

NHS Ayrshire & Arran



Meeting:	Ayrshire & Arran NHS Board
Meeting date:	Tuesday 7 April 2026
Title:	Whistleblowing Report – Quarter 3, October – December 2025
Responsible Director:	Jennifer Wilson, Nurse Director
Report Author:	Karen Callaghan, Whistleblowing Coordinator Shona McCulloch, Head of Corporate Governance

1. Purpose

This is presented to Committee for:

- Discussion

This paper relates to:

- Government policy/directive

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

- Safe
- Effective
- Person Centred

This supports the following Corporate Objectives:

- **Better Workplace** – Creating a great place for us to work
- **Better Care** – Improving your experience of care

A strong delivery of the National Whistleblowing Standards supports NHS Ayrshire & Arran's Better Care and Better Workplace objectives by enabling staff to safely raise concerns that highlight risks, drive learning, and improve the quality and safety of care. A clear, fair and supportive whistleblowing process also strengthens trust, psychological safety and organisational culture, helping to create a better workplace for all staff.

2. Report summary

2.1 Situation

The National Whistleblowing Standards and Once for Scotland Whistleblowing policy (the Standards) were introduced on 1 April 2021. Board members are asked to discuss the report on organisational activity in relation to Whistleblowing concerns raised in 2025/26 Quarter 3 (1 October – 31 December 2025).

2.2 Background

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 report 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. This report will summarise and build on the quarterly reports produced by the Board

In NHS Ayrshire & Arran, the agreed governance route for reporting on whistleblowing is to the 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

2.3.a Two concerns were received in quarter 3 (Q3).

- **Not whistleblowing:** An individual (A) contacted the SpeakUp mailbox seeking information, guidance, and support on how to progress a concern they had received confidentially from a third party (C) regarding potential racist behaviours. The third party chose to remain anonymous and did not wish to come forward. The Whistleblowing Coordinator engaged directly with (A) to discuss the matter and agree an appropriate way forward. Following this discussion, and given that the concern was anonymous, the matter was referred to HR colleagues to be taken forward by the area manager with HR support.
- **Whistleblowing Stage 2:** The second concern was received by email to the SpeakUp mailbox. The complainant provided detailed information and requested that it be progressed through the whistleblowing route. The concern relates to service culture, leadership behaviour, clinical practice, confidentiality, and staff wellbeing, and its impact within North Ayrshire Health & Social Care Partnership (NAHSCP). The Whistleblowing Decision Team agreed that it should proceed under Stage 2 of the whistleblowing process. A Lead Investigator has been appointed, and the Commissioning Director has been informed and has met with the investigator. The Terms of Reference have been agreed, and the investigation is now underway. HR support has been requested and is in place due to the nature and complexity of the issues raised.

Quarter 3	Theme	Division	Service
Stage 2 Concern	<ul style="list-style-type: none">• service culture,• leadership behaviour,• clinical practice,• confidentiality, and• staff wellbeing	NAHSCP	District Nursing Team

No immediate risk was identified to patient safety in the concerns received in Q3, with no action required

2.3.b Ongoing Case update: At the end of quarter 3 (December 2025) four investigations were in progress, including the concern received in quarter 3. Table 1 provides an update on the three ongoing cases carried forward from previous quarters.

These investigations are complex in nature and have required extensions to the standard 20-day response timeframe. All extensions were agreed with the complainants in advance. Engagement with complainants has continued throughout, and regular updates have been provided for each case.

Table 1 – ongoing cases previous quarters

Case	Stage	Division	Status	Theme	Update
Q4 2024/25	Stage 2	NAHSCP Community Mental Health Team (CMHT)	Open – Investigation ongoing	Concerns under review: Patient-care issues Poor practice Unsafe working conditions Potential abuse of authority	The Lead Investigator continues to progress the investigation, with HR providing support throughout. Regular updates are being provided to the complainant.
Q2 2025/26	Stage 2	NAHSCP Child and Adolescent Mental Health services (CAMHS)	Open – Investigation ongoing	Concerns under review: Workplace culture Patient-care issues Poor practice Unsafe working conditions Abusing authority	Lead Investigators are continuing to progress the investigation. They have met with senior managers and have received the requested documentation from HR colleagues. The investigation is being supported by HR throughout.
Q2 2025/26	Stage 2	NAHSCP Woodland View, Ayrshire Central Hospital	Open – Investigation ongoing	Concerns under review: Patient-safety issues Patient-care issues Poor practice Unsafe working conditions	Lead Investigators are continuing to progress the investigation and have met with the complainant. The Terms of Reference for the investigation have been agreed, and the Commissioning Director has been informed. The investigation is being supported by HR, and regular progress updates are being provided.

