



**INDEPENDENT  
NATIONAL  
WHISTLEBLOWING  
OFFICER**

People Centred | Improvement Focused

# **Good practice guidance for annual whistleblowing reporting**



<b>1. Introduction.....</b>	<b>1</b>
Reporting under the National Whistleblowing Standards .....	1
Preparation of annual whistleblowing reports.....	2
Performance against the Standards and KPIs .....	3
<b>2. Good practice guidance by KPI.....</b>	<b>5</b>
<b>3. Other good practice guidance .....</b>	<b>25</b>
<b>4. Appendix: KPI checklist.....</b>	<b>29</b>



# 1. Introduction

## Reporting under the National Whistleblowing Standards

- 1.1 Reporting has been a requirement under The National Whistleblowing Standards for the NHS in Scotland (the Standards) since 2021-22.
- 1.2 The Standards require NHS boards to publish an annual report setting out performance in handling whistleblowing concerns. This report should:
  - summarise and build on the quarterly reports produced by the board
  - include performance against key performance indicators (KPIs) as set out in the Standards
  - include and comment on the issues that have been raised, and
  - set out the actions that have been or will be taken to improve services as a result of concerns (ideally with a supporting action plan against which to track and report progress).
- 1.3 Boards have a critical role in setting a tone and culture in their organisation that values the contributions of all staff, including those who identify the need for changes through speaking up. Effective monitoring and reporting are part of that role.
- 1.4 This document provides guidance for boards in preparing annual whistleblowing reports, reflecting the INWO's role in:
  - providing support and guidance to NHS organisations
  - promoting and sharing good practice in whistleblowing handling
  - promoting and sharing good practice in the recording, reporting, and learning from whistleblowing concerns.
- 1.5 Many boards have made good progress in meeting their reporting requirements.



- 1.6 The INWO will review board annual whistleblowing reports against this guidance and publish an overview of findings on the INWO website (<https://inwo.spsso.org.uk>). We will also review and update this guidance annually.

### **Preparation of annual whistleblowing reports**

1.7 **Anonymisation**

It is key that every effort is made during the preparation of the annual reports to ensure that the identities of those involved in whistleblowing concerns cannot be discerned from the information or context provided in the report. This is particularly relevant where small numbers of cases are involved. In such instances it may be necessary to provide more limited information.

1.8 **Accessibility**

These reports help inform both staff and service users about the approach that is being taken to handling whistleblowing concerns. They should therefore be well signposted to both members of the public and staff, and easily accessible and available in alternative formats as requested.

1.9 **Monitoring**

The link to the published annual report should be shared with the INWO as soon as it is available for review and monitoring purposes.



