportive environment to discuss any issues of concern and can signpost individuals to support required. Confidential Contacts are not involved in any operational investigation or management of a concern. They support speaking up and help build trust in the process.

4.13. The National Whistleblowing Standards are part of the 'Once for Scotland' Workforce Policies programme[13]. These are single, standardised policies that apply to all NHS Scotland employees. There are currently 18 policies under this banner, and include Bullying and Harassment, Grievance, Whistleblowing and the workforce policies investigation process.

---

[13] Crown copyright (NHS Scotland) (2024) 'Workforce policies'. Available at: https://workforce.nhs.scot/policies/ (Accessed: 11 April 2024).

5.   Our activities during 2023-2024

5.1.   During 2023-2024 we continued to promote the Standards and to encourage colleagues to speak up on any public interest concern.

5.2.   In April 2023, we continued to provide progress updates on an informal (unnamed) concern.

5.3.   Throughout 2023-2024 quarterly whistleblowing performance updates were provided to the Staff Governance Committee. We also provided the Independent National Whistleblowing Officer with updates on our performance and attended some of their webinars.

5.4.   The second Annual Whistleblowing Report (2022-2023) was tabled at the Executive Team meeting (on 20 April 2023), the Staff Governance Committee (on 04 May 2023) and the public NES Board meeting (on 25 May 2023). Following approval by the NES Board, it was published on 26 May 2023.

5.5.   Gillian Mawdsley, Non-Executive Director and Whistleblowing Champion provided the NES Board with an assurance report at the NES Board meeting on 25 May 2023.

5.6.   In May 2023, we published our corporate Strategy 2023-2026, further outlining our commitment to using whistleblowing (and feedback in general) to measure and monitor our performance as an organisation.

5.7.   In May 2023, Nancy El-Farargy developed a short whistleblowing presentation, to support the induction of newly appointed NHS Education for Scotland Non-Executive Directors.

5.8.   In May 2023, the Confidential Contacts – Karen Wilson, Director of NMAHP and Deputy Chief Executive and Graham Paxton, Principal Lead – further introduced themselves in a recorded video presentation. They highlighted their role and their willingness to provide a 'safe space' for information, advice and assistance to potential whistle-blowers and to anyone seeking advice about whistleblowing (and related issues). They reiterated their independence from investigating any whistleblowing concerns and provided a summary of the October 2022 all-staff survey responses. In addition, the definition of business-as-usual concerns and some fictional examples were provided. Other existing processes for resolving business-as-usual concerns were highlighted. A reminder of the "TURAS Learn" line manager training offer was also provided. This video communication was a result of the responses from the all-staff survey that was distributed during the first NHS Scotland speak up week. Analysis highlighted that staff wished to find out more about business-as-usual concerns and the Confidential Contacts. The video will serve as an ongoing and useful education and training resource for interested parties.

5.9.   In May 2023 and August 2023, we contributed to the Staff Governance Standard Monitoring return by providing information on our 2022-2023 whistleblowing performance.

5.10.   On 12 June 2023, the national "iMatter" health and social care staff experience survey opened to NHS Education for Scotland staff. The questionnaire gave all our staff the opportunity to reflect upon, and feed-back on their experiences at team and organisational levels. Two additional non-mandatory statements on raising concerns, were included in the 2023 survey[14]:
- "Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements:"
    - "I am confident that I can safely raise concerns about issues in my workplace." (Six-point Likert scale.)
    - "I am confident that my concerns will be followed up and responded to." (Six-point Likert scale.)

5.11.   To build data and yearly comparisons, it is expected that the same two whistleblowing statements will be used in the 2024 iMatter survey.

5.12.   In August 2023, NHS Scotland boards were invited to review a guidance and information document on the role of whistleblowing champions.

5.13.   On 24 August 2023, the Scottish Government announced the reappointment of Gillian Mawdsley as Non-Executive Director and Whistleblowing Champion for NHS Education for Scotland (from 01 February 2024)[15].

