



Meeting:	PSD Scotland Board
Meeting date:	26 June 2026
Title:	2025-26 Whistleblowing Annual Report
Paper No.	PSDB/26/25
Responsible Executive/Non-Executive:	Kathryn Brechin, Executive Lead for Whistleblowing
Report Author:	Lynn Morrow, Whistleblowing Liaison Officer

1. Purpose

- 1.1. The PSD Scotland Board is asked to approve the NHS National Services Scotland (NSS) Whistleblowing Annual Report 2025-26 for publication, noting prior scrutiny by the Staff Governance Committee at its meeting on 16 June 2026.

2. Recommendation

- 2.1. As Executive Lead for Whistleblowing, I am assured that whistleblowing activity and cases were managed appropriately, in accordance with the Whistleblowing Standards, with learning being identified and improvements implemented.
- 2.2. It is recommended that the PSD Scotland Board approve the NSS Whistleblowing Annual Report 2025-26 for publication.

3. Report Summary

Situation

- 3.1. The National Whistleblowing Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS Boards to manage, record and report whistleblowing concerns. The Standards require quarterly data reporting and an annual report.

Background

- 3.2. Between 1 April 2025 and 31 March 2026, NSS was contacted on seven occasions through either the whistleblowing helpline or the confidential contacts service. Of these, one concern was raised as a named whistleblowing concern. Given its complexity, the concern was investigated at Stage 2 from the outset and was upheld. The relevant Business Area made significant progress in implementing the recommendations, and progress was reported to both the Partnership Forum and the Staff Governance Committee.
- 3.3. The number of concerns received by NSS was low, but remained comparable to the number of concerns received by other National Boards across Scotland.
- 3.4. NSS continued to work with contractors (both NSS specific and those with national contracts) to obtain information on any whistleblowing concerns received during the reporting period. No such concerns were received.
- 3.5. Compliance with whistleblowing training continued to improve across staff groups. Completion was monitored by the Whistleblowing Team, with targeted follow-up in areas of lower compliance to support consistent awareness and understanding of reporting routes and protections.

4. Assessment

Quality, Value, Care and Technology

- 4.1. Lessons learned from managing cases were used to improve processes and to support organisational learning from case outcomes.
- 4.2. INWO issues bulletins highlighting best practice, new guidance and lessons learned. These were reviewed by the Whistleblowing Team and learning implemented as required, for example through updating Standard Operating Procedures (SOPs) to strengthen and improve whistleblowing processes.

Workforce

- 4.3. The Whistleblowing Standards, and the associated structures and processes, are intended to ensure that staff feel safe and supported to raise concerns that may affect public, service user or staff wellbeing. The findings of this report therefore supported workforce wellbeing and staff governance.
- 4.4. There are no workforce implications directly associated with this paper.

Financial

- 4.5. There are no financial implications directly associated with this paper. The whistleblowing team engaged with the Fraud Liaison Officer (FLO) on a regular basis to ensure connectivity in reporting.

Education and Training

- 4.6. Whistleblowing education and training was promoted and monitored to ensure all staff understood how to raise concerns, the support available, and the organisation's commitment to confidentiality and protection from detriment.

Information Governance

- 4.7. A review of the Data Protection Impact Assessment (DPIA) was undertaken in November 2023 and signed off by the NSS Data Protection Officer. Further reviews will be carried out as required to ensure procedures remain fit for purpose.

Environmental and Climate Sustainability

- 4.8. There are no material environmental or climate sustainability implications arising directly from this paper.

Equality, Diversity, Human Rights and Health Inequalities

- 4.9. In November 2023, a follow up review of the Equalities Impact Assessment, first undertaken in 2020, was undertaken and assessed the impact of the whistleblowing standards on staff and those who provided services on behalf of the NHS.
- 4.10. No material corporate parenting implications have been identified in relation to this paper.

Other Impacts

- 4.11. No other material impacts have been identified in relation to this paper.

Risk Assessment/Management

- 4.12. Whistleblowing concerns may relate to wrongdoing, patient safety or malpractice for which the organisation has oversight, responsibility or accountability. The arrangements described in this report support the identification, investigation and management of such risks.