## Performance against the Standards and KPIs

1.10 Information required for annual reports are based on these 10 key KPIs;

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

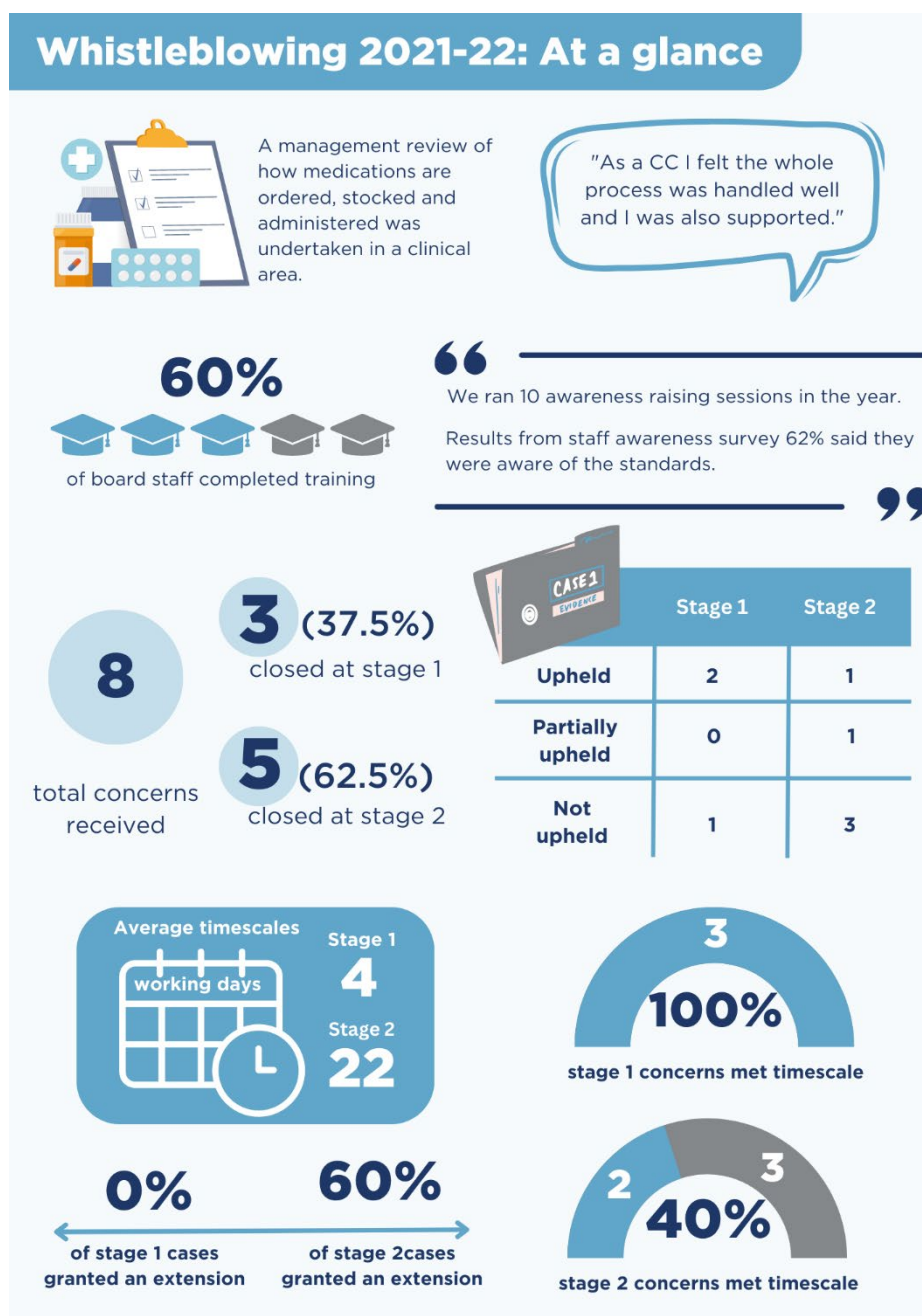


- 1.11 It is open to boards to include other information they consider necessary for local purposes, over and above the required 10 KPIs. For example, types of concerns raised that were handled under other processes than the Standards.
- 1.12 If boards include additional information this should be distinct from the whistleblowing data.
- 1.13 [Appendix 1](#) contains a KPI checklist, for boards to use when preparing reports.



## 2. Good practice guidance by KPI

- 2.1 These good practice notes and examples set out what the INWO expects boards to report to demonstrate effective compliance with the Standards, against the 10 required KPIs.
- 2.2 At the beginning of the report, it can be useful to summarise your key findings. This could be displayed as an infographic (as below) or as a short, bulleted list:





**KPI 1: a statement outlining learning, changes or improvements to services or procedures as a result of consideration of whistleblowing concerns**

- 2.3 A fundamental principle of the Standards and whistleblowing procedure is to identify and act on learning from the outcome of whistleblowing concerns, the aim being to improve NHS services. Boards should ensure they have structured systems for capturing and recording whistleblowing concerns, their outcomes, and any resulting action taken to resolve the concern.
- 2.4 Good practice on reporting on these outcomes is to include:
- service improvements
  - action taken to resolve an issue
  - action taken to improve the board's whistleblowing processes
  - other improvements that have been made over the year to the whistleblowing process
  - how changes were communicated with the whistleblower and other staff involved
  - how their effectiveness and impact will be measured.
- 2.5 Boards are encouraged to use action plans to record and monitor actions and provide a basis against which to report progress and/ or share information.
- 2.6 Confidentiality is critical. Boards should be mindful about maintaining confidentiality when reporting. Sometimes confidentiality means reports need to be high level, with limited detail of the service or action taken. While it is helpful to provide as much information as possible, this should not be at the expense of confidentiality.
- 2.7 It is important to report positive practice as well as areas for improvement or learning, whether identified through case handling or through feedback.





