



**Scottish  
Ambulance  
Service**

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# Annual Whistleblowing Report

## April 2024 – March 2025



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## **Introduction**

It has been another challenging year for Health and Social Care in Scotland and as such, the Scottish Ambulance Service and its staff have faced continued pressures. It remains a priority for the Service during these challenging times that staff are encouraged and supported to speak up about any concerns they have.

Scottish Ambulance Service have continued to actively support and promote a healthy culture of openness and transparency by focussing on the promotion and implementation of our organisational values which are aligned with those of NHS Scotland. This report describes the Scottish Ambulance Service's response to national Whistleblowing arrangements, the approach taken within the service as well as an overview of the concerns raised through the Whistleblowing route and the themes and organisational learning, as a result of the process to investigate the concerns from 1<sup>st</sup> April 2024 to 31<sup>st</sup> March 2025.

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

### **Governance and Assurance**

SAS ensures there is a clear process in place for raising concerns and details of the Confidential Contacts within SAS are available on both the intranet and public facing website. This includes information on how confidential contacts support staff by providing an initial point of contact for people wishing to raise a concern, provide information and advice, and assist and support people to raise a concern through the most appropriate route. By learning from INWO bulletins, we have now introduced a form for those unable to access the intranet that may wish to raise Whistleblowing concerns e.g. contractors. This form is now available via our public facing website and submits the responses to our confidential contact mailbox.

We continue to monitor staff views of our Whistleblowing information on our intranet and use of the toolkit and report this in our quarterly Whistleblowing report which is discussed at our Clinical Governance Committee and our Staff Governance Committee. We have now introduced additional assurance where any actions generated from Whistleblowing concerns are reported, and have oversight, in our newly formed Patient Safety and Clinical Risk group. Following outcomes of some Whistleblowing investigations where we failed to meet the National Whistleblowing Standards, we have introduced a new agreed process for the Executive Lead to follow with sign-off and support from the SAS Executive Team. This has proved successful for the handling of more recent concerns.

We previously managed all our concerns via the Datix system. This has now switched to InPhase as part of the change from Datix to InPhase for the whole organisation. To ensure confidentiality there is still a very limited staff group have access to this information. InPhase has clearer reporting and will allow us to continue to track themes and trends and to collate investigations and reports efficiently and effectively.



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### **Examples of Actions from Concerns:**

1. Improved governance and management of Whistleblowing concerns with newly updated Executive Lead process
2. Improved governance processes and oversight for any changes and updates to the New Clinical Response Model (NCRM)
3. Increased Research, Development and Innovation (RDI) team involvement in supporting the NCRM group

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

For the first time we issued a questionnaire to all those involved in whistleblowing across SAS to ask for comments on their experiences over the past year. This included confidential contacts, investigators and Executive Team members. Below is a summary of some of the comments we received.

Please comment on the following

1. Your knowledge or awareness of the National Whistleblowing Standards prior to involvement in the whistleblowing process. How has this changed?

*"I was only vaguely aware of them prior to be asked to investigate. I am now more aware of them as I had to read them in order to do the investigation justice."*

*"Limited to pre-conceived ideas and personal experience. Now far more in-depth understanding of what it actually is, impact and processes involved."*

*"I had a somewhat limited apprehensive awareness of the National Whistleblowing Standards, having been involved has required a focus on particularly the process which has allowed for a greater understanding and appreciation of the process, supported by the SAS WB lead."*

2. Thinking about the whole process, what do you think SAS does well?

*"I would like to think our engagement and support of staff who require to use the Whistleblowing process particularly in how we maintain communication with those involved"*

*"Keeping confidentiality, and keeping whistle-blowers safe and able to feel like they can engage in the process and know that they are being heard."*

*"Clear guidance re process and support to staff now in place."*

*"From a 'board' perspective, I see a desire from those involved to promote openness and the process (while maintaining confidentiality) and trying to learn from investigations and concerns. I recognise this may not always be the view from the WB /staff side"*



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3. Thinking about the whole process, what do you think SAS could improve?

