

NHS Ayrshire & Arran

Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 11 August 2025
Title:	Whistleblowing Annual Report 2024-2025
Responsible Director:	Jennifer Wilson, Nurse Director
Report Author:	Linda Lee, Interim Whistleblowing Coordinator Shona McCulloch, Head of Corporate Governance

1. Purpose

This is presented to the NHS Board for:

- Discussion

This paper relates to:

- Scottish Government policy

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

The NHS Board is asked to receive and discuss this report on organisational activity in relation to whistleblowing for 2024-2025.

2.2 Background

Each NHS Board is required to provide an annual report to provide assurance that the Board has discharged its role as set out in The National Whistleblowing Standards.

Once approved by the NHS Board, the report is submitted to the Independent National Whistleblowing Officer (INWO).

2.3 Assessment

The report summarises and builds on the quarterly reports produced by the Board, 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. The report provides a

range of information to provide assurance to Governance Committee and Board members on our implementation and compliance with the Standards.

Key Messages

- An 'At a glance' infographic provides a summary of key findings for 2024/25 at the beginning of the report.
- Several areas of improvement identified and implemented following whistleblowing investigations.
- A short anonymous survey was used to provide a snap shot of staff awareness on how to raise concerns. The outcome being that 94% of staff are confident on how to do so.
- At end March 2025 77.1% of managers had accessed and completed the Turas Learn modules.
- Following a benchmarking exercise against other territorial Boards 2023/24 annual reports, it is reassuring to note the number of Stage 1 and 2 concerns received by Boards of a comparable size to NHS Ayrshire & Arran are low, this provided assurance that NHS Ayrshire & Arran is not an outlier.
- Speak Up Week afforded the opportunity to further promote the whistleblowing process, the Confidential Contacts, Speak Up Advocates and the training available.
- Our plans for 2025-2026 and exploring new ways to gain feedback and improve communication across all staff groups.

2.3.1 Quality/patient care

An open and transparent whistleblowing process ensures good-quality outcomes for cases raised 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 are no financial implications as a result of this annual report.

2.3.4 Risk assessment/management

Failure to have in place an open and honest whistleblowing process that delivers the requirements of The National Whistleblowing Standards could have an impact as valid concerns about quality, safety or malpractice may not be raised. The opportunity to investigate and address these concerns will have been lost, with potentially adverse impact on quality, safety and effectiveness of services in NHS Ayrshire & Arran. 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 is 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

This is an annual report on organisational activity in relation to whistleblowing and an impact assessment is not required for the report. A local Equality Impact Assessment (EQIA) which assesses the impact of the Standards on staff and those who provide services is available on our [public facing webpage](#).

2.3.6 Other impacts

- This will support the requirements of the National Whistleblowing Standards.
- **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 to produce this annual report.

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 July 2025
- Staff Governance Committee on 23 July 2025.

2.4 Recommendation

For discussion. NHS Board Members are asked to discuss this Annual Report on organisational activity in relation to whistleblowing complaints 1 April 2024 – 31 March 2025 and confirm they are assured by the performance reported and future plans to review and improve our processes in accordance with the Standards.

3. List of appendices

Appendix 1 – NHS Ayrshire & Arran Whistleblowing Annual Report 2024-2025.



Whistleblowing Annual Report 2024-2025



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Introduction

This marks the fourth annual report from NHS Ayrshire & Arran prepared in accordance with the National Whistleblowing Standards (the Standards). Over the past year, we have continued to learn and evolve through each concern raised and investigated, reflecting our commitment to continuous improvement.

Since the implementation of the Standards on 1 April 2021, NHS Ayrshire & Arran (NHSAA) has maintained a consistent and transparent process for collecting whistleblowing information across all applicable NHS services. Within NHSAA, any individual involved in delivering services—whether directly employed or otherwise—can raise concerns using the same reporting mechanism available to NHSAA staff. This inclusive approach extends to former employees, agency workers, individuals on short-term or insecure contracts (such as locums and bank staff), contractors (including third-sector providers), trainees, students, volunteers and colleagues working alongside NHS staff, including those in Health & Social Care Partnerships (HSCPs).

Whistleblowing is a principled and ethical act, and NHSAA is committed to supporting all individuals who choose to raise concerns. We recognise that the decision to whistleblow is often difficult and not taken lightly. Our organisation is dedicated to providing a compassionate, impartial, and effective whistleblowing service. This process serves as a vital channel for honest feedback, enabling us to hear directly from staff and service providers about issues that matter. In doing so, we gain valuable insights that help us identify risks, implement safeguards, and drive meaningful improvements. These risks may affect not only service users but also the organisation and its workforce.

This report presents a comprehensive overview of whistleblowing concerns raised throughout the organisation by both staff and service partners. It outlines our performance against the key indicators set by the Independent National Whistleblowing Officer (INWO), highlights outcomes, and explores recurring themes. Over time, this approach will help us identify trends, demonstrate accountability, and most importantly, provide evidence of the improvements and learning achieved in response to the concerns raised.