2.8 Where there are failures to fully implement the Standards, or where reporting falls short of requirements (e.g., not all primary care providers or contractors have provided their annual returns) this should be highlighted and reflected in action plans.

## 2.9 **Good practice examples**

These examples demonstrate learning, changes, and improvements as a result of consideration of whistleblowing concerns:

“

**“A management review of how medications are ordered, stocked and administered was undertaken in a clinical area.”**

**“An external agency, which has been commissioned as part of a wider piece of work will support culture improvement within a clinical area.”**

”

“

**‘For each complaint that is upheld or partially upheld a documented improvement plan is put in place to address any learning. The action plan is agreed by the Director responsible for commissioning the investigation under the standards.’**

**‘To date recommendations from investigations have resulted in improvement being made to clinical supervisions, communication, and digital systems. Learning has come from poor local induction for staff new to areas, patient centred care and record keeping. Plans are in place for areas where training needs have been identified, such as in clinical procedures, staff development and HR policies, to ensure improvement.’**

”



**KPI 2: a statement to report the experiences of all those involved in the whistleblowing procedure (where this can be provided without compromising confidentiality)**

- 2.10 INWO expects boards to have feedback mechanisms in place for whistleblowers, other witnesses, confidential contacts, investigators, and all other staff involved in the process.
- 2.11 All these people will have important feedback on their experience of the process; what worked well, challenges, difficulties, and how they could be overcome in future. This can be a rich source of information about improvements that can be made to the local process.
- 2.12 Where action has been taken to ensure information is available to staff who may not have ready access to the most obvious forms of communication, this should be highlighted. This provides further assurance that the process is being given appropriate priority, as well as supporting awareness raising.
- 2.13 Having different systems in place for gaining feedback for stage 1 and stage 2 concerns enables more detailed feedback from a wider range of people, including feedback on early access to the process. Boards that have taken this approach have identified significant improvements to their processes following feedback.
- 2.14 **Good practice examples**

These examples show that feedback from all of those involved in the whistleblowing process was sought and provides insight into those experiences.

“Staff dealing with my concerns were very helpful and I truly felt I was being taken seriously.”

“Feedback was sought from everyone involved in whistleblowing cases, including commissioning managers, investigators, witnesses, and individuals raising concerns”.



### **KPI 3: a statement to report on levels of staff perceptions, awareness, and training**

#### **Staff awareness**

- 2.15 Awareness of the Standards is fundamental to their effectiveness and to nurturing a positive speak up culture.
- 2.16 Boards undertake a range of initiatives to raise staff awareness, including content in newsletters, holding specific whistleblowing events, some whistleblowing champions and other staff have also embarked on whistleblowing roadshows.
- 2.17 Good practice is to have an awareness raising plan or programme in place that sets out what activity will be undertaken and how its effectiveness will be monitored and measured.
- 2.18 The INWO's annual Speak Up Week is an integral part of this, and experience shows that active involvement and participation in Speak Up Week is a great catalyst for awareness raising.

#### **Staff training**

- 2.19 Boards (and other NHS providers) should ensure that staff have the knowledge and skills to implement and access the Standards.
- 2.20 Good practice is reflected by all those delivering services when they:
  - are knowledgeable about how to raise concerns (or where to go for advice)
  - know the channels they can use
  - are aware of the support available if they do raise concerns
  - know why speaking up is important and the benefits for the organisation in them doing so.