Communication, Involvement, Engagement and Consultation

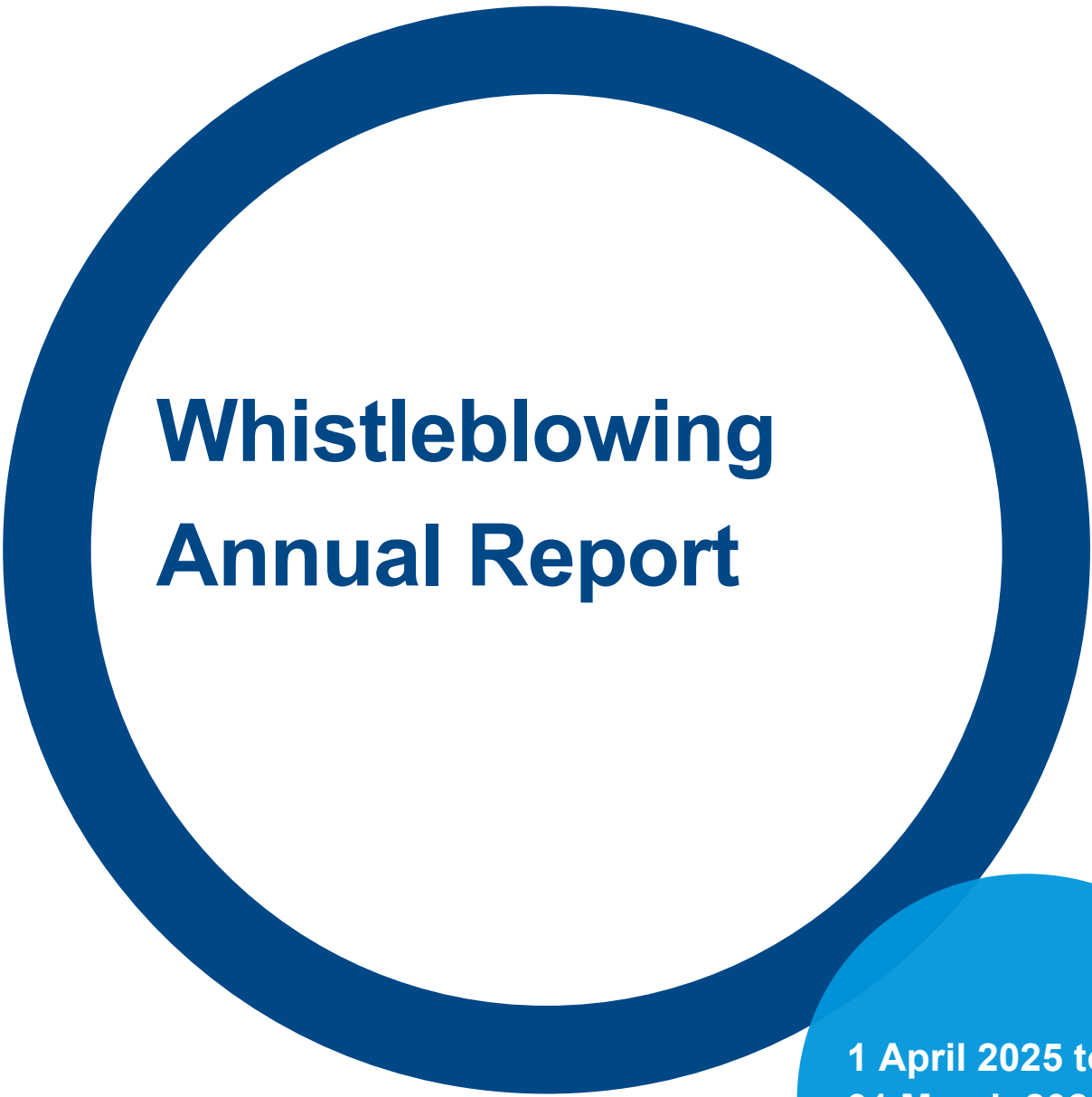
- 4.13. We worked with current in-scope contracted suppliers to ensure compliance with whistleblowing policy requirements. This included oversight of both NSS-contracted services and national contracts managed on behalf of NHS Scotland.
- 4.14. We collated information on any concerns reported by contractors and, on an annual basis, issue an electronic return to all in-scope suppliers of contracted services. This required details of any whistleblowing concerns raised during the financial year, or confirmation of a nil return.