Jennifer Wilson, Nurse Director /
Executive Lead for Whistleblowing

1. Background

All NHS organisations and providers in Scotland are required to follow the National Whistleblowing Principles and Standards [The National Whistleblowing Standards](#) (the Standards). The Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS service providers to handle concerns that are raised with them and which meet the definition of a 'whistleblowing concern'.

As part of the 'Once for Scotland' Workforce Policies Programme, [the Whistleblowing Policy](#) directs NHS Scotland Boards to The Whistleblowing Standards (the Standards).

Under the Standards, all NHS Scotland Boards are required to publish their Annual Whistleblowing Report, which must also be shared with the INWO.

In order to deliver successful implementation of the Standards across the organisation and our partners, our Nurse Director, as Executive Lead, initially formed a Whistleblowing Steering Group (WBSG) to develop an implementation programme. This group included appropriate Directors, the Board's Non-Executive Whistleblowing Champion, the Employee Director and the Area Clinical Forum Chair to ensure wide representation. As the work progressed, this group developed into the Whistleblowing Oversight Group supported by an Implementation Group to deliver the detailed implementation programme. This Implementation Group involved sector leads, Nurse Director and Corporate Governance Team representatives.

Under the direction of our Nurse Director, as Executive Lead for Whistleblowing, NHSAA successfully implemented the Standards, with the majority of actions completed by the go live date of 1 April 2021, with full implementation at the end of June 2021. The Implementation Plan included a detailed Communication and Training Plan which supported roll out of the Standards across the organisation. The implementation was supported by a Whistleblowing Steering Group and as the work progressed this group developed into the Whistleblowing Oversight Group.

As part of this implementation, NHSAA developed the current Speak Up model of Confidential Contacts and Speak Up Advocates. This includes a dedicated Speak Up Helpline telephone number and dedicated email contact. Access to the helpline and mailbox is limited to key staff members to ensure that confidentiality is maintained for those who require assistance or wish to raise a concern.

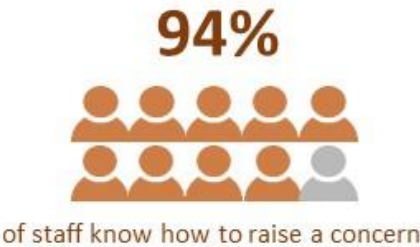
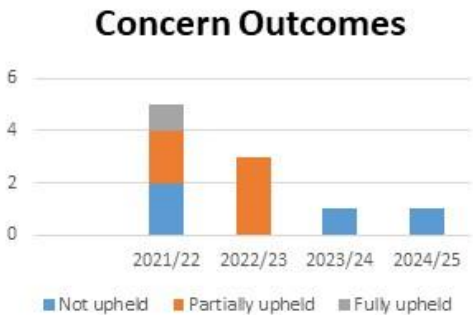
Following implementation, it was agreed to retain the Whistleblowing Oversight Group (WBOG). The WBOG continue to meet quarterly to provide oversight of our processes and systems and to ensure compliance with the Standards is maintained, recognising that this is a continuing learning process. The WBOG includes the Executive Lead for Whistleblowing, the NHSAA Whistleblowing Champion, the Employee Director and representation from HR and Corporate Governance. Quarterly and annual performance reports are provided to our Staff Governance Committee and NHS Board meetings to provide assurance that the organisation is delivering the requirements of the Standards.

2. At a glance

Whistleblowing 2024-2025: At a glance



Speak Up Week



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

- 3.1 NHSAA is committed to learning and improving from whistleblowing complaints. For each complaint that is upheld or partially upheld, a documented Improvement Plan is put in place to address any learning. The Improvement Plan is agreed by the Director responsible for commissioning the investigation under the Standards with progress monitored through the appropriate governance route. We recognise that system-wide learning, changes or improvements to services can be limited by the need to maintain confidentiality of individual whistleblowers.

Table 1 below shows the numbers and status of improvement and learning plans from 2021 - 2025.

Year	Number of Improvement Plans		Number of Learning Plans	
	In Progress	Closed	In Progress	Closed
2021-2022	-	4	-	1
2022-2023	-	3	-	-
2023-2024	-	1	-	-
2024-2025	-	-	-	-

Table 1

It is worth noting that from 2024/2025, there are three open Stage 2 concerns with investigations ongoing. Feedback on the investigations and Improvement Plan closures will be provided to the Whistleblowing Oversight Group once the cases are complete and this will be included in future reporting to the NHS Board.

In Quarter 4 of 2024/2025, one Improvement Plan was closed (March 2025) with the agreement of the Commissioning Director, this was the one remaining plan from 2022/23, with actions moved to Business as Usual (BAU).

- 3.2 Identified Improvements and System Wide Learning

As investigations into the concerns received in 2024/25 are still ongoing as of 31 March 2025, it is not yet known what the outcome or learning will be. This will be reported in the quarterly reports for 2025/26 once available.

