NHS Ayrshire & Arran

Meeting: **Ayrshire and Arran NHS Board**

Meeting date: **Monday 2 June 2025**

Title: **Whistleblowing Report:**
                           Quarter 4 - 1 January to 31 March 2025

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1.   Purpose

This paper is presented to the NHS Board for:
- Discussion

This paper relates to:
- Government policy/directive

This aligns to the following NHSScotland quality ambition(s):
- Safe
- Effective
- Person Centred

2.   Report summary

2.1   Situation

The paper is presented to NHS Board members for assurance and discussion on organisational activity for whistleblowing concerns raised in Quarter 4 (January – March 2025).

2.2   Background

The National Whistleblowing Standards and Once for Scotland whistleblowing policy (the Standards) were introduced on 1 April 2021. The Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS Boards to manage, record and report whistleblowing concerns. It is a requirement of the Standards that whistleblowing data is reported quarterly to the NHS Board.

The Standards also require that Boards publish an annual report setting out performance in handling whistleblowing concerns. The annual report will summarise and build on the quarterly reports, including performance against the requirements of the Standards, Key Performance Indicators (KPIs), the issues that have been raised and the actions that have been or will be taken to improve services as a result of concerns.

In NHS Ayrshire & Arran the agreed governance route for reporting on whistleblowing is to Staff Governance Committee and then to the NHS Board. The NHS Board report will be shared with Integration Joint Boards following the NHS Board meeting.

2.3 Assessment

Appendix 1 provides details of Whistleblowing concerns raised across the organisation by staff and those who provide services on behalf of NHS Ayrshire & Arran. This demonstrates our performance in the national key indicators as required by the INWO and includes key areas of Whistleblowing handling, as well as highlighting outcomes and providing more detail on Whistleblowing themes. Over time, this approach will illustrate trends and, more importantly, allow us to evidence necessary improvement and learning in response to the trends and themes demonstrated.

The report at Appendix 1 provides performance information on:

- Whistleblowing concerns raised
- Learning, changes or improvements to service or procedures
- Experience of individual(s) raising concern(s)
- Level of staff perceptions, awareness and training
- Whistleblowing themes, trends and patterns

2.3.1 Quality
Procedures for raising concerns should provide good-quality outcomes through a thorough but proportionate investigation. The approach to handling whistleblowing concerns ensures that learning and improvement is progressed for upheld whistleblowing concerns and are shared across all relevant services.

2.3.2 Workforce
The Standards support our ambition for an open and honest organisational culture where staff have the confidence to speak up and all voices are heard. This is focused through our organisational Values of 'Caring, Safe and Respectful' and promoting a culture of psychological safety.

2.3.3 Financial
There is no financial impact.

2.3.4 Risk assessment / management
If staff do not have confidence in the fairness of the procedures through which their concerns are raised, or do not feel assured that concerns raised will be acted upon, there is a risk that they will not raise valid concerns about quality, safety or malpractice. The opportunity to investigate and address these concerns will have been lost, with potentially adverse impact on quality, safety and effectiveness of services.

There is also a wider risk to organisational integrity and reputation if staff do not believe they will be listened to and do not feel senior leaders in NHS Ayrshire & Arran are fulfilling the organisation's Values of 'Caring, Safe and Respectful' and promoting a culture of Psychological Safety.

2.3.5 Equality and diversity, including health inequalities
A local Equality Impact Assessment (EQIA) for the Standards is in place and published on our [public facing website](#). This assesses the impact of the Whistleblowing Standards on staff and those who provide services on behalf of the NHS with protected characteristics.

2.3.6 Other impacts
- **Best value:** Governance and accountability and Performance management. The delivery of an effective process for whistleblowing concerns will support the Board's commitment to safe, effective and person-centred care. Effective handling of concerns supports the delivery of the Healthcare Quality Strategy.

- **Compliance with Corporate Objectives** - Create compassionate partnerships between patients, their families and those delivering health and care services which respect individual needs and values; and result in the people using our services having a positive experience of care to get the outcome they expect.

2.3.7 Communication, involvement, engagement and consultation
There is no requirement for formal engagement with external stakeholders in relation to the formulation of this paper. There has been wide communication of the Standards across the organisation.

2.3.8 Route to the meeting
This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Whistleblowing Oversight Group on 17 April 2025
- Staff Governance Committee on 7 May 2025

2.4 Recommendation

For discussion. Board members are asked to discuss the performance report in relation to concerns raised in Quarter 4 (January – March 2025).

3. List of appendices

- Appendix 1 - Whistleblowing performance report for Quarter 4, 1 January to 31 March 2025.

NHS
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Whistleblowing Quarter 4 Report
1 January 2025 – 31 March 2025

Whistleblowing Performance Report
Quarter 4 – 1 January 2025 to 31 March 2025

1. Introduction

This report provides details of whistleblowing concerns raised across the organisation by staff and those who provide services on behalf of NHS Ayrshire & Arran. This report demonstrates our performance in the national key indicators as required by the INWO and includes key areas of whistleblowing handling, as well as highlighting outcomes and providing more detail on whistleblowing themes. Over time, this approach will illustrate trends and, more importantly, allow us to evidence necessary improvement and learning in response to the trends and themes demonstrated.

