

# NHS Golden Jubilee

Meeting:	NHS Golden Jubilee Board
Meeting date:	26 February 2026
Title:	Whistleblowing Quarter 3 Report 2025/26
Responsible Executive/Non-Executive:	Anne Marie Cavanagh, Executive Director of Nursing
Report Author:	Nicki Hamer, Head of Corporate Governance and Board Secretary

## 1 Purpose

**This is presented to Board for:**

- Approval

**This report relates to a:**

- Government policy/directive

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

- Safe
- Effective
- Person Centred

**This aligns to all of NHSGJ Corporate Objectives.**

## 2 Report summary

### 2.1 Situation

The National Whistleblowing Standards were launched on 1 April 2021 and a significant amount of work was and continues to be undertaken to ensure that the standards are implemented across the organisation.

This paper provides the Whistleblowing Quarter 3 Report for 2025/26 (1 October 2025 to 31 December 2025).

### 2.2 Background

The National Whistleblowing Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS Boards to manage, record and report whistleblowing concerns. The Standards also require that Boards publish an annual report setting out performance in handling whistleblowing concerns. The annual report will

summarise and build 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.

NHS Golden Jubilee's approach to the implementation of the standards was key to ensuring that staff feel safe, supported and have confidence in the fairness of the processes should they feel they need to raise concerns.

In NHS Golden Jubilee the agreed governance route for reporting on whistleblowing is to Clinical Governance Committee with any staff concerns being shared with Staff Governance and Person Centred Committee and then onward to the Board.

This report provides information in accordance with the requirements of the Standards including information on our performance for 2025/26.

## **2.3 Assessment**

Appendix 1 is the Whistleblowing Quarter 3 Report for 2025/26. This report demonstrates our performance for the national key indicators as required by the Independent National Whistleblowing Office (INWO). Over time, this approach will illustrate trends and more importantly, allow us to evidence necessary improvement and learning in response to the trends and themes demonstrated. The report at Appendix 1 provides performance information on:

- Quarter 3 Performance
- Key Performance Indicators
- Learning, changes or improvements to services
- Level of staff perception, awareness and training
- Speak Up Week 2025 Outcomes
- Whistleblowing Oversight Group

Monthly reports are produced to monitor completion of the Turas Whistleblowing eLearning modules. Whistleblowing communications continue to be refreshed as a reminder to staff on how to raise a Whistleblowing concern.

The Non-Executive Whistleblowing Champion meets with the Confidential Contacts to ensure any whistleblowing concerns are signposted as a support to staff.

### **2.3.1 Quality/ Patient Care**

The National Whistleblowing Standards support a safe environment which supports and provides assurance on the quality of care and services.

### **2.3.2 Workforce**

The National Whistleblowing Standards support NHS GJ's ambition for an open and transparent organisational culture where staff have the confidence to speak up.

### **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.

### 2.3.5 Equality and Diversity, including health inequalities

There are no specific issues arising from this paper.

### 2.3.6 Climate Emergency and Sustainability

Whistleblowing supports effective governance of all strategic priorities remitted to its Governance Committees, including Climate Change and Sustainability.

### 2.3.7 Other Impacts

Best value: Governance, 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.

### 2.3.8 Communication, involvement, engagement and consultation

There is no requirement for formal engagement with external stakeholders in relation to the formulation of this paper. This paper has been approved by the Whistleblowing Oversight Group.

### 2.3.9 Route to the Meeting

This has been previously considered by the following group as part of its development. The group have either supported the content, or their feedback has informed the development of the content presented in this report.

- Whistleblowing Oversight Group, 22 January 2026 (Approval)
- Staff Governance Person Centred Committee, 10 February 2026 (Awareness)
- Clinical Governance Committee, 12 February 2026 (Approval)

## 2.4 Recommendation

The Board is asked for:

- **Approval** on the Whistleblowing Report for Quarter 3 2025/26.

## 3 List of appendices

There is one Appendix attached to this report:

- Appendix No 1, Whistleblowing Quarter 3 Report 2025/26.