



Royal College
of Nursing
Scotland

RCN Scotland's response to

National guidance for NHS staff on speaking up in NHS Scotland

Speaking up Guidance Feedback Survey

27 February 2026

National guidance for NHS staff on speaking up in NHS Scotland Speaking up Guidance Feedback Survey

Questions 4-6 and 8-13 were multiple choice: strongly agree / agree / neither agree nor disagree / disagree / strongly disagree

The Survey

3. Before this survey, were you aware of the National Whistleblowing Standards and HIS's responding to concerns role?

Aware of both

4. Overall, the guidance is clear and easy to understand.

Agree

5. The structure and layout of the guidance document makes it easy to follow.

Agree

6. The sequencing of the information in the guidance document is logical

Agree

7. Please add any comments in relation to the layout and accessibility of the document.

No comment

8. The guidance clearly explains how you can raise a concern.

Agree

9. The guidance clearly explains how you can access further support and advice about raising concerns

Agree

10. The examples at the end of the guidance cover the main questions a person is likely to have in relation to raising a concern.

Disagree

11. The examples at the end of the guidance help the reader to understand the process.

Neither agree nor disagree

12. After reading the guidance, I am confident that the guidance will help someone who wants to raise a concern about NHS services.

Disagree

13. After reading the guidance, I am clear on the roles and responsibilities of HIS and the INWO

Neither agree nor disagree

The Survey (*Continued*)

14. Please add any comments in relation to the content of the document.

Re: Q10. The examples seem to cover the right areas but that doesn't equate to the answers being adequate. If a person says "I do not feel safe to speak to someone internally" then the answer must recognise and address the issue that the person clearly does not feel safe with respect to their employer, and the answer should not simply reiterate further duties to which the employer is subject given that the person is looking to complain about the fact that the employer has already (allegedly) breached other duties to which it is subject. The answer should begin "If you feel unsafe then you can contact..." and list who that might be [e.g. INWO, your trade union, your professional organisation, the Protect charity] for advice and then explain that "All organisations that deliver NHS services must provide staff with at least one point of contact etc." The same point can be made with respect to somebody who says, "I am having difficulty getting a response." Referring them firstly to the "confidential contact," who may be perceived as employer-biased, is the wrong way round. We do not make these suggestions to imply the confidential contact is - or is likely to be - employer-biased but only that the perception that they might be is more likely to put people off proceeding at all.

Re Q11. There is insufficient clarity on who counts as "prescribed persons" under PIDA 1998 and the precise circumstances in which it is appropriate to contact them as opposed to INQO or HIS. This paragraph should be altered as shown:

PIDA [remove "includes" and insert "allows for the creation of"] a list of external organisations (called 'prescribed persons') who workers can raise concerns with. Individuals raising concerns with prescribed persons will be protected if the person reasonably believes that the information they are disclosing is true and that the subject matter falls within the remit of the external organisation. [Insert The list is set out here <https://www.gov.uk/government/publications/blowing-the-whistle-list-of-prescribed-people-and-bodies--2/whistleblowing-list-of-prescribed-people-and-bodies>]

The point being that PIDA itself does not include the list. The list is set out across multiple sets of regulations made under PIDA. If you tell people the list is in PIDA and they look up PIDA and the list is not there they're lost and it may put them off proceeding.

Re Q13. We agree in part. There is insufficient clarity on the roles and responsibilities of HIS and the INWO. The table differentiates between them by saying that "The whistleblowing definition is broad and covers different types of risks of harm and wrongdoing in the public interest" *whereas* "HIS can consider concerns about the safety or quality of NHS services."

However, the letter of the whistleblowing definition itself mentions "a risk of harm or wrongdoing" and the examples provided at the link in the draft guidance include, inter alia:

- "patient-safety issues
- patient-care issues
- poor practice
- unsafe working conditions"

The Survey (*Continued*)

For many people these matters will be indistinguishable from matters of “the safety or quality of NHS services.” Exactly which organisation covers what needs to be more clearly delineated in the guidance. If this confusion stems from the underpinning law - in other words, it's not the guidance that's the problem it's the law – then:

- that should be made clear and
- it should also be made clear how INWO and HIS operate in practice to make the distinction real for people wishing to raise a concern

For example, “There is some overlap in the law between the role of INWO and the role of HIS but INWO and HIS generally work in a way that means that issues to do with [XYZ] are handled by INWO and issues to do with [ABC] are handled by HIS”

15. Would you recommend any changes to the guidance to improve clarity, accessibility, or effectiveness?

See comments above

16. Is there important information you feel should be added to the guidance?

See comments above

17. Do you have any other comments or suggestions for improving the guidance?

See comments above



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