*“Speed - this is an issue for most people as these investigations can be really time consuming and when you are doing this at same time as doing your normal day job , its really difficult to give it the focus it requires at times.”*

*“From a SAS perspective we could reduce concerns being raised if staff felt confident to engage in the many business as usual processes. It is often through lack of support and engagement that they feel the need to approach a confidential contact due to feeling they have exhausted all other avenues which often isn't the case.”*

*“Perhaps more awareness in general of the process for all Managers e.g. reminding them of the legal requirement for confidentiality.”*

4. How have you supported and facilitated staff to access and understand the Standards?

*“Directing staff to the appropriate information source has enabled a further understanding.”*

*“Conversations with people, signposting to @SAS WB pages and INWO web, being available”*

5. Are there any particular challenges or achievements you would like recognised?

*“I would just like to praise the staff for raising whistleblowing concerns and being patient enough to allow SAS to investigate, and work with us to reach solutions in sometimes really difficult circumstances.”*

*“The challenges of maintaining anonymity of the WB, how to have a realistic conversation about what this really does/can mean in practice. Raising a WB concern is not without personal risk.”*

Whistleblowers are offered to provide feedback via an optional questionnaire following conclusion of their investigation, but we had no returns this year. In addition, we have had added the option of reflective discussions with those raising the concerns with the Exec Lead for Whistleblowing following conclusion of their investigation. We have had two of these discussions and similar themes to the above were expressed and a key concern is that of the timeliness of investigations. This is evidenced by KPI 7, however it is worth noting that this is a challenge across Scotland.

With the feedback provided, we need to continue to improve timeliness of responses and investigations. In order to do this, we plan to create further support for investigators including more regular check-ins with the Whistleblowing Lead and offer of a technical expert to support.



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

#### **Whistleblowing Training**

Training on the Whistleblowing Standards and Once for Scotland Policy remains a priority for the Service and information for this is available for all our employees on our intranet. The Whistleblowing Standards and TURAS training have been widely communicated throughout the Service via staff engagement sessions and staff bulletins.

Confidential contacts and whistleblowing investigators support Whistleblowing concerns across the organisation and are from a variety of corporate and clinical services, ensuring system resilience in supporting staff raising concerns have been established. Online training via TURAS is completed by the confidential contacts and any lead investigators.

#### @SAS Whistleblowing Views Statistics for 24/25

- Whistleblowing Home page - 207 new individual members of staff (1556 in total) visited the page 559 times (3402 in total)
- Confidential Contacts details – 67 new individual members of staff (377 in total) visited the page 182 times (832 in total)
- Whistleblowing toolbox – 82 new individual members of staff (270 in total) visited the page 140 times (450 in total)
- Whistleblowing overview – 29 new individual members of staff (142 in total) visited the page 46 times (210 in total)
- Whistleblowing FAQs – 49 new individual members of staff (330 in total) visited the pages 90 times (501 in total)

We will continue to advertise the Whistleblowing section of @SAS periodically in the banners sections of the home page, as well as direct staff to this during their corporate induction and Speak-Up Week.

#### **Whistleblowing Network**

Last year we developed an effective Peer Support network for the SAS Confidential Contacts. This continued this year, and the group met quarterly where Confidential Contacts, and potential confidential contacts, can discuss best practice, use INWO Case Studies to generate discussion, and discuss how we can increase the understanding of Whistleblowing procedures in the organisation.

We now have 9 confidential contacts across the organisation. Work will continue to maintain and expand the Whistleblowing network within the service, with a particular emphasis on a greater variety of job roles and protected characteristics. This year the SAS Whistleblowing lead attended the SAS Equality Networks to raise awareness of Whistleblowing procedures and encourage a more diverse range of Confidential Contacts.