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

- 4.1 All those who raise concerns are given the opportunity to provide feedback, through an anonymous survey, on their experience of using the whistleblowing procedure in order that we can learn and make any improvements in our processes as appropriate.

Feedback will be gathered from all those involved in the whistleblowing process. This will aid the improvement of the process and identify areas of improvement and learning.

Responses received to date have, in general, been positive in terms of being kept up to date throughout the process and the way in which anonymity was maintained throughout. Returns to date continue to be limited.

Examples of questions and the feedback received are as below:

Question	Feedback
What was your impression of the staff who were dealing with the concerns?	Administrative staff were very helpful and polite and listened at all times. I felt that investigating staff didn't always listen well.
Do you have any suggestions to help us improve our whistleblowing process?	The timescale was very long due to varying reasons. So might there be two people used to investigate or the investigator given time off from their job so that it can get completed in that time e.g. one month to six weeks.
Please use this section for any additional comments:	The administrative staff kept me informed at all times, which made me feel happier about the time it was taking as it still showed people were interested in my concerns.

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

- 5.1 NHSAA has continued to raise awareness of the Standards with staff in 2024/2025 through a wide range of staff communications. It is difficult to quantify staff perceptions, feedback from Speak Up week and the iMatter survey has been favourable.
- 5.2 Speak Up Week: 30 September - 4 October 2024
- Speak Up Week is the INWO national annual engagement event, which was launched in 2022. Speak Up week 2024, took place from 30 September to 4 October 2024, with a theme of "Enabling Speaking Up" with NHS Chief Executives and Directors being encouraged to pledge their support.
 - The week provided an opportunity to engage staff about the benefits of speaking up, raising awareness about how to raise concerns, promoting a positive Speak Up culture and the difference it can make within the NHS in Scotland. It was also an opportunity to raise awareness about local arrangements for speaking up and to promote the role of our Confidential Contacts and Speak Up Advocates - the overall theme being the benefits of speaking up
 - Information on Speak Up Week was disseminated to staff the week before the event as a Stop Press communication, included in the eNews and Daily Digest and emailed directly to all managers for sharing with teams. The Stop Press provided details of where staff could access information online and in person at several locations across the organisation. This included Acute and Health & Social Care Partnership sites

- Approximately 200 staff (an increase of 25% on last year) visited the face to face sessions which were supported by the Confidential Contacts, Speak Up Advocates, the Whistleblowing Champion and Whistleblowing Coordinator. Staff were provided with information on how to raise a concern and who they could speak with confidentially, for example, the Confidential Contacts and Speak Up Advocates. Promotional items were provided which are always well received. The response from staff in relation to raising concerns was positive. Staff welcomed the A4 information poster featuring our Confidential Contacts and Speak Up Advocates and were reassured that any contact is confidential. Staff attending the engagement events were also encouraged to complete the anonymous staff survey
- Two 30 minute sessions were held on MS Teams. These were facilitated and attended by Jennifer Wilson, Nurse Director and Whistleblowing Lead, Sukhomoy Das, Board Non-Executive Whistleblowing Champion, Ewing Hope, Employee Director and our Confidential Contacts. Attendance at these sessions was disappointing with no staff members joining. This may have been due to the timing of the sessions or the result of offering Overview sessions on the lead up to Speak Up Week. Either way the format and / or value in offering these sessions will be re-evaluated for 2025
- A short anonymous survey was used at the engagement events to provide a snap shot of staff awareness on how to raise concerns. This year's survey was completed by 163 staff as compared to 136 in 2023. In 2024, 94% of staff indicated that they knew how to raise concerns as opposed to 84% in 2023. This is an increase of 10% on the previous year as shown in Chart 1.