- 2.21 Additionally, good practice is also reflected by those receiving concerns or who have specific roles in the process, if they:
- are appropriately trained, e.g., in holding supportive conversations
  - have an appreciation of confidentiality
  - have role specific training and awareness of the requirements of their role. This includes:
    - whistleblowing champions
    - confidential contacts/ whistleblowing ambassadors, and any other representatives for raising concerns
    - executive directors involved in signing off investigations, and
    - investigators.
- 2.22 The INWO team have created three learning programmes to support this:
- General overview for those who may want to raise a concern
  - More detailed training on receiving concerns for managers and confidential contacts
  - Detailed training including governance requirements for senior managers.
- 2.23 All of these programmes are available through the Turas Learn website and boards can sign up to monitor the uptake of this training via NHS Education Scotland. Some boards have made this training mandatory for all staff, others have included it in induction training. Some boards reported training by roles and/or departments.
- 2.24 Good practice is to report on the number of people who have completed an INWO training course supplemented by details such as:
- context – what proportion of staff and managers have completed the training, when did they complete it and how have these numbers



changed over the year, including reference to any initiatives to increase engagement/ deadlines for completing the training

- reference to other training/ awareness raising initiatives e.g., training sessions within team meetings, facilitated learning sessions etc
- inclusion of training in induction programmes materials
- trends in the uptake of training modules; and
- the impact of awareness raising and training initiatives, both quantitative and qualitative.

## 2.25 Good practice examples

Below is an example of good practice when it comes to reporting on levels of staff training in context. We have also given an example of reporting the same information without context. If providing the number of staff trained, providing this as a percentage of total staff will add context.



“Overall compliance for the mandatory Whistleblowing TURAS modules is 55.4%” (this was then broken down into % per department)

Action to review which staff groups are raising concerns, to identify gaps and target future awareness raising.



“Training data shows that 126 staff have completed eLearning in relation to Whistleblowing, with a further 27 in progress.”

“In the past 12 months 309 staff members have completed this training and in addition to this, 42 managers have completed the module specifically for managers.”



The statements below tell us about staff perceptions and awareness, and what actions are being taken by the board in this regard.

“

**“We surveyed our partners in January 2022 and 72% knew about the Standards, with 60% understanding their role and 65% knowing where to get more information”.**

**“Exploring the position and action still required in regard to contractors having the requirement to adhere to the Standards being included in their contractual agreements.”**

”



#### **KPI 4: the total number of concerns received**

2.26 It is important to record, analyse, monitor, and report all whistleblowing concerns regularly and systematically.

2.27 Good practice includes:

- making a senior manager accountable for recording information, and ensuring systems are in place to capture it accurately
- report quarterly and monitor in year trends
- presenting quantitative information using graphics and charts that make it easy to understand
- make sure that case numbers tally, and if they do not, provide explanation as to why not. Where there appears to be discrepancy in the figures/ statistics provided, there may be good reason for this; it is best to be clear about any anomalies or explanations, for example when the number of cases received is greater than the number of cases closed
- explain your methodology for your interpretation/ analysis
- consider how to report on cases which span over two reporting years. If a case is not closed and is carried forward to the next reporting year, this should be highlighted and not included in case closed statistics.
- ask yourself the “so what?” questions, e.g.
  - so, what are the trends and what does that indicate?
  - so, what conclusions can you draw about speaking up, if any; or do figures indicate more research or exploration is needed?
  - so what action is needed?

2.28 **Good practice examples**

[Table 1](#) is a good example of how to report on the total number of cases received.



**Table 1: Total whistleblowing concerns received by quarter**

	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
<b>Total number of concerns received</b>	<b>3</b>	<b>3</b>	<b>4</b>	<b>11</b>	<b>21</b>
<b>No. reviewed at stage 1 (5 days)</b>	1	2	3	7	13
<b>No. reviewed at stage 2 (20 days)</b>	2	1	1	4	8





## **KPI 5: concerns closed at stage 1 and stage 2 of the whistleblowing procedure as a percentage of all concerns closed**

2.29 This KPI requires boards to report:

- total concerns closed
- % of these closed at stage 1
- % closed at stage 2
- % closed at stage 2 that were escalated directly to stage 2.