5.14.   In August 2023, Michael Matheson, the then Cabinet Secretary for NHS Recovery, Health and Social Care, Scottish Government, issued a letter regarding patient safety (in the wake of the 'Lucy Letby' verdict) to all NHS Scotland Board Chairs and Chief Executives. It sought assurance from NHS Scotland boards on existing processes and systems for the early identification, reporting and robust timely investigation of any patient safety concerns. This included any concerns that may have been raised through the whistleblowing procedure. The Scottish Government reiterated the seriousness and importance of speaking up, and the policy in place to address any concerns at the earliest possible stage. It also outlined matters related to corporate governance and noted the results of the iMatter survey questions, which included two statements on raising concerns. In response to that letter, we highlighted our responsibilities associated with the Staff Governance Standard and our engagement with the annual iMatter survey. We also noted our work on 'Leading to Change', and work on board development in developing senior leaders.

[14] Scottish Government (2023) 'Health & Social Care Staff Experience Report 2023'. Edinburgh: Scottish Government. Available at: https://www.imatter.scot/media/2112/health-and-social-care-staff-experience-survey-2023.pdf (Accessed: 30 January 2024).
[15] Scottish Government (2023) 'Non-executive Whistleblowing Champion Board Members reappointed to NHS Scotland Boards'. Available at: https://www.gov.scot/publications/non-executive-whistleblowing-champion-board-members-reappointed-to-nhs-scotland-board

5.15. On 05 September 2023, several staff attended the Scottish Speak Up conference[16]. This event was independently organised by a group of speak up ambassadors and was supported by several speakers from organisations, which included the Independent National Whistleblowing Officer and the Scottish Government. The day concluded with reflections from the Independent National Whistleblowing Officer on the National Whistleblowing Standards since their launch in April 2021.

5.16. In September 2023, a concern was received and was investigated as a stage two whistleblowing concern (this is discussed in the next section).

5.17. On 15 September 2023, Christina Bichan, Director of Planning and Performance, and Professor Lindsay Donaldson, Deputy Medical Director met with colleagues from the Independent National Whistleblowing Officer office to support them in developing their understanding around how the Standards have been implemented with respect to doctors in training. This was a positive meeting which raised awareness of our work and supported the further development of relationships with the Independent National Whistleblowing Officer colleagues.

5.18. In September 2023, the Whistleblowing Steering Group (chaired by Christina Bichan, Director of Planning and Performance) met and discussed current arrangements, the Confidential Contacts, and preparations for speak up week (02-06 October 2023).

5.19. On 19 September 2023, Pamela Renwick, General Manager, Workforce, was appointed as an additional (third) Confidential Contact.

5.20. Hosted by the Independent National Whistleblowing Officer, the second national speak up week took place between 02 October 2023 and 06 October 2023. This was an opportunity for all health boards to highlight the benefits of speaking up and to demonstrate that speaking up is welcomed and valued. The theme was "learning from concerns". Our activities involved two intranet news-feed articles:
- "Speak up week: Nancy El-Farargy reflects on the Whistleblowing Standards."
- "Speak up week is for everyone."

5.21. The Independent National Whistleblowing Officer advised that the next speak up week will be held on 30 September 2024 to 04 October 2024.

5.22. In October 2023, a stage one concern was concluded (this is discussed in the next section).

5.23. On 23 November 2023 at the public Board meeting, the NHS Education for Scotland iMatter report was made available. This included information on two new (non-mandatory) whistleblowing statements (as per the next paragraph).

---

[16] Scottish Speak up conference Tuesday 5th September 2023 (2023). Available at: https://www.speakup.scot/programme (Accessed: 7 July 2023).

5.24. On 28 November 2023, the NHS Scotland-wide iMatter Health and Social Care staff experience report was published[17]. With respect to the two new (non-mandatory) whistleblowing statements for 2023, our board had the highest scores in NHS Scotland for both measures. It is also worthy to note that the difference between the two scores is three points (and is the lowest in NHS Scotland):

- "I am confident that I can safely raise concerns about issues in my workplace." Score = 86[18].
- I am confident that my concerns will be followed up and responded to." Score = 83[19].

5.25. In December 2023, the Whistleblowing Steering Group convened, and discussions included the peer network for Confidential Contacts, future promotional communications/articles on the Confidential Contacts and line manager whistleblowing training.

5.26. On 20 December 2023, Professor Lindsay Donaldson, Deputy Medical Director, was appointed as an additional Confidential Contact. This brought our pool of Confidential Contacts to four (Karen Wilson, Graham Paxton, Pamela Renwick and Lindsay Donaldson).