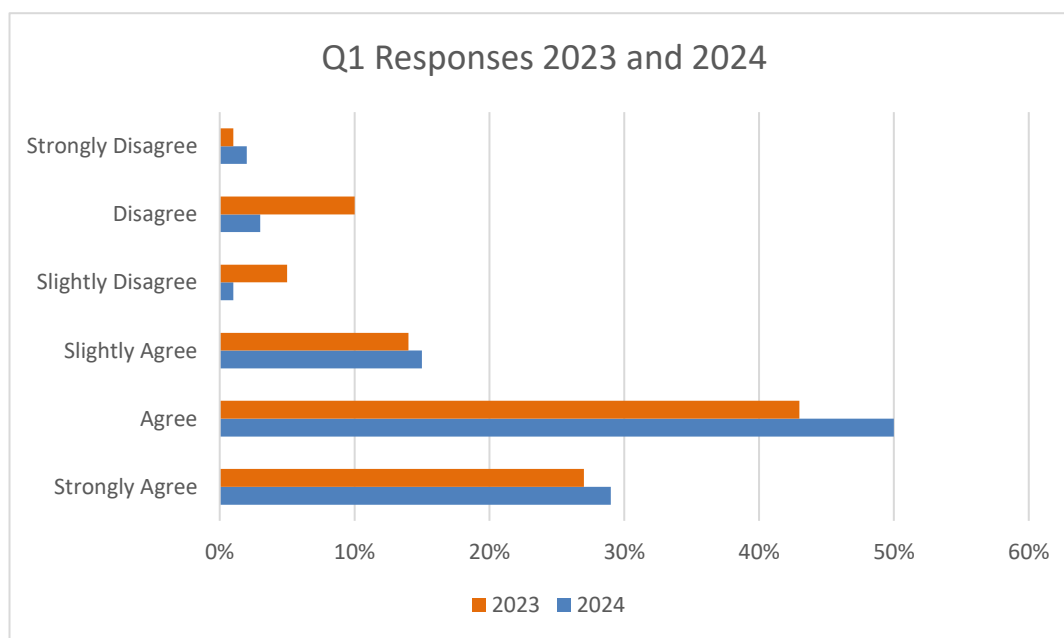


Chart 1

5.3 iMatter survey

This year's iMatter survey included two statements specifically relate to raising concerns. These were:

1. I am confident that I can safely raise concerns about issues in my workplace;
2. I am confident that my concerns will be followed up and responded to.

Of the 8696 staff who responded 88% of respondents agree or strongly agree with statement 1 and 81% of respondents agree or strongly agree with statement 2. These results correlate with the feedback from Speak Up week and offer some reassurance that our communications are effective – although we recognise there is still improvement to make in building confidence in our staff.

5.4 Other communications:

- Communications via Daily Digest and e-News promoting the raising of concerns in NHSAA and guidance on how to raise a concern
- Raising awareness by attending team meetings, development sessions and recruitment events
- Internal and external web pages for Whistleblowing are available and updated - internally on the organisation's [Athena intranet](#) and a Whistleblowing web page on the [NHSAA external website](#). The pages provide a wide range of information on the requirements of the Standards including guidance for users. The external page ensures access for all those who can raise a concern through the Standards.

5.4 Training

Training is available through NES Turas Learn for anyone who provides services on behalf of the NHS in Scotland, including students, contractors and volunteers. This provides learning on the National Whistleblowing Standards and the role of the Independent National Whistleblowing Officer (INWO).

We will continue to monitor uptake, effectiveness and appropriateness of training and will review and refine, as required. Through our communications on whistleblowing and how staff can raise concerns in general, we continue to promote the TURAS learning modules. At end March 2025, 77.1% of managers have accessed and completed the Turas Learn modules with a further 27.5% of managers have accessed but not yet completed the programmes. The organisation is continuing to encourage users to complete the appropriate modules through regular communications. Line Managers and Senior Managers are required to complete the appropriate programmes as mandatory learning.

Training will continue to be developed and communicated through our Organisation and Human Resource Development team including through leadership programmes.

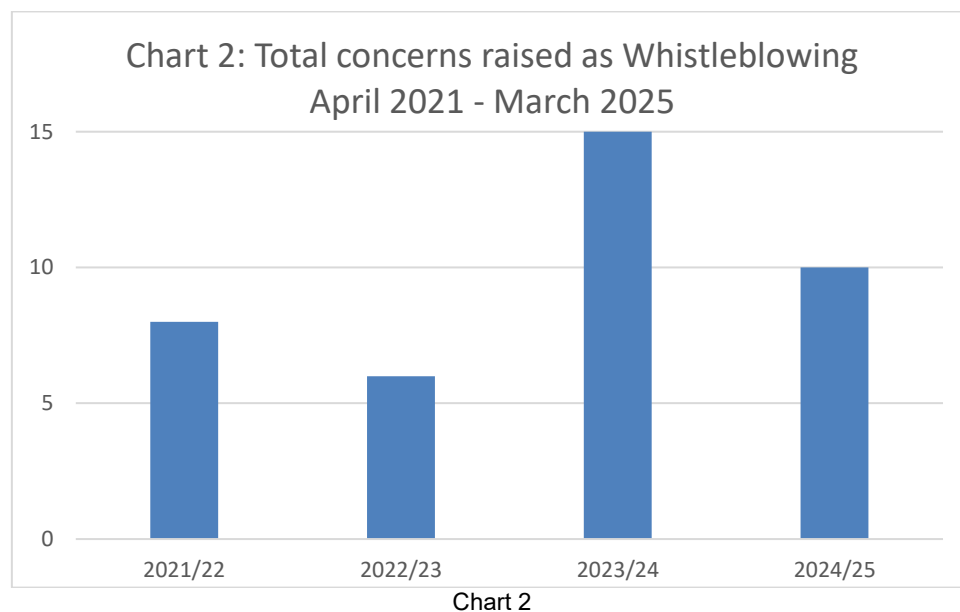
The Corporate Induction programme for new staff joining the organisation contains a dedicated section on whistleblowing and raising concerns as does the Manager Development Support programme.

All planned Organisational Development sessions focus on culture and are designed to promote our desired culture of openness and psychological safety which includes reference to the Whistleblowing standards.