2.30 Some concerns will not be appropriate for stage 1 and should move straight to stage 2. This includes concerns which:

- contain issues that are complex and need detailed investigation
- relate to serious, high-risk, or high-profile issues, or
- the person does not want to be considered at stage 1 because they believe a full investigation is needed.

2.31 A case considered at stage 1 may come back for further consideration, and then be closed at stage 2. The organisation should record that the concern has moved from stage 1 to stage 2, and the records system must be clear that this is the same concern, not a new one.

2.32 Good practice includes:

- distinguishing between cases that have closed at stage 1, those that have progressed to stage 2 and those that were directly escalated to stage 2
- understanding the percentage of such cases
- tracking how they change over time and identifying insights such as how effective stage 1 is and what it may indicate about how safe people feel to raise concerns early.
- providing the percentage of cases closed at the different stages against the percentage of total concerns received.



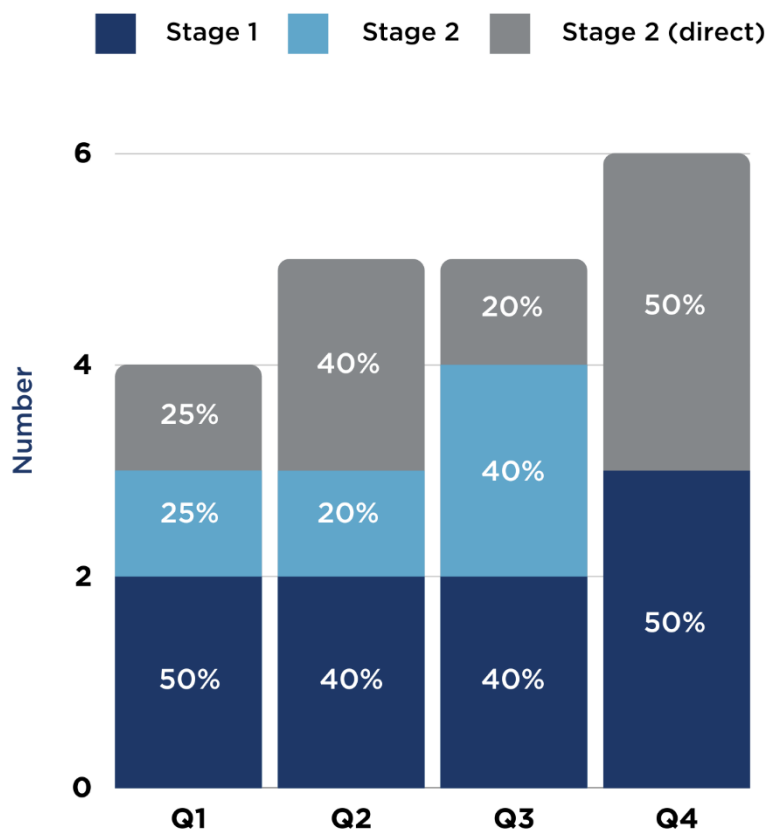
## 2.33 Good practice examples

[Table 2](#) and [Figure 1](#) show different good practice approaches to report on the total number of concerns closed at stage 1 and stage 2 of the whistleblowing procedure as a percentage of all concerns closed.

**Table 2: Concerns closed by stage as a percentage of all concerns closed**

Stage 1 concerns	
1	Total number of stage 1 concerns received
100%	Percentage of stage 1 concerns that were closed
100%	Percentage of stage 1 concerns closed within the five working days target
Stage 2 concerns	
5	Total number of stage 2 concerns received
100%	Percentage of stage 2 concerns that were closed
20%	Percentage of stage 2 concerns closed within the 20 working days target