Route to the Meeting

- 4.15. This annual report was scrutinised by the Staff Governance Committee, prior to being submitted to the PSD Scotland Board for approval.

5. List of appendices

- 5.1. The following appendices are included with this report:
- Appendix No 1 – NSS 2025-26 Whistleblowing Annual Report



Whistleblowing Annual Report



**1 April 2025 to
31 March 2026**

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1. Introduction

This is our fifth annual whistleblowing report since the National Whistleblowing Standards came into effect on 1 April 2021. It is also the final annual whistleblowing report to be produced by NHS National Services Scotland (NSS). From 1 April 2026, NSS will become part of Public Services Delivery Scotland (PSD Scotland), and future whistleblowing reporting will be taken forward through those new organisational arrangements.

We continued to support and promote an environment in which employees, former employees, bank and agency workers, contractors (including third sector providers), trainees, students, volunteers, and others working alongside our staff could raise concerns.

In this report, we aim to be transparent about how whistleblowing concerns were handled, the actions taken, and the improvements made to our services as a result. We also share the learning arising from these experiences. The report sets out our performance against the national key indicators required by the Independent National Whistleblowing Office (INWO).

In line with the requirements of the National Whistleblowing Standards, information is shared at a level that protects the identity of the whistleblower and does not identify anyone who contributed to an investigation.

This report covers activity from 1 April 2025 to 31 March 2026.

2. Background

Whistleblowing is an important process that enables individuals to speak up about concerns relating to the quality and safety of patient care and our service delivery. How we respond to concerns is crucial to ensuring that individuals feel heard, supported, and confident that their concerns are taken seriously and acted on appropriately.

In line with the organisation's values, whistleblowing was a key part of a transparent, accountable, and safe workplace culture. We encouraged concerns to be raised and addressed at the earliest opportunity and, where possible, in real time through the management structures in which our staff worked. Alternative routes were also available, including through more senior managers, trade unions, and other appropriate contacts.

To support these alternative routes, we had a network of Confidential Contacts who provided an additional source of support for colleagues wishing to discuss workplace concerns or issues. We also operated a dedicated whistleblowing telephone and email service. The telephone line was supported by the Whistleblowing Support Team and monitored daily during office hours.

Our Staff Governance Committee (SGC), which included the Whistleblowing Champion (WBC), provided formal scrutiny of this report. This included assurance on compliance with the National Whistleblowing Standards and performance against the associated key performance indicators (KPIs). This scrutiny formed part of the Board's established governance framework and its ongoing commitment to promoting and sustaining a strong 'Speak Up' culture across the organisation.

The Whistleblowing Champion and Executive Lead played active roles in engaging with the organisation, raising awareness of speaking up, and overseeing whistleblowing governance and reporting arrangements. This included assurance through quarterly reporting and the production of this annual report, supporting oversight, accountability, and continuous improvement alongside wider Board assurance mechanisms.

3. Whistleblowing 2025-26 – At a Glance



Although anonymous and unnamed concerns cannot be formally investigated under the National Whistleblowing Standards, or considered by the Independent National Whistleblowing Office (INWO), we adopted good practice to ensure those concerns were considered appropriately. Where possible, the handling of anonymous and unnamed concerns followed the principles and processes of the Whistleblowing Standards, as far as practicable.

4. Concerns Received

Between 1 April 2025 and 31 March 2026, our Whistleblowing Helpline and Confidential Contact Service were contacted on seven occasions. Of these, one concern was raised as a named whistleblowing concern.

The remaining contacts were made through the Confidential Contact Service and related to workforce policy matters.

The whistleblowing concern was investigated at Stage 2 from the outset due to its complexity. Based on information gathered during the investigation, the concern was upheld.