6. Whistleblowing concerns received (KPI-4)

6.1 Total concerns received 2021–2025

Chart 2 shows the total number of concerns raised since the National Whistleblowing Standards were launched in April 2021. In total, 39 concerns have been received through the Whistleblowing route. This is an increase in numbers when compared with numbers of whistleblowing concerns raised prior to publication of the Standards. This may be reflective of the work which has been undertaken to promote the Standards with staff feeling more confident in both the process of raising concerns and the support provided by the Standards and the INWO.



6.2 Concerns 2024/2025

Chart 3 below, shows the breakdown of concerns received in 2024/2025. As of 31 March 2025, NHSAA had received a total of nine concerns, five were not appropriate for the whistleblowing process. Feedback was provided to those whose concerns were not taken forward as whistleblowing. They were directed to the most appropriate route and/or policy under which to pursue their concerns supported by the Confidential Contacts as appropriate. These were managed through the Board's HR policies and Health & Social Care Partnership for progress.

Of the four concerns which were appropriate for whistleblowing, one was taken forward at Stage 1 and three taken forward for full investigation at Stage 2 of the process.

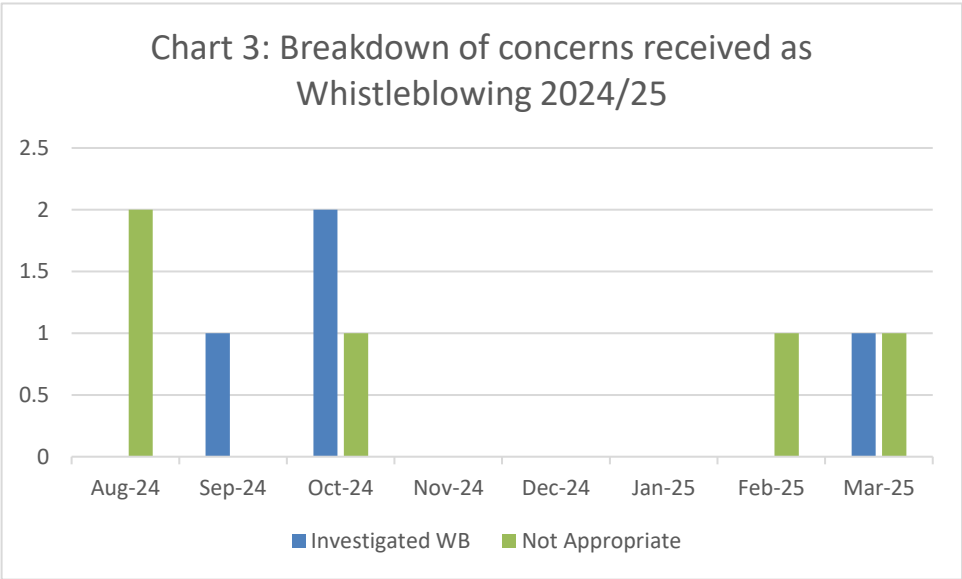


Chart 3

6.3 Benchmarking

As the number of whistleblowing concerns received in NHSAA remain low, we carried out a benchmarking exercise against other territorial Boards’ annual reports for 2023-2024 to review how we compared. Chart 4 below shows the number of concerns reviewed as whistleblowing at Stage 1 and Stage 2. It is reassuring to note the number of Stage 1 and Stage 2 concerns received by Boards of a comparable size to NHSAA are low, this provides assurance that NHSAA is not an outlier.