**Figure 1: Concerns closed at each stage by quarter**





**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**

- 2.34 Openness and transparency throughout the whistleblowing process, including the outcome is crucial, as is ensuring that any lessons learned are shared both locally and more widely across the organisation.
- 2.35 As well as publicising performance in relation to concerns handling, all providers should show that they encourage staff to speak up, and that doing so leads to improvements in services. This helps to show staff that raising concerns can influence service delivery and improve the profile and transparency of the whistleblowing procedure.
- 2.36 Good practice includes:
- telling people the number of whistleblowing cases that have been upheld, partially upheld, and not upheld at both stage 1 and stage 2
  - telling people (as far as possible) what action has been taken and what improvements have been made as a result of investigations (ensuring confidentiality is maintained)
  - providing both quantitative and qualitative data relating to the outcomes of concerns
  - highlighting learning and improvement and demonstrating the positive impact of speaking up.

2.37 **Good practice examples**

[Table 3](#) below is a good example of how to report on the outcome of all concerns closed.



**Table 3: Outcome of all concerns closed**

	Not upheld		Partially upheld		Fully upheld		Total
	No.	%	No.	%	No.	%	
<b>Stage 1</b>	-	-	1	100%	-	-	1
<b>Stage 2</b>	2	40%	2	40%	1	20%	5



## **KPI 7: the average time in working days for a full response to concerns at each stage of the whistleblowing procedure**

- 2.38 The Standards contain timescales to ensure that organisations take prompt action and maintain focus on investigating and addressing the concern.
- 2.39 Our expectation is that there will be a thorough investigation of stage 2 concerns. We recognise that the 20 working day timeline may not always be achievable. This may be because of the complex nature of the concern, the issues raised, the requirement for support and confidentiality and/ or particular circumstances at the time.
- 2.40 Extensions to timescales may be agreed with leadership if it is clear that additional time is needed to ensure a thorough and robust investigation of the issues of concern. If an extension is put in place, it is important to update those involved with indicative revised timescales and provide regular updates on progress.
- 2.41 Good practice includes:
- having clear procedures for extending timescales and keeping whistleblowers and others informed
  - progressing related HR issues in parallel with the investigation into the concern(s). Every effort should be made to avoid delay as a result of associated HR procedures, as this could raise the risk of unsafe or ineffective service delivery.
  - reporting both quantitative and qualitative data relating to timescales, including agreed extensions
  - reporting the average working days to complete investigations, supplemented by other statistical information such as longest/ shortest, median, and so on can provide insight into what works well, potential barriers, challenges, and delays in the process.
- 2.42 This data is a source of learning and development, and we encourage boards to provide more detail around timescales.



## 2.43 Good practice examples

[Table 4](#) is a good example of how to report on average response times.

**Table 4: Average response times by department**

	Acute (working days)	Corporate (Working days)	HSCP/Prisons (Working days)	Total average (Working days)
<b>Stage 1</b>	9	10	9	10
<b>Stage 2</b>	71	13	261	89



**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**

2.44 This information is largely quantitative.

2.45 Good practice includes:

- presenting the number and percentage of concerns closed at each stage within the set timescales. This data will tell you if the set timescales are being met
- presenting the number and percentage of concerns closed at each stage that did not meet the timescales. Seek to understand the reasons for this to inform learning and improvement activity
- use tables, graphics, and charts to illustrate and inform
- exploring why extensions were sought, to identify if process changes could improve performance.

2.46 **Good practice examples**

2.47 [Table 5](#) is a good example of how to report on the number and percentage of concerns at each stage which were closed within the set timescales of 5 and 20 working days



**Table 5: Number and percentage of concerns closed within the set timescale by quarter**

		Q1	Q2	Q3	Q4
<b>Stage 1 (5 days)</b>					
	Average time in working days for responses	5	0	0	0
	No. of cases closed at stage 1 within timescale (%)	1 (100%)	0 (0%)	0 (0%)	0 (0%)
	No. of stage 1 cases extended	0	0	0	0
<b>Stage 2 (20 days)</b>					
	Average time in working days for responses	22	20	43	0
	No. of cases closed at Stage 2 within timescale (&)	1 (50%)	1 (100%)	0 (0%)	0 (0%)
	No. of stage 2 cases extended	1 (50%)	0 (0%)	1 (100%)	0 (0%)





**KPI 9: the number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1**

**KPI 10: the number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2**

2.48 KPI 9 and 10 both require information about the granting of extensions, by stage. The guidance is common to both, but it is important to report, against each KPI, as the learning from each is likely to be different.