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 reporting period to 31 March 2026, one named whistleblowing concern was investigated. This compared with no concerns in 2024–25, one in 2023–24, two in 2022–23, and three in 2021–22. While year-on-year numbers fluctuated at a low level, overall activity remained limited and broadly consistent with recent reporting periods.

Whistleblowing activity and trends continued to be subject to regular scrutiny through established governance arrangements, including quarterly reporting to the Staff Governance Committee and oversight by the Whistleblowing Executive Lead and Whistleblowing Champion, providing assurance on compliance with the Whistleblowing Standards and the effectiveness of local processes.

Key Performance Indicators (KPIs) for the total contacts received, those raised under the whistleblowing procedure, and those investigated as whistleblowing concerns are set out in **Section 6**.

5. Referrals to INWO

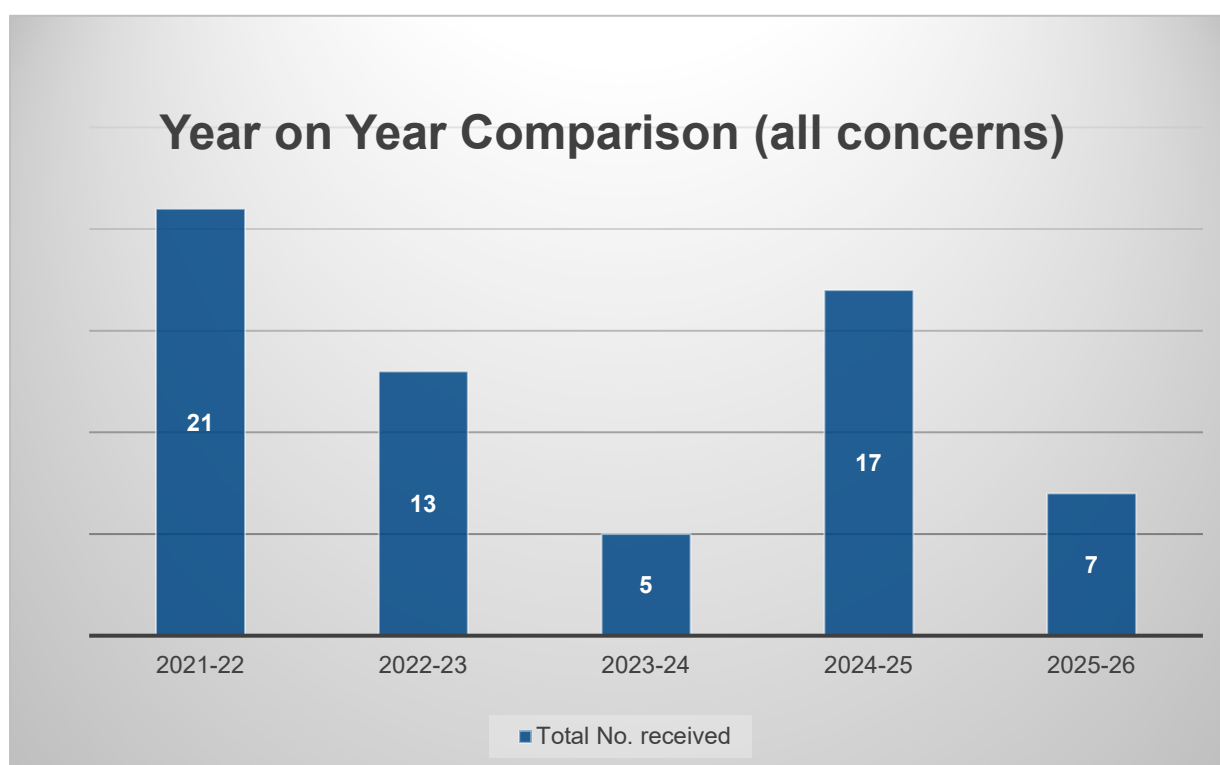
During 2025–2026, no referrals were made to the Independent National Whistleblowing Office (INWO) in respect of whistleblowing concerns raised within NSS.