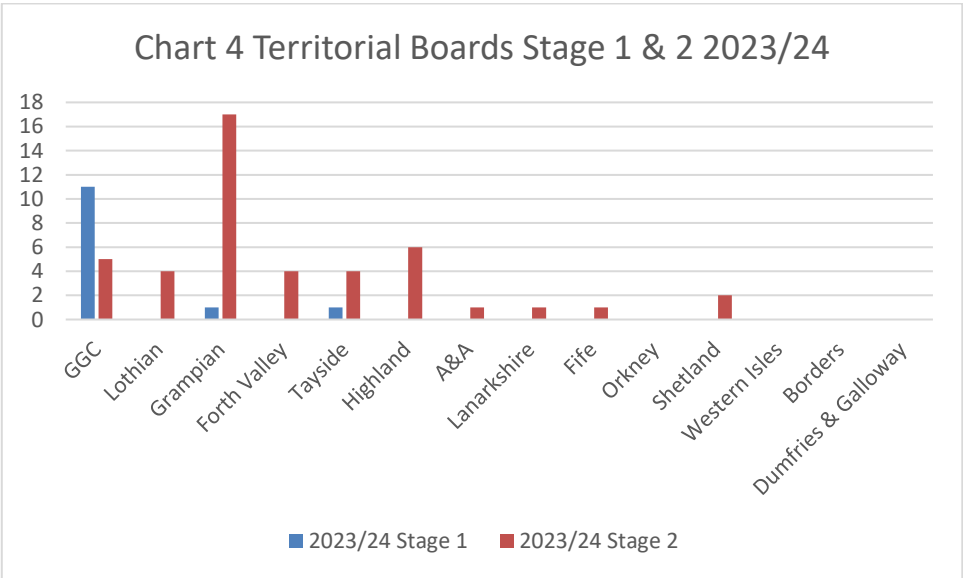


Chart 4

7. Concerns closed (KPI-5)

7.1 Concerns closed at Stage 1 and Stage 2

Concerns closed at Stage 1 and Stage 2	
Stage 1 Concerns	
Total number of Stage 1 concerns received	1
Percentage of Stage 1 concerns that were closed	100%
Stage 2 Concerns	
Total number of Stage 2 concerns received	3
Percentage of Stage 2 concerns that were closed	0%

Table 2

- 7.2 Stage 1: as at 31 March 2025, one Stage 1 concern had been received-
- 7.3 Stage 2: as at 31 March 2025, three Stage 2 concerns have been received and are ongoing.

8. Concerns outcomes (KPI-6)

This section provides detail on concerns upheld, partially upheld and not upheld at each stage of the whistleblowing process.

- 8.1 Concern outcomes 2024/2025: Table 3 details the outcome of the concerns closed as at the 31 March 2025; the three concerns at Stage 2 are ongoing.

Total Number Concerns 2024/25		Not Upheld		Partially Upheld		Fully Upheld		Total
Stage 1	1	1	100%	-	-	-	-	1
Stage 2	3	-	-	-	-	-	-	3

Table 3

- 8.2 Concern outcomes 2021- 2025: Chart 5 shows the outcome of all concerns investigated through the Whistleblowing process from 1 April 2021 to 31 March 2025.

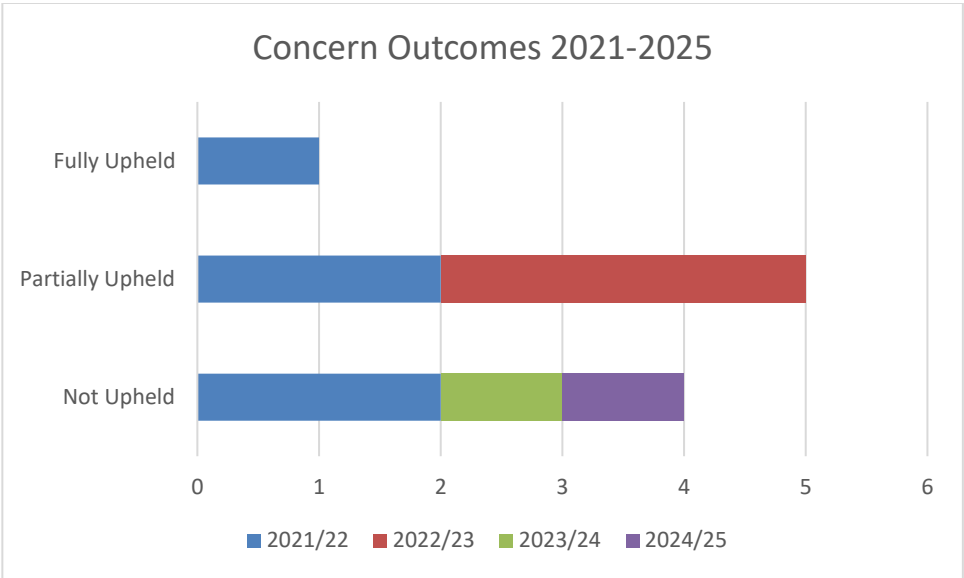


Chart 5

9. Average Response times (KPI-7)

- 9.1 Stage 1: as at 31 March 2025, one Stage 1 concern had been received and closed.
- 9.2 Stage 2: as at 31 March 2025, three concerns are being investigated. There is limited data to report as the investigations are ongoing.

Average response time in working days					
Stage 1 (5 days)		Q1	Q2	Q3	Q4
	Average time in working days for responses	-	-	13	-
	No of cases closed at stage 1 within timescale as %	-	-	0	-
	No of stage 1 cases extended	-	-	1	-
Stage 2 (20 days)		Q1	Q2	Q3	Q4
	Average time in working days for responses	-	-	-	-
	No of cases closed at stage 2 within timescale as %	-	0	0	0
	No of stage 2 cases extended	-	1	1	1

Table 4

10. Timescales (KPI-8, 9 and 10)

- 10.1 Concerns closed within the set timescales (KPI 8): Table 5 shows the number and percentage of concerns at Stage 1 and Stage 2 closed within the set timescales of 5 and 20 working days.

Concerns closed within 5 & 20 working days	
Stage 1 Concerns	
Total number of Stage 1 concerns received	1
Percentage of Stage 1 concerns that were closed	100%
Percentage of Stage 1 concerns closed within the 5 working days target	0%
Stage 2 Concerns	
Total number of Stage 2 concerns received	3
Percentage of Stage 2 concerns that were closed	0%
Percentage of Stage 2 concerns closed within the 20 working days target	0%

Table 5

The INWO expects that there will be a thorough investigation of Stage 2 concerns, and as a result they recognise that the 20 working day timeline may not always be achieved, especially given the often complex nature of concerns and the requirement for support and confidentiality. The timescale is provided to ensure that organisations take prompt action and that there is an ongoing focus on investigating and addressing the concern.