2.49 The information from each stage should be distinct but presenting the data combined can add insight.

2.50 Good practice includes:

- ensuring both KPIs are reported on
- presenting data and performance against each KPI and stage clearly and distinctly
- identifying both numbers and percentages. It is important to do both, especially if numbers are small. Percentages are convenient for comparisons, but a table with only percentages in it does not give as much information as a table with the actual counts, which may not give the information required.

2.51 **Good practice examples**

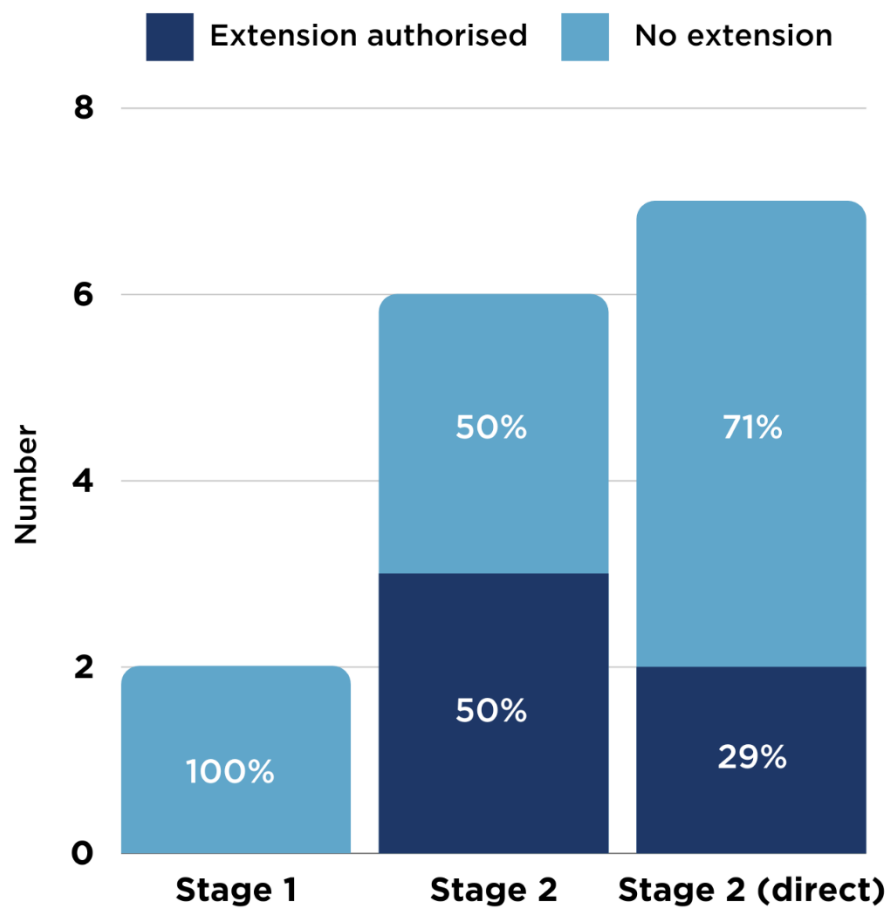
[Table 6](#) and [Figure 2](#) illustrate different approaches to presenting data for KPI 9 and 10.

**Table 6: Number of concerns closed where an extension was authorised**

Concern	Numbers received	Extension authorised	As % of all concerns
Stage 1	2	1	50%
Stage 2	1	1	100%



Figure 2: Number of concerns where extension is authorised by stage





### 3. Other good practice guidance

#### Confidential contact's role

3.1 The approach to the confidential contact's (CC) role varies across boards.

3.2 It is helpful to include information about the CC to enable shared learning and approaches.

3.3 Good practice includes information such as:

- how many CCs (or equivalent if they have a different name) there are in the organisation
- how they are organised (e.g., by department, by function,)
- how CCs are trained and supported
- do CCs have dedicated time for the role
- how much time CCs have spent on the role, and was it enough/ too much?
- how they have supported and facilitated access to the standard
- positive experiences and challenges
- insights and learning.