6. Key Performance Indicators (KPIs)

The following Key Performance Indicators (KPIs) were subject to quarterly review by the NSS Partnership Forum and the Staff Governance Committee as part of routine governance arrangements.

6a Concerns Received

	Q1	Q2	Q3	Q4	Total
Total number of concerns received	1	2	3	1	7
Number of whistleblowing concerns	1	0	0	0	1
No. reviewed at Stage 1 (5 days)	0	0	0	0	0
No. reviewed at Stage 2 (20 days)	1	0	0	0	1
No. classed as anonymous/unnamed	0	0	0	0	0
Number not classed as Whistleblowing	0	2	3	1	6

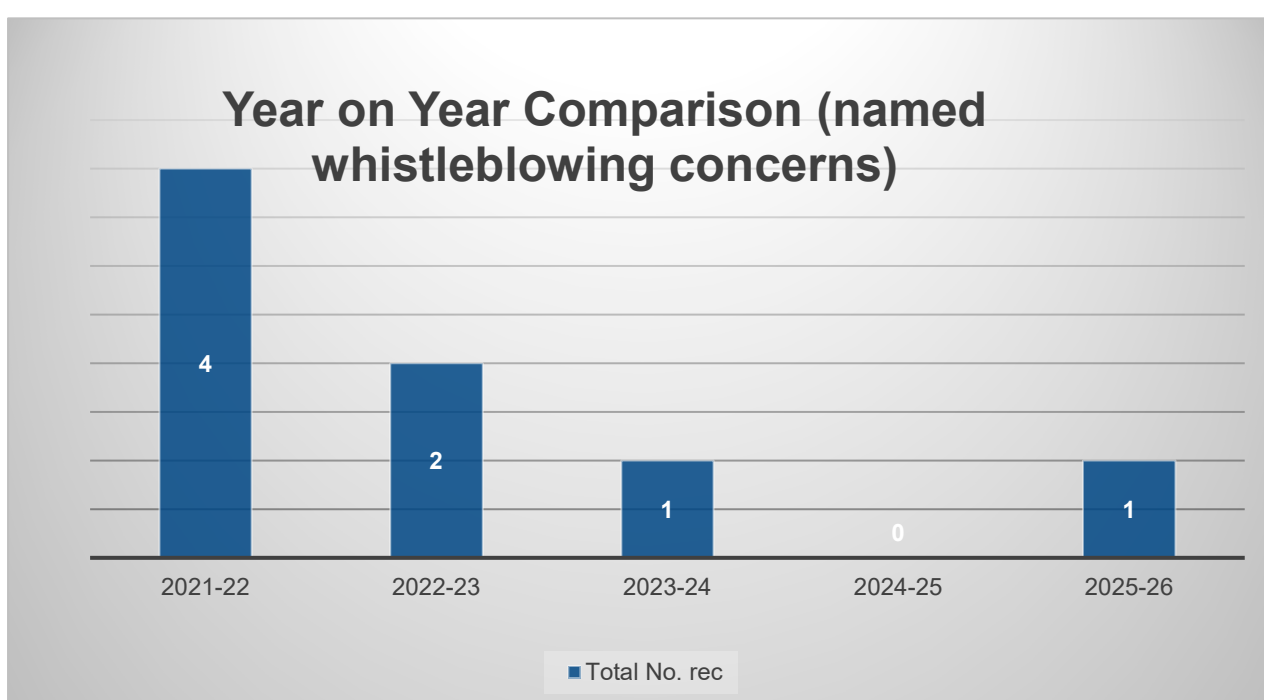


The remainder of this report focuses on the whistleblowing concern referred to the whistleblowing service, either through the Confidential Contacts or directly by the individual who raised the concern.

6b Whistleblowing Internal/External/Contracted Services

	Q1	Q2	Q3	Q4	Total
No. of concerns – Internal	1	0	0	0	1
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(0%)
No. and % closed at Stage 2	1(100%)	0(0%)	0(0%)	0(0%)	1(100%)

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	1	0	0	0	1
Partially Upheld	0	0	0	0	0
Not Upheld	0	0	0	0	0
TOTAL	1	0	0	0	1

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)	1	0	0	0
Average time in working days for responses	26	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	1(100%)	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

During Quarter 1, a single named whistleblowing concern was raised in relation to recruitment practices. An independent investigation, conducted in line with the Whistleblowing Standards, identified inconsistencies in the application of recruitment procedures and highlighted impacts on staff experience. The concern was upheld, and an action plan was agreed to address the issues identified and strengthen compliance and inclusive practice.