All members of the Whistleblowing Network have been invited to join the Scottish Speak Up Network. This network meets monthly and provides a valuable forum for members of our



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network to share learning across the wider NHS. The SAS Whistleblowing Lead also attends the quarterly NHS Scotland Whistleblowing Practitioners Forum.

## **Speak Up Week 2024**

The Service ran a programme of events across the five days of Speak Up Week 2024 between Monday 30<sup>th</sup> September and Friday 4<sup>th</sup> of October. This included a panel discussion with the members of the Executive Team discussing the importance that speaking up has on patient safety and in creating a transparent culture and continuous improvement in the service. At this session, staff were given the opportunity to ask questions and be involved in the discussion. Other sessions included practical tips on what all staff members can do to create safe spaces, the role of and becoming a confidential contact and speaking up about sexual safety in the workplace. The programme was communicated to staff via internal comms including the Chief Executive's bulletin on the run up to the week. The week was well received by staff and led to multiple follow-up enquiries.

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

We received a total number of 14 concerns to the Whistleblowing mailbox between 1<sup>st</sup> April 2024 and 31<sup>st</sup> March 2025.

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

Of the 14 concerns received, 1 was taken forward under Whistleblowing. 1 (7%) was launched as Stage 1 and 0 at Stage 2.

Of the remaining 13 concerns, 7 were taken forward as BAU and 5 did not require further input at the time of raising the concern. 1 concern was forwarded to the Counter Fraud Services.

## **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**

### Stage 1 Closed

Total: 1

Upheld: 1 (100%)



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Partially upheld: 0

Not upheld: 0

#### Stage 2 Closed

Total: 1

Upheld: 1 (100%)

Partially upheld: 0

Not upheld: 0

Please note: The closed Stage 2 concern was launched 2023/24 but was closed 2024/25, so is not included in KPI 4 or 5.

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

Stage 1: average time to full response: 28 days (target 5 days)

Stage 2: average time to full response: 279 days (target 20 days)

#### **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**

##### Stage 1

Total: 1

Closed within target time: 0 (0%)

##### Stage 2

Total: 1

Closed within target time: 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**



In all WB cases extensions have been authorised and the Whistleblower is regularly kept up to date with progress of investigations (100%).

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

In all WB cases extensions have been authorised and the Whistleblower is regularly kept up to date with progress of investigations (100%).

## **Reflections**

The numbers of concerns raised within the service is higher than previous years, but we have launched fewer Whistleblowing Investigations. This will be partly due to the revised and strengthened Executive Lead process with a greater focus on early resolution and business and usual processes. Further work is required to explore the impact of culture, attitudes and behaviours in relation to raising whistleblowing concerns. The Service is working hard on staff wellbeing and culture which could have an impact on people feeling they are able to speak up and utilise Whistleblowing procedures when needed.

There is a need to improve our timescales of the Whistleblowing investigations at both Stage 1 and Stage 2. The investigations are often complex and require a robust investigation making the INWO targets of 5 and 20 days ambitious. As per INWO, both Stage 1 and Stage 2 investigations can be extended, as long as updates are provided to the Whistleblower. Within SAS we have ensured continual engagement during all stages of the investigation.

## **Next Steps**

- Continue to improve and refine the whistleblowing processes based on learning and feedback with a particular focus on evidencing actions via the Patient Safety and Clinical Risk Group.
- Explore the opportunities to continue to share learning from whistleblowing concerns with staff whilst maintaining confidentiality
- Plans for Speak Up week in 2025 are underway to work to improve resolution of concerns when they are initially raised with management to avoid escalation to Whistleblowing procedures



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## **Conclusion**

Although there have been challenges, there has been meaningful progress made since the introduction of the Whistleblowing Standards within the Service in terms of setting up the network, training staff and sharing information. We will continue to champion this change, engaging with staff and strengthening governance and evidencing learning from Whistleblowing over the course of 2025/26.



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