#### 3.4 Support for those involved in the process

Given the focus in the Standards on support and protection through the process, it is good practice to explain how this is being achieved. This could include how support needs are being recorded, what strategies are in place for protection from detriment, and the types of support available or used by whistleblowers and others involved in the process.

#### 3.5 Explanation of governance arrangements

Providing details of the governance and oversight of whistleblowing gives wider assurance that it is taken seriously by the board. This can be brief, but may, for example, include



- the respective levels of accountability in the executive
- the board committee that reviews quarterly and annual reports, and why this committee is appropriate and when they are expected to meet over the coming year
- the role of the whistleblowing champion.

### 3.6 **Presentation, format, and accessibility**

3.7 Reports are a key communication tool demonstrating commitment to speaking up and delivering against the Standards.

3.8 Reports should be accessible in how they are presented, formatted, and shared. There is no required format for reports. Guidance on this is covered throughout this document, but here are some top tips:

- report on and publish as much as you can without breaching confidentiality
- signpost them well to staff and members of the public
- use accessible language and graphics such as charts, graphs, infographics and pictorials
- offer them in alternative formats
- report systematically against each of the 10 required KPIs
- provide an overview of key findings and actions
- acknowledge the achievement of individuals
- publicly thank everyone for contributions whether as a whistleblower, those who contributed to investigation and those involved in the process.

### 3.9 **Primary care and contracted services**

3.10 NHS boards are responsible for ensuring all primary care and other contracted service providers supply the appropriate KPI information to their board as soon as possible after the end of each quarter (when concerns have been raised) and at the end of the year.



3.11 For contracted services, the contract or service level agreement should set out the requirements in relation to reporting concerns.

3.12 For board reporting, good practice includes reporting on:

- the number of primary care providers who should have provided annual returns, and the number and proportion that did, and did not do so
- action taken in relation to primary care providers who did not provide returns
- case numbers from these returns (including nil returns)
- learning and improvement identified
- the support that is provided to staff in primary care settings to raise concerns
- the support that is available to primary care providers about applying the Standards, particularly if they are conducting investigations
- processes by which the board gain assurance that the Standards are working effectively within primary care
- challenges and good practice identified and how they will be addressed/ shared.

### 3.13 **Good practice examples**

The examples below shows how to report information relating to primary care providers.

**Table 7: Number of primary care concerns received and closed by stage**

Primary care concerns	Numbers received	Numbers closed	As % of all concerns
Stage 1	3	3	100%
Stage 2	1	1	100%



**Table 8: Number of primary care concerns received**

<b>Primary care providers</b>	<b>Whistleblowing reports received</b>	<b>Total concerns received</b>	<b>% of returns received</b>
<b>53</b>	<b>53</b>	<b>4</b>	<b>100%</b>

“


**“We surveyed our primary contractors, 72% were confident about their awareness of the standards, 63% knew how to get more information and support relating to the standards and 27% said they required further training.”**

”



## 4. Appendix: KPI checklist

4.1 Checklist – Minimum information required for annual reports to meet reporting requirements on KPIs. NB, this can be modified to include other local requirements, but must be reported distinctly from the whistleblowing KPI data.

KPI	Requirement	
1	a statement outlining learning, changes or improvements to services or procedures as a result of consideration of whistleblowing concerns	
2	a statement to report the experiences of all those involved in the whistleblowing procedure (where this can be provided without compromising confidentiality)	
3	a statement to report on levels of staff perceptions, awareness and training	
4	the total number of concerns received	
5	concerns closed at stage 1 and stage 2 of the whistleblowing procedure as a percentage of all concerns closed	
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	
7	the average time in working days for a full response to concerns at each stage of the whistleblowing procedure	
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	
9	the number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1	
10	the number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2	