8. Learning, Changes or Improvements

We undertook continuous improvements to our processes and the support provided to individuals raising concerns at all levels. Improvements were 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 included:

- As part of the named concern detailed above, the Whistleblowing Team received feedback regarding the wording of invitations issued to witnesses. Specifically, it was noted that the language could be clearer in indicating that individuals were being invited to attend interviews in the capacity of witnesses. In response, the team reviewed and updated all relevant templates to ensure clarity and consistency in communication.
- Embedding NSS Values within day-to-day practice remained a central focus. The staff development day was delivered around the theme of kindness, and two team members volunteered to become Kindness Champions. The Kindness Champions contributed actively at each Team Talk and were regularly referenced across departmental meetings, reinforcing positive behaviours, supporting colleagues, and strengthening psychological safety and team cohesion. To maintain momentum and recognise positive practice, a quarterly Staff Kindness Bulletin was also introduced to highlight successes, colleague shout-outs, and examples of values-led working.
- The Directorate continued to strengthen its compliance with NSS recruitment standards, ensuring that all recruitment activity followed established organisational procedures. Every recruitment panel included both an HR representative and an independent manager, providing consistent oversight, objective challenge, and assurance around fairness and transparency. This supported improved decision-making and reduced the risk of bias in the selection process.
- A comprehensive review of job descriptions was underway within the Directorate to ensure they accurately reflected current roles, responsibilities, and the skills required to deliver high-quality services. This work was undertaken in full partnership with HR and Trade Union representatives to ensure transparency,

alignment to organisational frameworks, and clarity for current and prospective employees. Updated job descriptions were intended to support more effective recruitment, clearer expectations, and improved workforce planning.

- To support continuous improvement and strengthen staff voice, a new feedback mechanism was introduced out with the formal iMatter cycle. A dedicated feedback form was launched, enabling colleagues to submit suggestions, raise ideas, and highlight concerns at any time. Submissions were directed to the senior management team to support timely review and action. In addition, a monthly review and discussion of the five Staff Governance Standards was embedded within Team Talk, providing a routine opportunity to reflect on practice and identify areas for improvement. A mini staff survey aligned to the five standards was also undertaken using Mentimeter, with very positive results reported.

9. Staff Perceptions, Awareness and Training

9a Staff Perception/Awareness

As in previous years, the 2025 iMatter Survey included two optional statements on whistleblowing:

- 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.

The 2025 iMatter Survey showed that 72% of the 2,555 respondents who answered these questions strongly agreed or agreed that they felt confident they could safely raise concerns about issues in their workplace. A lower proportion, 60%, strongly agreed or agreed that they were confident their concerns would be followed up and responded to. The table below compares these results with those reported in 2024 and 2023.

Statement	2025 respondents	2024 respondents	2023 respondents
I am confident that I can safely raise concerns about issues in my workplace	1,788 of 2,555 (72%)	1,863 of 2,662 (70%)	1,854 of 2,575 (72%)
I am confident that my concerns will be followed up and responded to	1,533 of 2,555 (60%)	1,517 of 2,662 (57%)	1,545 of 2,575 (60%)

NSS used iMatter data alongside other feedback mechanisms, including staff surveys, engagement activity, exit interviews and themes emerging from concerns raised, to assess staff confidence in speaking up and perceptions of psychological safety. This information was used to identify hotspots and areas of concern,

recognise good practice, and target additional support across staff groups, roles, teams and locations where required. It was triangulated with quarterly whistleblowing and Confidential Contact data, and with themes from INWO cases, to support proportionate improvement action through established governance routes.

9b Whistleblowing Training Figures

We encouraged staff to complete the NHS Education for Scotland (NES) whistleblowing training module, available through TURAS for all employees and senior managers. The module provides learning on the National Whistleblowing Standards and the role of INWO.

