



**PUBLIC BOARD MEETING**

**27 May 2026**

**Item 13**

**THIS PAPER IS FOR APPROVAL**

**WHISTLEBLOWING ANNUAL REPORT**

<b>Lead Director</b>	Emma Stirling, Director Care Quality and Professional Development
<b>Author</b>	Andrew Carruthers Associate Director Care Quality and Professional Development
<b>Action required</b>	The Board is asked to <b>approve</b> annual Whistleblowing report.
<b>Key points</b>	<p>We received a total number of 25 concerns to the Whistleblowing mailbox between 1st April 2025 and 31st March 2026. Two of these were taken forward one as a stage 1 and one as a stage 2 Whistleblowing concern.</p> <p>Of the remaining 23 concerns, 13 were taken forward as BAU and 10 did not require further input at the time of raising the concern.</p> <p>One concern was closed this year, and there are no open concerns.</p> <p>The Report has been reviewed and approved by the Executive Team and the Clinical Governance Committee and is recommended to the Board for final approval.</p>
<b>Timing</b>	This is an annual report.
<b>Link to Corporate Ambitions</b>	<p>We will</p> <ul style="list-style-type: none"> <li>• Work collaboratively with citizens and our partners to create healthier and safer communities.</li> <li>• Innovate to continuously improve our care and enhance the resilience and sustainability of our services.</li> <li>• Provide the people of Scotland with compassionate, safe and effective care when and where they need it.</li> <li>• Be a great place to work, focusing on staff experience, health and wellbeing.</li> </ul>
<b>Benefit to Patients</b>	Whistleblowing is closely linked to high quality care, patient safety and staff wellbeing which all benefit patients across communities.



**Scottish  
Ambulance  
Service**

Working in Partnership with Universities



# Annual Whistleblowing Report

## April 2025 – March 2026



**Scottish  
Ambulance  
Service**

Working in Partnership with Universities



## **Introduction**

It has been another challenging year for Health and Social Care in Scotland and as such, the Scottish Ambulance Service and its staff have faced continued pressures. It remains a priority for the Service during these challenging times that staff are encouraged and supported to speak up about any concerns they have.

Scottish Ambulance Service have continued to actively support and promote a healthy culture of openness and transparency by focussing on the promotion and implementation of our organisational values which are aligned with those of NHS Scotland. This report describes the Scottish Ambulance Service's response to national Whistleblowing arrangements, the approach taken within the service as well as an overview of the concerns raised through the Whistleblowing route and the themes and organisational learning, as a result of the process to investigate the concerns from 1<sup>st</sup> April 2025 to 31<sup>st</sup> March 2026.

## **KPI 1: a statement outlining learning, changes or improvements to services or procedures as a result of consideration of whistleblowing concerns**

### **Governance and Assurance**

SAS ensures there is a clear process in place for raising concerns and details of the Confidential Contacts within SAS are available on both the intranet and public facing website. This includes information on how confidential contacts support staff by providing an initial point of contact for people wishing to raise a concern, provide information and advice, and assist and support people to raise a concern through the most appropriate route. By learning from INWO bulletins, we have now introduced a form for those unable to access the intranet that may wish to raise Whistleblowing concerns e.g. contractors. This form is now available via our public facing website and submits the responses to our confidential contact mailbox.

We continue to monitor staff views of our Whistleblowing information on our intranet and use of the toolkit and report this in our quarterly Whistleblowing report which is discussed at our Clinical Governance and Staff Governance Committees. We have now introduced additional assurance where any actions generated from Whistleblowing concerns are reported, and have oversight, in our Patient Safety and Clinical Risk group. Following outcomes of some Whistleblowing investigations where we failed to meet the National Whistleblowing Standards, we have introduced a new agreed process for the Executive Lead to follow with sign-off and support from the SAS Executive Team. This has proved successful this year for the handling of our concerns.