2.3.c Improvement plans: one open improvement plan linked to a case raised in 2024/25. The investigation concluded in May 2025. The investigation report and the improvement plan were approved by the Commissioning Director by early

August. Progress of the improvement plan being monitored through the Acute Services Governance Group, with oversight provided by the Corporate Governance Coordinator and reporting on completion to the Whistleblowing Oversight Group.

2.3.d Training update: Monthly reports are produced to monitor completion of the Turas Whistleblowing eLearning modules. Table 2 shows the position for Q3 2025/26.

Table 2 – Completion of Turas e-Learning

Programme	Nos Completed		Increase	Total No of Staff	% staff completed
	01/10/2025	31/12/2025			
An overview (Staff)	5107	5459	352	11951	45.6%
For Line Managers	338	377	39	997	87.1%
For Senior Managers	486	492	6		

Table 2

The data shows a limited increase over the quarter, however, there are numbers “in progress” for each programme and there will be focus in our communications to remind and encourage those who have started the programmes to complete them.

In progress at 31/12/2025		
Whistleblowing: An overview	Whistleblowing: For senior managers	Whistleblowing: For Line managers
374	172	109

The whistleblowing training provided through Turas Learn has three programmes:

- staff who need an overview of the Standards – 1 hour
- staff who are line managers or work in a similar role, who are likely to receive concerns from colleagues in their day-to-day work – around 2 hours
- senior managers who are involved with not only receiving concerns, but also investigating, responding to, and reporting on whistleblowing concerns to the board – 3 hours.

The e-learning modules for line managers and senior managers are mandatory.

The learning programmes are available on Turas Learn <https://learn.nes.nhs.scot/40284>

2.3.e Independent National Whistleblowing Officer (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 INWO. At this current time, there have been no referrals to the INWO from completed cases.

2.3.f Speak Up Week: took place from 29 September to 3 October 2025. The theme for 2025, “Listen, Act, Build Trust,” reflected INWO’s continued focus on developing a culture where staff feel safe and supported to raise concerns. The theme highlighted three core components of an effective speak-up system:

- Listening to concerns with openness and respect
- Acting promptly and transparently
- Building trust through consistent, fair, and accountable processes

This year’s programme built on learning from previous years and incorporated participant feedback to ensure the initiative remained relevant and responsive to organisational needs.

Due to resource constraints, Speak Up Week 2025 was delivered through digital engagement and communication channels. This approach enabled broad participation while maintaining accessibility. Activities included INWO online events and targeted communications designed to support ongoing improvement in speak-up culture.

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 web](#). 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 **Best value**

This paper support Best Value across the themes of;

- Governance and accountability
- 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

2.3.7 **Other impacts**

There are no other relevant impacts.

2.3.8 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.

2.3.9 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 29 January 2026 (Virtual)
- Staff Governance Committee on 17 February 2026

2.4 Recommendation

For discussion: Board members are asked to discuss the performance for Quarter 3 (October - 31 December 2025).

Appendix 1:

Quarterly Reporting				
Reporting Period:		Q3 2025/26		
KPI	Category (link to Guidance)	Description	Total	Percentage
3		No of staff (headcount)	11951	
3		No of staff who completed training	5459	
3		% of total staff who completed training		46%
3		Manager headcount	997	
3		No of managers who completed training	869	
3		% of managers who completed training		87%
4	Received	Total number of concerns received	1	
5	Closed	Total number of concerns closed	0	
5	Stage 1	Number of concerns closed at Stage 1	0	0%
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	0	0%
6	Stage 2 Outcomes	Number of concerns upheld at Stage 2	NA	0%
6	Stage 2 Outcomes	Number of concerns partially upheld at Stage 2	NA	
6	Stage 2 Outcomes	Number of concerns not upheld at Stage 2	NA	0%
7	Stage 1 Avg Working Days	Average working days for concerns at Stage 1	NA	
7	Stage 2 Ave Working Days	Average working days for concerns at Stage 2	NA	
8	Stage 1 Timescales	Number of concerns at Stage 1 closed within 5 working days	NA	0%
8	Stage 2 Timescales	Number of concerns at Stage 2 closed within 20 working days	NA	0%
9	Stage 1 Extensions	Number of concerns at Stage 1 with authorised extension	NA	0%
10	Stage 2 Extensions	Number of concerns at Stage 2 with authorised extension	1	100%