5.27. In early 2024, we contributed to the request from the NHS Scotland Human Resources' Directors group for some reflective and evaluative information on the work of the National Whistleblowing Standards. This stemmed from a meeting request from the Independent National Whistleblowing Officer to the Human Resources' Directors group.

5.28. On 01 February 2024, a reminder on "essential learning" was issued to all staff, via the "NES Matters!" newsletter.

---

[17] Health and social care staff experience report (2023). Available at: https://www.staffgovernance.scot.nhs.uk/monitoring-employee-experience/health-and-social-care-staff-experience-report/.

[18] This score is "based on the number of responses for each point on the scale (Strongly Agree to Strongly Disagree) multiplied by its number value (6 to 1). These scores are added together and divided by the overall number of responses to give the score to show level of engagement." The NHS Education for Scotland overall response rate to the survey was 88%. Responses to these two statements were not mandatory (and the sample counts are currently not accessible).

[19] Ditto.

6.   Whistleblowing annual return and key performance indicators

6.1.   This section of the report outlines our whistleblowing annual return and the ten key performance indicators (KPIs). Each KPI is annotated within the relevant paragraph and summarised in Appendix A.

6.2.   To support staff learning, two of the Confidential Contacts delivered a video presentation (in May 2023) on their role. This work was a result of the all-staff survey that was distributed during the first NHS Scotland speak up week (KPI 3).

6.3.   During 2023-2024, two whistleblowing concerns were received (KPI 4). A set of stage two concerns was received during quarter two and a stage one concern was received during quarter three.

6.4.   The first set of concerns was received on 07 September 2023 and was acknowledged on 11 September 2023, meeting the three working day timescale. Given the complexity of the issues raised, the concerns were investigated at stage two, under the leadership of Professor David Felix, Postgraduate Dental Dean and Director of Dentistry. The concerns were related to patient safety policy, education and practice. The investigation was concluded on 01 November 2023 and the concerns were fully upheld (KPI 6). This stage two investigation took 40 working days (KPI 7) and comprised of half of all concerns closed during 2023-2024 (KPI 5). The investigation resulted in four main findings designed to support improvement and implement learning within NHS Education for Scotland and the broader health and social care system (KPI 1). It is expected that the impact of these recommendations will be seen in the longer term through changes in how we approach education and training in respect of patient safety (KPI 1). The actions will be revisited in quarter one 2024-2025 to assess early progress. As well as the recommendations arising from the investigation, there was learning for the corporate team in respect of the value of a 'safe space' for confidential discussion and consideration of concerns (KPI 2). Positive feedback regarding the recommendations was received from the whistle-blower (KPI 2).

6.5.   The Executive Medical Director and the Chief Executive's office received the stage one concern on 20 October 2023. It was acknowledged upon receipt (on the same day). It was related to patient safety issues, bullying, and supervision of education and training of doctors in training at a territorial health board. The concerns relating to staffing levels (and subsequent trainee education and training supervision and patient safety) were reviewed at stage one and were not upheld (KPI 6). Following consideration by the Deputy Medical Director and the Chief Executive, the response was issued on 25 October 2023 and closed in under five working days (KPI 7). This concern comprised of 50% of all cases closed (KPI 5). Discussion with the territorial health board gave sufficient assurance, alongside business-as-usual quality management arrangements, which ensure that there is ongoing monitoring. It was agreed to keep a watching brief to ensure that trainee doctors are properly supported and supervised (KPI 1).

6.6. A summary of concerns received in 2023-2024 (KPIs 4-10) can be seen in Table 1.

6.7. **Table 1:** Summary of cases in 2023-2024 (KPIs 4-10).