We previously managed all our concerns via the Datix system. This year this moved to InPhase as part of the change from Datix to InPhase for the whole organisation. To ensure confidentiality there is still a very limited staff group have access to this information.



InPhase has clearer reporting and will allow us to continue to track themes and trends and to collate investigations and reports efficiently and effectively.

### **Examples of Actions from Concerns This Year:**

1. Development of a Whistleblowing Detriment Risk Assessment Form which is to be completed for all those raising Whistleblowing concerns
2. Updated Whistleblowing guidance for managers and Investigators
3. Increased formal support for Investigators throughout process

### **KPI 2: a statement to report the experiences of all those involved in the whistleblowing procedure (where this can be provided without compromising confidentiality)**

We issued a questionnaire to all those involved in whistleblowing across SAS to ask for comments on their experiences over the past year. This included confidential contacts, investigators and Executive Team members. Below is a summary of some of the comments we received.

Please comment on the following

1. Your knowledge or awareness of the National Whistleblowing Standards prior to involvement in the whistleblowing process. How has this changed?

*"I had the outline knowledge of whistleblowing standards from general knowledge and awareness and thereafter from TURAS. however, being involved in the process has definitely enhanced my knowledge, understanding and skills."*

*"improved awareness of complexities of translating the standards into practice"*

*"I had very limited knowledge and having now been through a number of attempts and a current ongoing process I find it very hard to follow what is going on and find that I'm losing or the issues are being diluted the further the process goes."*

2. Thinking about the whole process, what do you think SAS does well?

*"Takes all concerns raised seriously and investigates fairly. Confidential contacts engage well with people raising concerns with regular contact and feedback and explain the process well"*

*"good support for wb contacts, corporate governance of process"*

*"SAS takes whistleblowing concerns very seriously and commits the necessary time and resource to addressing any concerns raised."*



**Scottish  
Ambulance  
Service**

Working in Partnership with Universities



*“The staff are brilliant and try to be as helpful as much as they can be, but they are obviously working within the constraints of the existing system which is primarily for employees with support pathways.”*

*“in the short period that i have been involved in this process, i have observed that in SAS, we aim to adhere to the requirements as per legal requirements. however, sometimes, the process or issue can be complicated or challenging to be resolved within the timeframe.”*

3. Thinking about the whole process, what do you think SAS could improve?

*“support to wb and improve timescales - or work with INWO to agree more realistic timescales, the current system often sets up everyone involved to somewhat fail in meeting timeframe”*

*“Although constrained by what is legally deemed whistleblowing, I think SAS needs to provide more challenge as to the validity of a whistleblowing complaint and to the documentation provided by the complainant.”*

*“The whistleblowing process was new to me and vague. The staff involved were all great in explaining what they were doing and what was going to happen but there were so much time and delay between stages that some input may have got missed or just forgotten. Maybe a high-level overview of the process with a workflow diagram to show what the paths could or should be during the process and what the gates are and why you've moved to a different pathway. It does seem like a complex process on this side but maybe it isn't so a clearer picture of what's happening might help.”*

4. How have you supported and facilitated staff to access and understand the Standards?

*“I encourage staff to regularly access the standards and read up on the relevant information provided to better understand what is a complaint and how best to deal with such complaints.”*

*“Discussions around confidentiality, being available - at end of phone when required plus scheduled check-ins ...hopefully being a listener”*

5. Are there any particular challenges or achievements you would like recognised?

*“The work of the SAS confidential contacts group has regular meetings, discussions and peer support. Identifying where improvements could be made and developing tools and plans for improvements.”*

*“Timescales and confidentiality are very challenging. on the positive I do feel the SAS WB network is broadly continuing to evolve and improve, being solution and person focused when problems are identified. the system doesn't always work but I think transparent when things don't work to plan.”*



In addition to the above, we have the option of a reflective discussion with the Whistleblowing Lead for both Investigators and Whistleblowers following conclusion of the investigation. We have had one of these discussions and similar themes to the above were expressed and a key concern is that of the timeliness of investigations. This is evidenced by KPI 7, however it is worth noting that this is a challenge across Scotland.

