NHS Ayrshire & Arran

Meeting:	**Ayrshire and Arran NHS Board**
Meeting date:	**Monday 10 August 2026**
Title:	**Whistleblowing Report – Quarter 1, April to June 2026**
Responsible Director:	**Jennifer Wilson, Executive Nurse Director**
Report Author:	**Moira Woolway, Corporate Support Officer** **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 to provide assurance on NHS Ayrshire & Arran's compliance with the National Whistleblowing Standards and to consider organisational activity in relation to whistleblowing concerns raised during Quarter 1 2026/27 (1 April – 30 June 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 1 whistleblowing activity

During Quarter 1 (Q1), six contacts were received through the NHS Ayrshire & Arran Speak Up arrangements.

- Three contacts were assessed by the Whistleblowing Decision Team and were agreed to meet the criteria for investigation under the National Whistleblowing Standards.
- Three contacts were requests for advice and guidance. Each was considered appropriately, with individuals provided with information on available support and, where appropriate, referred to a Confidential Contact.

Table 1 provides detail of the whistleblowing concerns and advice contacts received in Q1.

This has been an increase in submissions over the period and may reflect continued awareness of, and engagement with, the Speak Up process.

From a patient safety perspective, initial assessment identified one case where there may be a patient safety risk, and this was escalated to the relevant Director for consideration and any required action.

Named/ Anonymous	Theme	Division	Service	Comment/Action
Whistleblowing Contacts:				
Named	• Governance, Compliance & Record Keeping • Leadership, Management & Organisational Culture • Alleged detriment	Public Health	-	Concern received via Speak Up Mailbox. WB concerns are being progressed as a Stage 2 investigation with a Lead Investigator appointed and investigation progressing.

Named/ Anonymous	Theme	Division	Service	Comment/Action
Named	• Patient Care • Unsafe working conditions • Governance Obstruction • Poor Practice & Patient Safety • Detriment	Acute UHC	Mortuary	Concern received via Speak Up Mailbox and also raised via Confidential Contact. Decision Team agreed the concerns partially meet whistleblowing criteria with HR elements managed separately WB concerns are being progressed as a Stage 2 investigation with a Lead Investigator appointed and investigation progressing.
Named	• Patient care • Patient & Staff Safety	Acute UHC	Renal	Concern raised via SpeakUp mailbox. WB concerns are being progressed as a Stage 2 investigation with a Lead Investigator appointed and investigation progressing.
Contacts for advice:				
Named	• Personal experience • Grievance • Patient care and safety	UWS NAHSCP	UWS Woodland View	Contact for advice received via Speak Up helpline. Seeking support regarding UWS placement and ongoing grievance. Provided with advice on staff care and contacted Lead Practice Education Facilitator. A second call raised possible patient safety concerns and the person was referred to a Confidential Contact. No further contact received and case closed.
Named	• Personal grievance • Neglect • Patient Care/Safety • Poor Practice	NAHSCP	Woodland View ACH	Contact for advice received via Speak Up helpline and phone contact made. Concern regarding personal employment situation. Information given on Staff Care, Occupational Health, Trade Union and other support available. No further contact. Case closed.
Named	• Patient care • Patient & Staff Safety	GP practice	-	Contact for advice received via Speak Up mailbox. Person referred to Confidential Contact (CC). CC discussed and supported the person to raise this with GP and concern is being

Named/ Anonymous	Theme	Division	Service	Comment/Action
				progressed through as business-as-usual process at GP Practice. Person was content with this approach. Case now closed.

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. The draft report, improvement plan and outcome letter have been agreed with the Commissioning Director, and the outcome letter awaits 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	The investigation is in the final stages with a review of strategic data to enable the report to be progressed. The complainant has been kept up to date.
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 investigation is complete. The draft report, improvement plan and outcome letter have been agreed with the Commissioning Director, and the outcome letter awaits final sign-off. Regular updates are being provided 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	The investigation has been completed. This is being followed up with the Lead. Report is being currently being drafted. Regular updates are being provided to the complainant.

Table 2

2.3.3 Improvement plans

No Improvement Plan remain open.

2.3.4 Training update

Monthly data is provided to monitor completion of the Turas Whistleblowing eLearning modules. Table 3 shows the position for Q1 2026/27.

Programme	Nos Completed		Increase	Total No of Staff	% staff completed
	31/12/2025	31/06/2026			
An overview (Staff)	5459	5808	349	11951	49.%
For Line Managers	377	392	15	997	89.7%
For Senior Managers	492	503	11		

Table 3

Whilst completion rates continue to improve, it is recognised that a 100% compliance is unlikely to be achieved at any given point due to factors such as staff turnover, recruitment activity, vacancies, sickness absence, maternity leave and managers newly appointed to post who have not yet completed training.

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 30/06/2026		
Whistleblowing: An overview	Whistleblowing: For senior managers	Whistleblowing: For Line managers
377	169	119

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). In quarter 1 there have been no referrals from 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 Thursday 16 July 2026.
- Staff Governance Committee on Thursday 30 July 2026.

2.4 **Recommendation**

For discussion: Board members are asked to review the Quarter 1 Whistleblowing Report and take assurance on performance, compliance with the National Whistleblowing Standards and associated improvement activity.

Appendix 1:

Reporting Period:		Q1 2026-27		
KPI	**Category (link to Guidance)**	**Description**	**Total**	**Percentage**
3		No of staff (headcount)	11951	
3		No of staff who completed training	5808	
3		% of total staff who completed training		49%
3		Manager headcount	997	
3		No of managers who completed training	895	
3		% of managers who completed training		90%
4	Received	Total number of concerns received	4	
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	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	0	
7	Stage 2 Ave 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	0	0%
10	Stage 2 Extensions	Number of concerns at Stage 2 with authorised extension	4	

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.