NHSAA aims to respond to Stage 2 concerns within 20 working days but will ensure that the time needed for a thorough investigation is given with additional time requested to extend the investigation period as appropriate.

- 10.2 Extension to timescale (KPI 9 and KPI10): Table 6 below shows the number of concerns where an extension has been authorised at Stage 1 and Stage 2 in 2024/2025.

Concern	Number received	Extension authorised	As % of all concerns
Stage 1	1	1	100
Stage 2	3	3	100

Table 6

- 10.3 Due to the complexity of the Stage 2 concerns received, it is taking more than 20 working days to conclude investigations and for the outcome of the investigation to be communicated to the Whistleblower. The Whistleblower is kept fully informed throughout the whistleblowing investigation, this includes when there is a requirement to extend the timescale.

Appendix 1 provides a summary Year End Report for 2024/25 for KPI-4 to KPI-10.

11. Whistleblowing themes, trends and patterns

Analysis of the concerns raised by key themes is provided below. This information will aid identification of any improvement priorities, and to progress learning in a targeted manner.

Theme	2024/25
Patient Care	2
Patient Safety	3
Poor Practice	0
Unsafe working conditions	0
Fraud	0
Changing or falsifying information about performance	0
Breaking legal obligations	0
Abusing Authority	0

Table 7

* more than one theme may be applicable to a single whistleblowing concern.

12. Concerns raised by Service

Chart 8 below shows the breakdown of concerns by service for 2024/2025.

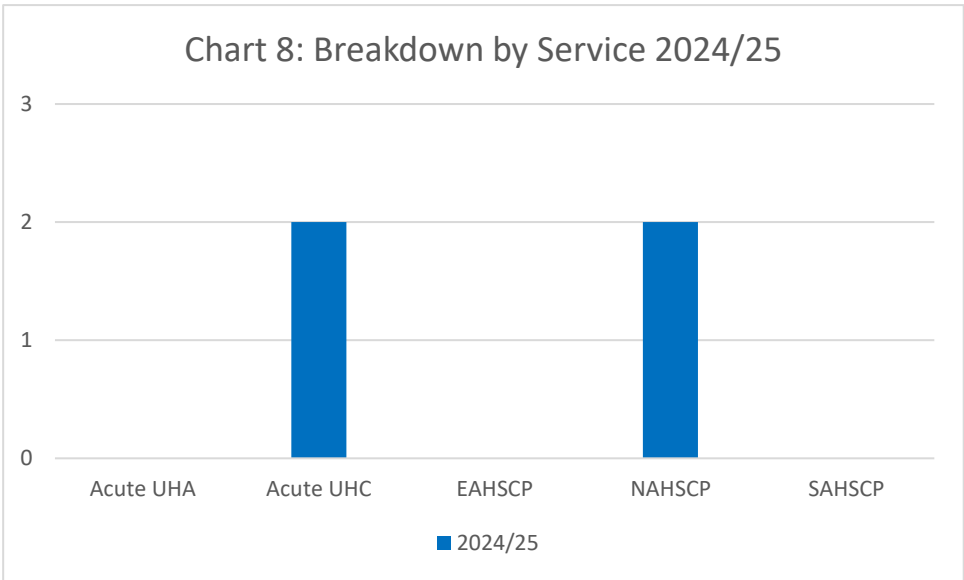


Chart 6

13. Primary Care and contracted services

13.1 Primary care contractors

Primary Care contractors (GP practices, dental practices, optometry practices and community pharmacies) are also covered by the Standards.

All practices and community pharmacies are aware of the National Whistleblowing Standards for the NHS in Scotland and the requirements for local policies and information on the reporting process.

Primary care contractors are aware of how to access NHSAA Speak up Service for guidance through the process.

Primary Care contractors have a dedicated confidential contact within NHSAA who will help with raising concerns. Each contractor group is required to report in line with the same key performance information as NHSAA. In instances where no concerns have been raised within wider primary care or other contracted services, there is no need to provide a quarterly return to the Board, but annual reports must still be submitted, setting out the concerns that have been raised.

There were no concerns recorded during 2024/2025.

Primary Care Contractor (PCC)	Current PCC Cohort	No of concerns received	
		Stage 1	Stage 2
GP Practices	53	0	0
Dental Practices	64	0	0
Optometry Practices	46	0	0
Community Pharmacy	97	0	0

Table 8

13.2 Other Contracted Services

The Procurement Team maintains a Contract Register which provides a comprehensive record of all local contracts currently in place. All local contracts which are required to be tendered include the standard whistleblowing clauses within the Terms and Conditions of the contract, in line with the requirements of the Standards.