Whistleblowing training figures, provided by Human Resources, as at 31 March 2026 are set out below.

	24-25		25-26		
	Q4	Q1	Q2	Q3	Q4
Employees					
Headcount	2357	2354	2343	2387	2410
Complete	1797	1830	1974	2080	2175
Compliance %	76.2%	77.7%	84.3%	87.1%	90.2%
Line Managers					
Headcount	558	561	563	555	574
Complete	376	386	417	417	441
Compliance %	67.4%	68.8%	74.1%	75.1%	76.8%
Senior Managers (AfC 8B and above)					
Headcount	325	314	311	326	318
Complete	117	191	212	225	238
Compliance %	54.5%	60.8%	68.2%	69.0%	74.8%

Following the introduction of the Whistleblowing Standards in 2021, the 2024–25 period marked the completion of the first three-year cycle of mandatory whistleblowing training, which contributed to some fluctuation in compliance rates. To support continued engagement, the Whistleblowing Team remained actively involved with Directorates to promote training uptake. In addition, we worked closely with the HR Business Partners aligned to each Directorate to further encourage participation.

10. Working with Contractors

We worked with in-scope contracted suppliers to ensure compliance with whistleblowing policy requirements. This included oversight of both NSS-contracted services and national contracts managed on behalf of NHS Scotland.

We would collate information on any concerns reported by contractors and, on an annual basis, issued an electronic return to all in-scope suppliers of contracted services. This required details of any whistleblowing concerns raised during the financial year, or confirmation of a nil return.

For the 2025–2026 reporting year, no whistleblowing concerns were raised by the identified NSS in-scope suppliers.

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 2025-26 there was proactive staff messaging (via all staff emails and Stay Connected Staff Newsletter) including:

- Communications throughout the year reminding staff to complete the relevant whistleblowing training module as well as how to contact Confidential Contacts and the Whistleblowing team;
- Engagement with clinical leaders from across NSS in a focused discussion on the critical importance of fostering a speak up culture. The session reinforced NSS' commitment to openness, transparency and continuous improvement through active listening and responsive action.
- A session for Nurses, Midwives and Allied Health Professionals to raise awareness of creating a safe speak up culture where everyone feels empowered to raise concerns.
- As part of Speak Up Week daily LinkedIn posts showcased NSS messages, promoting openness, psychological safety, and awareness of speak-up routes;

The campaign achieved an overall engagement rate of **11%**, well above the industry benchmark where over 5% is considered excellent. The top performing post reached a **30%** engagement rate (examples retained internally).

NSS colleagues were also featured by the Scottish Public Services Ombudsman on LinkedIn, expanding visibility and reinforcing the organisation's commitment to transparency and learning.



12. Confidential Contacts

Our Confidential Contacts provided a listening, supportive and signposting role under the relevant policies for staff who wished to raise concerns. They undertook this role on a voluntary basis, in addition to their substantive roles within NSS.

Confidential Contacts received training covering the role of the confidential contact, relevant HR policies, whistleblowing procedures and listening skills. An electronic recording form was used to enable the anonymous recording of contacts made.

The Whistleblowing team and Confidential Contacts met regularly to discuss the support and service they provided to staff. These meetings enhanced understanding of the experiences of Confidential Contacts and the key themes emerging from the service, informing annual planning for both the service and wider organisational needs.

13. Our Services

We provided services and advice to the NHS and wider public sector in Scotland. Since its inception, NSS provided a wide range of national services that ensured health boards and other health, and care partners could 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 10
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 10
3.	A statement to report on levels of staff perceptions, awareness and training.	Section 9, Page 11
4.	The total number of concerns received	Section 6a, Page 6
5.	Concerns closed at stage 1 and stage 2 of the whistleblowing procedure as a percentage of all concerns closed.	Section 6c, Page 8
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 8
7.	The average time in working days for a full response to concerns at each stage of the whistleblowing procedure.	Section 6e, Page 9
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 9
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 9
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 9

This annual report will be published on the PSDScotland website.

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