With the feedback provided, we need to continue to improve timeliness of responses and investigations. To do this, we have created greater support for investigators including regular check-ins with the Whistleblowing Lead to assess progress and challenges and offer of a technical expert and administrative support in order to address these challenges.

### **KPI 3: a statement to report on levels of staff perceptions, awareness, and training**

#### **Whistleblowing Training**

Training on the Whistleblowing Standards and Once for Scotland Policy remains a priority for the Service and information for this is available for all our employees on our intranet. The Whistleblowing Standards and TURAS training have been widely communicated throughout the Service via staff engagement sessions and staff bulletins.

Confidential contacts and whistleblowing investigators support Whistleblowing concerns across the organisation and are from a variety of corporate and clinical services, ensuring system resilience in supporting staff raising concerns have been established. Online training via TURAS is completed by the confidential contacts and any lead investigators.

#### @SAS Whistleblowing Views Statistics for 24/25

- Whistleblowing Home page - 324 individual members of staff (1.7k in total) visited the page 432 times (3.8k in total)
- Confidential Contacts details – 228 individual members of staff (429 in total) visited the page 312 times (991 in total)
- Whistleblowing toolbox – 84 individual members of staff (322 in total) visited the page 84 times (593 in total)
- Whistleblowing overview – 12 individual members of staff (161 in total) visited the page 20 times (241 in total)
- Whistleblowing FAQs – 36 individual members of staff (373 in total) visited the pages 68 times (579 in total)

We will continue to advertise the Whistleblowing section of @SAS periodically in the banners sections of the home page, as well as direct staff to this during their corporate induction and Speak-Up Week.



**Scottish  
Ambulance  
Service**

Working in Partnership with Universities



## **Whistleblowing Network**

We have developed a Peer Support network for the SAS Confidential Contacts. This continued this year, and the group met quarterly where Confidential Contacts, and potential confidential contacts, can discuss best practice, use INWO Case Studies to generate discussion, and discuss how we can increase the understanding of Whistleblowing procedures in the organisation.

We now have 9 confidential contacts across the organisation. Work will continue to maintain and expand the Whistleblowing network within the service, with a particular emphasis on a greater variety of job roles and protected characteristics.

All members of the Whistleblowing Network have been invited to join the Scottish Speak Up Network. This network meets monthly and provides a valuable forum for members of our network to share learning across the wider NHS. The SAS Whistleblowing Lead also attends the quarterly NHS Scotland Whistleblowing Practitioners Forum and shares learning from these events with the Confidential Contacts and wider organisation.

## **Speak Up Week 2025**

The Service ran a programme of events across the five days of Speak Up Week 2025 between Monday 29<sup>th</sup> September and Friday 3<sup>rd</sup> of October. Following feedback from staff, we provided more recorded content rather than live sessions. We recorded an interview with the Organisational Development Lead and the INWO Liaison Officer to discuss the importance of speaking-up and how to do this effectively within SAS. We also recorded our latest graduates from our internal leadership course to demonstrate how they will ensure that staff are supported effectively to speak-up. The programme was communicated to staff via internal comms including the Chief Executive's bulletin on the run up to the week. The week was well received by staff and led to multiple follow-up enquiries.

## **KPI 4: the total number of concerns received**

We received a total number of 25 concerns to the Whistleblowing mailbox between 1<sup>st</sup> April 2025 and 31<sup>st</sup> March 2026.

## **KPI 5: concerns closed at stage 1 and stage 2 of the whistleblowing procedure as a percentage of all concerns closed**

Of the 25 concerns received, 2 were taken forward under Whistleblowing. 1 (4%) was launched as Stage 1 and 1 (4%) at Stage 2.



