

NHS Ayrshire & Arran



Meeting:	Ayrshire & Arran NHS Board
Meeting date:	Monday 8 June 2026
Title:	Whistleblowing Report – Quarter 4, January to March 2026
Responsible Director:	Jennifer Wilson, Executive Nurse Director
Report Author:	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

Board members are presented with this report for review and discussion of organisational activity in relation to Whistleblowing concerns raised in 2025/26 Quarter 4 (1 January – 31 March 2026).

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 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

2.3.1 Quarter 4 whistleblowing activity

Seven concerns were received during Quarter 4 (Q4). Following initial assessment, none met the criteria for progression under the Whistleblowing Standards.

Four concerns were submitted anonymously, which limited the ability to assess the matters raised or seek further information, and therefore they could not be progressed through the formal whistleblowing process. The remaining concerns comprised enquiries from individuals seeking advice on how to raise a concern, rather than substantive whistleblowing allegations. Table 1 provides detail of concerns received in Q.

Overall, this reflects continued awareness and engagement with the Speak Up process during the period but does not indicate an increase in actionable whistleblowing concerns in Q4.

From a patient safety perspective, initial assessment identified no immediate risks in six of the concerns received. One concern raised issues with potential implications for patient safety; in line with established governance arrangements, these matters were escalated to the relevant Area Director for appropriate action and follow-up.

Concerns received	Theme	Division	Service	Comment/Action
Anon	• Staff conduct	ACUTE UHA	Support Services	Concern related to staff conduct and was passed to HR colleagues for appropriate action.
Anon	• Personal Experience/ Grievance	NA HSCP	School Nurse Service	Concern received by a Speak Up Advocate (SUA), Individual seeking advice on how to raise concerns

Concerns received	Theme	Division	Service	Comment/Action
				anonymously about personal experience at work. Appropriate guidance/information was provided to enable them to progress concerns.
Anon	• Unsafe staffing levels • Lack of consistent management presence and support • High levels of violence and aggression • Breaches of staff wellbeing and health and safety obligations.	NA HSCP	Woodland View	Concern received to Speak Up Mailbox Confidential Contact (CC). Concerns related to staff safety, wellbeing, leadership, and the day-to-day running of a ward. Concerns emailed to Caroline Cameron, Director NAHSCP, for appropriate action and investigation.
Anon	• Patient Safety • Patient Care	ACUTE	UHC	Concern received by Confidential Contact (CC). Concerns related to patient safety and patient care. Concerns emailed to Vicki Campbell, Acute Director, for appropriate action and investigation.
Named	• Information request	NA HSCP	Primary and Community Services	Request received for information on raising a Whistleblowing concern. Information was provided, including the Staff Guide to Raising Whistleblowing Concerns and details of the Staff Wellbeing Service.
Anon	• Staff Conduct	ACUTE	UHC	Concern received by Chief Nurse – Acute. Service completed a Business-as-usual investigation. Service took appropriate steps, no further action required under Whistleblowing process.
Named	• Bullying and Harassment • Grievance matters • Patient care • Patient safety	NA HSCP	Primary and Community Services	Concern received via RCN Steward/Health and Safety Representative. The issues raised relate to events from 2023/24. Whistleblowing concerns must be raised within six months of the individual becoming aware of the issue.

Table 1

2.3.2 Ongoing cases

There are four investigations in progress, carried forward from previous quarters. Table 2 provides an update on these cases.

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

Case	Division	Status	Theme	Update
Q4 2024/25	NAHSCP CMHT	Stage 2 Open – Investigation complete. Draft report awaiting final approval/review	Concerns under review: Patient-care issues Poor practice Unsafe working conditions Potential abuse of authority	The investigation is complete, and the draft report has been received. The draft report, improvement plan and outcome letter are with the Commissioning Director for review and final sign-off. A meeting with the Lead Investigator will be offered to the complainant to provide feedback on the methodology, findings, and identified actions. Regular updates continue to be provided to the complainant.
Q2 2025/26	NAHSCP CAMHS	Stage 2 Open – Investigation ongoing	Concerns under review: Workplace culture Patient-care issues Poor practice Unsafe working conditions Abusing authority	There has been a change to the investigation team, with one of the investigators stepping back from the process. The remaining investigator has confirmed they are content to continue. The complainant has been informed of this change. Good progress continues to be made on this case, with meeting taking place with key individuals and evidence provided being reviewed. The investigation continues to be supported by HR throughout. Regular updates are being provided to the complainant.
Q2 2025/26	NAHSCP Woodland View, ACH	Stage 2 Open – Investigation ongoing	Concerns under review: Patient-safety issues Patient-care issues Poor practice Unsafe working conditions	The Lead Investigator (LI), supported by HR, has completed the investigation. The draft report has been shared with the Whistleblowing Team for formatting, after which it will be provided to the Commissioning Director. Regular progress updates continue to be issued to the complainant.