		Stage one				Stage two (direct)			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
KPI 4	The total number of concerns received = 2.	0	0	1	0	0	1[20].	0	0
KPI 5	Concerns closed as a percentage of all concerns closed.	-	-	(1) 50%	-	-	-	(1) 50%	-
	Percentage of stage one concerns closed.	-	-	100%	-	-	-	-	-
	Percentage of stage one concerns closed within five working days.	-	-	100%	-	-	-	-	-
	Percentage of stage two concerns closed.	-	-	-	-	-	-	100%	-
	Percentage of stage two concerns closed within 20 working days.	-	-	-	-	-	-	Nil	-
KPI 6	Number of concerns upheld as a percentage of all concerns closed at each stage.	-	-	-	-	-		(1) 100%	-
	Number of concerns partially upheld as a percentage of all concerns closed at each stage.	-	-	-	-	-	-	-	-
	Number of concerns not upheld as a percentage of all concerns closed at each stage.	-	-	(1) 100%		-	-	-	-
KPI 7	Average time in working days for response.	-	-	4	-	-	-	40	-
KPI 8	Number and percentage of concerns closed within five working days (stage one).	-	-	(1) 100%	-	-	-	-	-
	Number of stage one cases extended.	-	-	Nil	-	-	-	-	-
	Number and percentage of concerns closed within 20 working days (stage two).	-	-	-	-	-	-	Nil	-
	Number of stage two cases extended.	-	-	-	-			1 (100%)	
KPI 9	The number of concerns at stage one where an extension was authorised as a percentage of all concerns at stage one.	-	-	0	-	-	-	-	-
KPI 10	The number of concerns at stage two where an extension was authorised as a percentage of all concerns at stage two.	-	-	-	-	-		100% (1)	-

---

[20] This stage two concern was received in quarter two and closed in quarter three.

6.8.   Within NES, all line managers are required to complete the line manager level whistleblowing training on TURAS Learn. As of 31 March 2024, the overall compliance was 87%, with 308 line managers having completed the required e-Learning, and 46 yet to complete (13%) (KPI 3). This is a slightly improved position and targeted approaches to address gaps in compliance are being taken forward across directorates to further improve performance. Compliance with essential learning modules was included in the personal objectives of all staff in 2023-2024 with the intent of improving overall organisational performance. The Workforce Directorate has continued to promote the required essential learning modules and monitor their levels of compliance (KPI 3).

6.9.   We continue to listen to our staff (and others) to address any concerns raised and to make any required improvements. We have also welcomed the opportunity to reflect on the work delivered to date, to foster a more open, honest and inclusive working culture.

7.   Conclusion

7.1.   This is our third Annual Whistleblowing Report and we have welcomed the opportunity to reflect on our activities throughout 2023-2024, and on our experiences and learning to date.

7.2.   Throughout 2023-2024, we continued to engage with our staff, the Whistleblowing Steering Group, the Staff Governance Committee and the NES Board regarding our whistleblowing arrangements. The appointment of two additional Confidential Contacts (bringing our pool to four) has been welcomed and reiterates our commitment to supporting everyone to speak up at the earliest appropriate opportunity.

7.3.   In conclusion, we recognise the important role in setting the tone and culture that values the contributions of all our staff to have the confidence to speak up in the public interest. We continue to encourage all staff to raise any concerns and continue to ensure that everyone feels supported in doing so.

Nancy El-Farargy
NHS Education for Scotland
Westport 102
West Port
Edinburgh
EH3 9DN

24 May 2024

A skilled and sustainable workforce for a healthier Scotland.

© NHS Education for Scotland, 2024.

8.   Appendix A: Key Performance Indicators

Table 2: Overview of the Key Performance Indicators (KPIs) reported.

	Key Performance Indicators (KPIs)	Location
KPI 1	A statement outlining learning, changes or improvements to services or procedures as a result of consideration of whistleblowing concerns.	Paragraphs 6.4 and 6.5.
KPI 2	A statement to report the experiences of all those involved in the whistleblowing procedure (where this can be provided without compromising confidentiality).	Paragraph 6.4.
KPI 3	A statement to report on levels of staff perception, awareness and training.	Paragraphs 6.2 and 6.8.
KPI 4	The total number of concerns received.	Paragraph 6.3 and Table 1.
KPI 5	Concerns closed at stage one and stage two of the whistleblowing procedure as a percentage of all concerns closed.	Paragraphs 6.4 and 6.5, and Table 1.
KPI 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.	Paragraphs 6.4 and 6.5, and Table 1.
KPI 7	The average time in working days for a full response to concerns at each stage of the whistleblowing procedure.	Paragraphs 6.4 and 6.5, and Table 1.
KPI 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.	Table 1.
KPI 9	The number of concerns at stage one where an extension was authorised as a percentage of all concerns at stage one.	Table 1.
KPI 10	The number of concerns at stage two where an extension was authorised as a percentage of all concerns at stage two.	Table 1.