**Scottish  
Ambulance  
Service**

Working in Partnership with Universities



Of the remaining 23 concerns, 13 were taken forward as BAU and 10 did not require further input at the time of raising the concern.

**KPI 6: concerns upheld, partially upheld, and not upheld at each stage of the whistleblowing procedure as a percentage of all concerns closed in full at each stage**

Stage 1 Closed

Total: 1

Upheld: 0

Partially upheld: 0

Not upheld: 1 (100%)

Stage 2 Closed

Total: 0

Upheld: 0

Partially upheld: 0

Not upheld: 0

Please note: The launched Stage 2 concern is currently active, so is not included in the above numbers.

**KPI 7: 7 the average time in working days for a full response to concerns at each stage of the whistleblowing procedure**

Stage 1: average time to full response: 51 working days (target 5 days)

Stage 2: average time to full response: N/A (target 20 days)

Please note: The launched Stage 2 concern is currently active so is not included in the above numbers.



**Scottish  
Ambulance  
Service**

Working in Partnership with Universities



**KPI 8: the number and percentage of concerns at each stage which were closed in full within the set timescales of 5 and 20 working days**

Stage 1

Total: 1

Closed within target time: 0 (0%)

Stage 2

Total: 0

Closed within target time: N/A

Please note: The launched Stage 2 concern is currently active so it is not included in the above numbers.

**KPI 9: the number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1**

In all WB cases extensions have been authorised and the Whistleblower is regularly kept up to date with progress of investigations (100%).

**KPI 10: the number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2**

In all WB cases extensions have been authorised and the Whistleblower is regularly kept up to date with progress of investigations (100%).

**Reflections**

The numbers of concerns raised within the service is higher than previous years, but our number of Whistleblowing Investigations remains at the same level. This will be partly due to the revised and strengthened Executive Lead process with a greater focus on early resolution and business and usual processes. We have also received several anonymous concerns via our public facing Whistleblowing form. Many of these are not appropriate for Whistleblowing, but, where appropriate, they are forwarded to the Patient Experience Team or Operational Management Teams.



**Scottish  
Ambulance  
Service**

Working in Partnership with Universities



The Service is continuing to work on wellbeing and culture which could have an impact on people feeling they are able to speak up and utilise Whistleblowing procedures when needed. In January 2026, the Board and Executive team allocated further resource and commissioned a new programme of work focused on further developing a positive, psychologically safe culture that will enable speaking up. This work is currently in the diagnostic phase and recommendations will be considered at the end of April for approval in May 2026. As part of this work, the coming year we are relaunching our Non-Executive Director Leadership Walkrounds with a focus on culture and safety.

This year we have one case subject to external review through the INWO process including the INWO Decision Review Process. While this case remains ongoing, engagement with the INWO has offered constructive learning. This has enabled us to reflect on and enhance our internal procedures, particularly in relation to whistleblower support and transparency of the process.

There is a need to improve our timescales of the Whistleblowing investigations at both Stage 1 and Stage 2. The investigations are often complex and require a robust investigation making the INWO targets of 5 and 20 days ambitious. As per INWO, both Stage 1 and Stage 2 investigations can be extended if updates are provided to the Whistleblower. Within SAS we have ensured continual engagement during all stages of the investigation.

## **Next Steps**

- Continue to improve and refine the whistleblowing processes based on learning and feedback with a particular focus on evidencing actions via the Patient Safety and Clinical Risk Group.
- Explore the opportunities to continue to share learning from whistleblowing concerns with staff whilst maintaining confidentiality
- Work to test and embed our newly launched Whistleblowing Detriment Risk Assessment form with a view to sharing nationally via networks
- Plans for Speak Up week 2026

## **Conclusion**

Although there have been challenges, there has been meaningful progress made since the introduction of the Whistleblowing Standards within the Service in terms of setting up the network, training staff, and sharing information. We will continue to champion this change, engaging with staff and strengthening governance and evidencing learning from Whistleblowing over the course of 2026/27. [OBJ]