No whistleblowing concerns were reported during 2024/2025.

NHS National Procurement Services retain responsibility for National Procurement Frameworks. A national reporting and recording process is in place to ensure compliance with the Standards.

14. Anonymous Concerns

Concerns cannot be raised anonymously under the Standards, nor can they be considered by the INWO. However, good practice is to follow the whistleblowing principles and investigate the concern in line with the Standards, as far as practicable. NHSAA has decided that anonymous concerns will be recorded for management information purposes. The definition of an anonymous concern is 'a concern which has been shared with the organisation in such a way that nobody knows who provided the information'. All anonymous concerns will be considered and investigated by the organisation as appropriate.

In 2024/2025, one anonymous contact was received seeking information on process.

15. Independent National Whistleblowing Officer

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 the end of the fourth year, there were no referrals to the INWO.

16. Whistleblowing and Speaking Up

The NHSAA Speak Up model fosters a culture of psychological safety, empowering all staff to confidently raise concerns. It offers direct access to Confidential Contacts and a network of Speak Up Advocates, expanding support for staff at all levels thereby ensuring timely, accessible support for anyone raising concerns, regardless of their role.

At the end of the reporting year 2024/25, we received notification that one of the Confidential Contacts was leaving NHSAA. A replacement Confidential Contact will be sought in due course.

Of the concerns received during the reporting year, these have been received via the Confidential Contacts, Speak Up Advocates, the SpeakUp mailbox or the Speak Up phone number.

17. Our plans for 2025/2026

We will

- continue to learn, review and identify improvements for change in our processes. We will review feedback from users of the process, best practice from colleagues in other boards and the Independent National Whistleblowing Officer (INWO).
- continue to link with the INWO to seek guidance.
- continue to promote the Standards and how to raise concerns safely within the organisation and a systematised approach to sharing learning.
- continue to work with Lead Investigators and Commissioning Directors to review learning from the process and share as appropriate across the organisation.
- continue to engage with our Confidential Contacts and Speak Up Advocates to address any barriers identified by staff about raising concerns.
- provide communications on a quarterly basis using the mediums of Daily Digest and eNews.
- continue to develop and support our Confidential Contacts and Speak Up Advocates in their roles, for example, through local and national training and engagement, peer group meetings and links to our Whistleblowing Champion.
- consider ways to gain feedback on awareness across the organisation.

- consider alternative ways to communicate with staff in areas where access to computers is not routine.
- consider ways in which learning or improvements, as a result of a concern, can be highlighted or shared further with staff.

18. Conclusion

Speak Up Week afforded us the opportunity to further promote the whistleblowing process, the Confidential Contacts, the Speak Up Advocates and the training available.

In line with the National Whistleblowing Standards, we reaffirm our commitment to addressing whistleblowing concerns responsibly, openly, and professionally. We continue to encourage everyone to raise concerns as early as possible. By enhancing our processes, maintaining open communication, and actively using feedback from colleagues, NHSAA aims to foster a culture where individuals feel confident to speak up without fear of negative consequences. As outlined in our plans (at 17 above), we recognise that this is an ongoing journey of improvement. The insights gained from previous years will guide further development as we move forward.

The organisation's Whistleblowing Oversight Group (WBOG) will continue to meet to provide oversight of our processes and systems, recognising that this is a learning process. Performance reports will continue to be provided to our Staff Governance Committee and Board meetings to provide assurance that the organisation is delivering the requirements of the Standards.

Appendix 1

YEAR END REPORTING - INWO

Reporting Year: 31/03/2024 - 01/04/2025

KPI	Category (link to Guidance)	Description	Total	Percentage
4	Received	Total number of concerns received	4	
5	Closed	Total number of concerns closed	1	
5	Stage 1	Number of concerns closed at Stage 1	1	100%
5	Stage 2	Number of concerns closed at Stage 2	0	0%
6	Stage 1 Outcomes	Number of concerns upheld at Stage 1	0	0%
6	Stage 1 Outcomes	Number of concerns partially upheld at Stage 1	0	
6	Stage 1 Outcomes	Number of concerns not upheld at Stage 1	1	100%
6	Stage 2 Outcomes	Number of concerns upheld at Stage 2	0	0%
6	Stage 2 Outcomes	Number of concerns partially upheld at Stage 2	0	
6	Stage 2 Outcomes	Number of concerns not upheld at Stage 2	0	0%
7	Stage 1 Avg Working Days	Average working days for concerns at Stage 1	13	
7	Stage 2 Avg Working Days	Average working days for concerns at Stage 2	0	
8	Stage 1 Timescales	Number of concerns at Stage 1 closed within 5 working days	0	0%
8	Stage 2 Timescales	Number of concerns at Stage 2 closed within 20 working days	0	0%
9	Stage 1 Extensions	Number of concerns at Stage 1 with authorised extension	1	100%
10	Stage 2 Extensions	Number of concerns at Stage 2 with authorised extension	3	0%