2. Learning, changes or improvements to service or procedures (KPI-1)

System-wide learning, changes or improvements to services can be limited by the need to maintain confidentiality of individual whistleblowers. For each concern that is upheld, or partially upheld, a documented improvement plan is put in place to address any shortcomings or apply the identified learning. The plan is agreed by the Director responsible for commissioning the investigation under the Standards, and monitored through the department's governance group as agreed with the Commissioning Director.

Progress against plans is monitored by the Corporate Governance Coordinator whilst actions transition from the whistleblowing process to business-as-usual action/improvement plans. The Whistleblowing Oversight Group receive updates on progress on a quarterly basis.

Table 1 shows the status of improvement plans from concerns raised in 2022/23, 2023/24 and 2024/25.

Year and total number of investigations		Investigations		Improvement Plans		Learning Plans	
		Open	Closed	Open	Closed	Open	Closed
2022/23	3	-	3	July 2023	July 2024	-	-
				Dec 2023	Oct 2024	-	-
				June 2024	Mar 2024	-	-
2023/24	1	-	1	April 2024	Dec 2024	-	-
2024/25	4	3	1*	-	-	-	-

Table 1

During Q4, one improvement plan was closed in March 2024 with the agreement of the Commissioning Director, this was the one remaining plan from 2022/23, with actions moved to Business as Usual (BAU).

Plans remain open until all actions are complete or moved to BAU. Improvement plans are monitored through the relevant department's governance group as agreed with the Commissioning Director, with feedback on closure to the Whistleblowing Oversight Group. Progress is monitored by the Corporate Governance Coordinator.

At this time, there is no data for the three open Stage 2 concerns from 2024/25 as the investigations are ongoing.

*There was no improvement plan for the Stage 1 concern closed in Q3 2024/25.

3. Experience of individuals raising concern/s (KPI-2)

Individuals who raise concerns are given the opportunity to feedback on their experience of the whistleblowing process once the process has concluded. Any feedback received is viewed as learning and helps us to make improvements in our processes as appropriate.

An anonymous feedback survey is shared with those involved in the whistleblowing process. This includes the individual who raised the concern and those involved with the investigation.

As no concerns were closed in this quarter there is no feedback to report.

4. Level of staff perception, awareness and training (KPI-3)

We continue to issue communications across the organisation to remind staff about whistleblowing, the Standards and how to raise a whistleblowing concern. This is supported by our Communication Team through Daily Digest and eNews.

The Whistleblowing Policy and process continues to be highlighted to new staff as part of the Corporate Induction Programme and to newly appointed managers and leaders during training sessions.

Monthly reports are produced to monitor completion of the Turas Whistleblowing eLearning modules. As at 31 March 2025, 77.1% of managers and 43.8% of staff had completed the Turas Whistleblowing e-Learning modules. This is an improvement from 69.5% and 39% respectively, reported at end December 2024. Communication continues to be shared through Daily Digest and eNews to remind that it is mandatory for line managers and leaders to complete the relevant Turas Whistleblowing modules.

5. Whistleblowing concerns received (KPI-4)

Table 2 below shows the **total number of concerns received in quarter 4** through the whistleblowing process and at what stage.

Total concerns received Q4	Appropriate for WB	Stage 1	Stage 2
4	1	-	1

Table 2

Four concerns were received in Q4:

- two were calls from individuals to the Speak Up telephone number who left a voicemail. The Interim Whistleblowing Coordinator returned the calls and provided information on the whistleblowing processes, the protection afforded by the Standards and how to contact the Confidential Contacts. One caller made contact with a Confidential Contact and an update from the individual; no further contact from the other caller to date.

- two concerns from individuals were carefully reviewed by the Whistleblowing Decision Team: the team agreed one concern should be taken forward through the whistleblowing process at Stage 2 and an investigator is being identified. The second was reviewed as whistleblowing, with advice sought from the INWO, who advised that the concern was not eligible for the whistleblowing process; in light of this the concerns would be taken forward as a corporate investigation following the principles set out in the Standards.

No immediate risk was identified to patient safety in the concerns received in Q4, with no action required.