Case	Division	Status	Theme	Update
Q3 2025/26	NAHSCP District Nursing	Stage 2 Open – Investigation ongoing	Concerns under review: Service culture, Leadership behaviour, Clinical practice, Confidentiality, and staff wellbeing	Comparative data has been gathered to support the investigation, including information on 1:1s, MAST, absence, complaints, and other relevant indicators. The Lead Investigator, with HR support, also undertook a staff engagement session in February. Report is being currently being drafted. Regular progress updates are being provided to the complainant.

Table 2

2.3.3 Improvement plans

One Improvement Plan remained open at the end of Quarter 4, linked to a case raised in 2024/25. The plan was initiated on 22 July 2025. This plan has now been completed with all updates against actions recorded and completed. The Commissioning Director has approved the plan as complete. This will be shared with the Complainant and the improvements reviewed in order to identify shared learning opportunities.

2.3.4 Training update

Monthly data is provided to monitor completion of the Turas Whistleblowing eLearning modules. Table 3 shows the position for Q4 2025/26.

Programme	Nos Completed		Increase	Total No of Staff	% staff completed
	31/12/2025	31/03/2026			
An overview (Staff)	5459	5577	118	11951	46.6%
For Line Managers	377	385	8	997	88.2%
For Senior Managers	492	495	3		

Table 3

The data shows a limited increase over the quarter. Table 4 shows 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
375	171	113

Table 4

The Turas Whistleblowing e-learning modules has three levels of training programme:

- For staff who need an overview of the Standards – 1 hour. All new staff to the organisation are encouraged to complete this.

- 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. This is required mandatory training for all line managers.
- Senior managers who are involved with receiving concerns and those members of staff who are involved in investigating, responding to, and reporting on whistleblowing concerns to the Board – 3 hours. This is required mandatory training for senior managers and those involved with investigations.

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

2.3.5 **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.

2.3.6 **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. This supports the long-term sustainability of safe, effective services.

2.3.7 **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. By identifying issues early and embedding organisational learning, whistleblowing supports a resilient workforce.

2.3.8 **Financial**

There is no financial impact.

2.3.9 **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.

2.3.10 **Equality and diversity, including health inequalities**

Accessible reporting routes, including anonymous options, and a completed Equality Impact Assessment help ensure fair, inclusive access to whistleblowing for all staff.

A local Equality Impact Assessment (EQIA) is 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.

2.3.11 **Best Value**

This paper support Best Value across the following themes.

- **Vision and Leadership**

The whistleblowing process supports a values-led culture by encouraging staff to speak up and providing senior leadership oversight. This reinforces NHSAA's commitment to openness, psychological safety and continuous improvement.

- **Governance and Accountability**

Clear reporting routes, compliance with National Whistleblowing Standards and regular Board reporting provide assurance that concerns are handled transparently and risks to safety, quality and integrity are effectively managed.

- **Performance Management**

Whistleblowing data, KPIs and case outcomes are used to identify themes, monitor effectiveness and ensure learning from concerns is shared whilst taking into account confidentiality of those raising concerns.

- **Use of Resources**

A proportionate, risk-based approach ensures investigative effort is focused where most needed, while training supports staff and managers to respond appropriately, reducing escalation or encouraging concerns to be directed through other appropriate routes.

- **Effective Partnerships**

Effective handling of concerns relies on collaboration across services and our partners, supported by alignment with national standards.

2.3.12 **Other impacts**

There are no other relevant impacts.

2.3.13 **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.

2.3.14 **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 20 April 2026
- Staff Governance Committee on 7 May 2026

2.4 **Recommendation**

For discussion: Board members are asked to discuss the performance for Quarter 4 (January – 31 March 2026).

Appendix 1:

Reporting Period:		Q4 2025/26 (1 January 2026 - 31 March 2026)		
KPI	Category (link to Guidance)	Description	Total	Percentage
3		No of staff (headcount)	11951	47%
3		No of staff who completed training	5577	
3		% of total staff who completed training		
3		Manager headcount	997	88%
3		No of managers who completed training	880	
3		% of managers who completed training		
4	Received	Total number of concerns received	7	
4	Progressed	Progressed as Whistleblowing	0	
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	4	100%

Please note: KPI 10 – the authorised extensions relate to cases opened in earlier 2025/26 quarters. This reflects legacy case timelines rather than delays arising within the current reporting period.