Chart 1 below shows the number of concerns progressed as whistleblowing (Stage 1 and Stage 2) received in Q4 compared with Q4 in previous years.
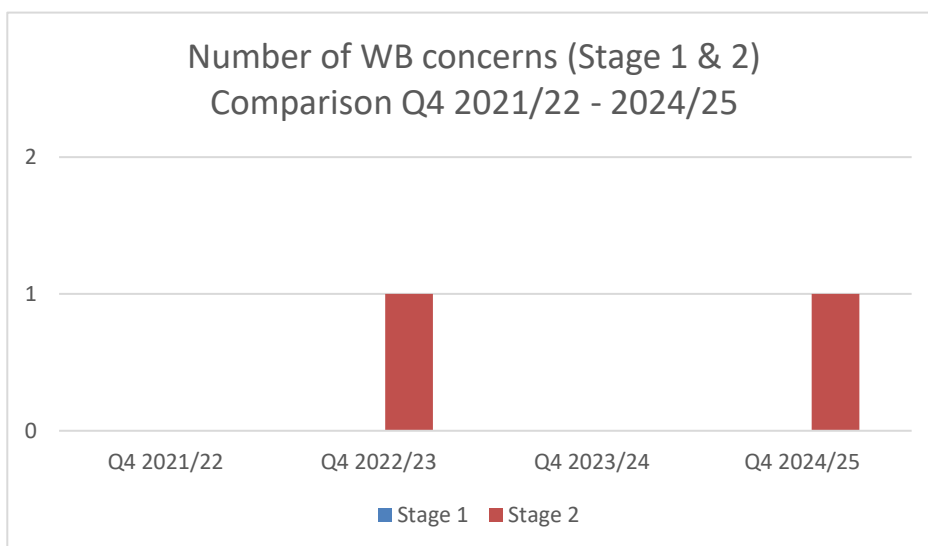

Chart 1

6.   Concerns closed (KPI-5)

This indicator reports on the numbers of concerns closed at Stage 1 and Stage 2 of the procedure as a percentage of all concerns closed.

Table 3 shows that during Q4 no concerns had been closed. The investigation of the stage 2 concerns received in Q2, Q3 and Q4 are ongoing.

Total concerns received by Quarter in 2024/25			Nos Closed	Nos ongoing	% Closed against received
Q2	Stage 2	1	-	1	0%
Q3	Stage 1	1	1	-	100%
Q3	Stage 2	1	-	1	0%
Q4	Stage 2	1	-	1	0%

Table 3

7.   Concerns outcomes (KPI-6)

This indicator reports on concerns upheld, partially upheld and not upheld at each stage of the whistleblowing procedures as a percentage of all concerns closed in full at each stage.

7.1   The definition of a Stage 1 concern - Early resolution is for simple and straightforward concerns that involve little or no investigation and can be handled by providing an explanation or taking limited action, within 5 working days. No stage 1 concerns were received during Q4.

7.2   The definition of a Stage 2 concern - are concerns which tend to be serious or complex and need a detailed examination before the organisation can provide a response within 20 working days.

During Q4, no Stage 2 concerns were closed therefore there is no outcome to report.

8.   Timeliness of handling whistleblowing concerns (KPIs 7, 8, 9 and 10)

This section reports on:

KPI-7 The average time in working days for a full response at each stage of the whistleblowing procedure

KPI-8 Number and percentage of concerns closed in full within set timescales

KPI-9 and 10 Concerns where an extension was authorised

No concerns were closed this quarter with the one whistleblowing concern agreed in Q2 ongoing; therefore there is no data available for these indicators.

It is expected that the concern received this quarter will be extended beyond the stage 2, 20 working day, timescale due to the complexity of the concerns raised. The person raising the concern has been made aware of the need to extend the investigation period.

9.   Whistleblowing themes, trends and patterns

This section provides information on themes from whistleblowing concerns raised and will aid identification of any improvement priorities, and to progress learning in a targeted manner.

9.1   Breakdown by themes

The Stage 2 concern received in Q4 aligned with unsafe working conditions as shown in Table 5, it was indicated that there may be patient care/safety matters however this was less clear and will be considered as part of the investigation.

Themes 2024-25	Q1	Q2	Q3	Q4
Patient Care	-	1	1	1
Patient Safety	-	1	1	1
Poor Practice	-	1	1	0
Unsafe working conditions	-	1	1	1
Fraud	-	0	0	0
Changing or falsifying information about performance	-	0	0	0
Breaking legal obligations	-	0	0	0
Abusing Authority	-	0	1	0

Table 4

9.2 Breakdown of concerns by service

The Stage 2 concern received in Q4 related the North Ayrshire Health and Social Care Partnership. It is not possible to provide detail of the working area as this may impact the confidentiality of the whistleblower.

10. Independent National Whistleblowing Officer (INWO)

10.1 Referrals to the INWO

A clear indicator of the satisfaction of those who raise concerns can be derived from the number of concerns that are escalated to the Independent National Whistleblowing Officer (INWO). At this current time, there have been no referrals to the INWO.

10.2 INWO Stage 3 investigation reports

Under the Standards, whistleblowers can contact the INWO if they are unhappy with how their whistleblowing concerns have been investigated and responded to by Health Boards. The INWO investigates each case independently and reports on the findings, outcomes and learnings which are published on the [INWO website](#). These are highlighted to Boards through quarterly INWO Bulletins. Locally, these reports are reviewed to benchmark our processes where appropriate and to identify any areas for learning or improvement to local process to ensure best practice.

In quarter 4 the INWO published a Stage 3 report into a concern raised with them about a health board's lack of service planning, with learning specific to the service in question.

11. Speak Up week

Speak Up Week is a national annual engagement event which was launched by the INWO in 2022. Speak Up week in 2025 will take place from 29 September to 3 October. Building on previous years and feedback, the theme this year is 'Listen, Act, Build Trust'. Announcements are awaited from the INWO team around daily subtopics, speakers and more, so that we can plan our engagement appropriately.