

# NHS Shetland

<b>Meeting:</b>	<b>Shetland NHS Board</b>
<b>Meeting date:</b>	<b>10 February 2026</b>
<b>Title:</b>	<b>Whistleblowing Standards Quarter 3 Report (2025/26)</b>
<b>Agenda reference:</b>	<b>Board Paper 2025/26/64</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Dr Kirsty Brightwell, Exec Lead</b> <b>Lorraine Hall, Acting Exec lead (since December 2025)</b> <b>Joe Higgins, Non-Exec Whistleblowing Champion</b>
<b>Report Author:</b>	<b>EM Watson Chief Nurse (Corporate)</b>

## 1 Purpose

**This is presented to the NHS Board for:**

- Awareness

**This report relates to:**

- Legal requirement
- Local policy

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

In Quarter 3, there have been 4 new contacts to the WB inbox. These contacts are being progressed as follows:

- A Stage 2 externally facilitated Investigation has been commissioned and is in progress;

- Two contacts are not whistleblowing matters, advice was provided to one staff member and the other contact raised 2 areas of concern, one of which is being progressed via line management and for the second concern, the individual was supported to take appropriate action in relation to safeguarding concerns.
- The final contact was made at the end of the quarter and therefore these concerns have just recently been followed up and will be reported on in Q4.

There are two Stage 2 investigations currently underway, these are as follows:

- Case A, initially raised on 30 April 2025, is being progressed by an external investigator. It is also subject to INWO intervention for which we await a response from INWO.
- Case B initially raised on 12 November 2025, is being progressed by an external investigator

The Clinical Governance Committee now has a discrete Standing Agenda item regarding governance of clinical actions emerging from any Whistleblowing action plan with update reports expected at each quarterly meeting. Regular updates on progress with the Action Plan in response to the Stage 2 Investigation completed in August /September 2024, continue to be made to the Clinical Governance Committee meetings with the latest update being presented in December 2025. Updates on progress with actions enables the Clinical Governance Committee to maintain oversight and provide assurance to the NHS Board that ongoing progress is being made.

Unfortunately during Q3, Dr Brightwell, Exec Lead for Whistleblowing has commenced a period of leave and therefore until her return Lorraine Hall, Director of HR and Support Services as agreed to assume the role of Exec Lead for Whistleblowing.

Due to the timing of Board Committee meetings in this quarter, this report has not been formally considered by either the Staff Governance Committee or Clinical Governance Committee at their respective meetings but the document has been shared with the membership of both Committee's in Draft. The report will be formally discussed at their respective meetings which are scheduled to be held in February and March 2026.

## 2.2 Background

The Whistleblowing Standards came into force in NHS Scotland on 1 April 2021.

Whistleblowing is defined as:

"when a person who delivers services or used to deliver services on behalf of a health service body, family health service provider or independent provider (as defined in section 23 of the [Scottish Public Services Ombudsman Act 2002](#)) raises a concern that relates to speaking up, in the public interest, about an NHS service, where an act or omission has created, or may create, a risk of harm or wrong doing."

[Definitions: What is whistleblowing? | INWO \(spsso.org.uk\)](#)

A local Whistleblowing Steering group is in place and continues to meet every 12 weeks.

The number of concerns raised by staff, including lessons learnt, will be reported to a public meeting of the NHS Board on a quarterly basis and should highlight any issues that inform decision-making and/ or cut across services.

An annual report will also be presented to the NHS Board each year at its meeting in June which will report on the KPIs for Whistleblowing as developed by INWO (see Appendix 1). These reports should inform Board members' discussions on issues in relation to service delivery and organisational culture.

Across the organisation there is a need to continually raise awareness of the Whistleblowing Standards and to increase the support available for staff to enable them to Speak Up when faced by issues of concern.

## 2.3 Assessment

The Whistleblowing Steering Group has continued to meet regularly and discuss general awareness raising, training and support for the Confidential Contacts and all staff.

The meetings of the Confidential Contacts, Non-Exec Whistleblowing Champion, and Executive Lead also continue with the latest meeting being held in November, where a range of topics were considered including reflections on Speak Up week 2025. The group noted that one of the key themes from the national Speak Up webinars had been around inequalities and how best to support ethnic minority groups and staff in lower paid roles within organisations. It was noted that locally as well as considering these groups we should also have a focus on those who had less access to support as a result of geographical and/or technological barriers. Following discussion it was agreed that an offer would be made specifically to attend Estates and Facilities team meetings with a view to covering staff working within Domestic, Estates and Porter services and to offering sessions out to teams within primary care who were working in remote locations across Shetland.

In addition, a general offer has been made to all teams for a Confidential Contact to attend Team meetings to discuss their role and the Speak Up/Whistleblowing process. Details of the current Confidential Contacts are displayed in areas across the organisation or they can be reached by emailing the generic Whistleblowing inbox at [shet.whistleblowing@nhs.scot](mailto:shet.whistleblowing@nhs.scot).

The INWO webinars were promoted to local staff and for those who missed the chance to watch these webinars live, the recordings are all on the INWO site and can be viewed at [Speak Up Week 2025 | INWO](#)

Discussion was also held on how we progress the organisational actions recommended by the previous case review by INWO. These meetings aim to maintain an organisational focus on whistleblowing and to support skills development amongst the Confidential Contacts.

Peer support and training & development for Confidential Contacts is being achieved by being part of the national Speak Up Network hosted by NHS Lothian. This provides a forum for learning and development with external topic specialist speakers invited on a regular basis as well as forming a peer support network for Confidential Contacts. All current Confidential Contacts are now part of this network.

It was also noted that there is the potential for some future whistleblowing training sessions locally via the planned sessions for Audit committee members. It is hoped that this will contribute to our learning by hearing about other NHS Board's experiences.

Our new Confidential Contact is just completing his training to support him in this role. This new member of the team will enable us to offer individuals with an issue of concern a

Confidential Contact of the gender of their choice. This is a very positive development for the team.

Within NHS Shetland whilst all staff are encouraged to undertake the Whistleblowing modules available on TURAS, these are not considered to be mandatory nor form part of our core statutory/mandatory training requirements. The modules are highlighted to staff as part of the Corporate Induction programme, as well as being promoted as part of the Speak Up week activities which have been carried out each year.

Based on the data within TURAS Learn, NHS Shetland report the following:

Category	Numbers prior to 31 March 2025	Numbers completed between 1 April – 30 June 2025	Numbers completed between 1 July – 30 Sept 2025	Numbers completed between 1 Oct – 31 Dec 2025
No of Staff who completed training – WB Overview	63	1	2	1 1 ( in progress)
No of Managers who completed training – Line Manager	26	1 1 (in progress)	0	0
No who completed Senior Managers training	Not recorded	1	2	0

Whilst the modules are not mandatory, training rates continue to be very low so further consideration needs to be given as to whether this is impacting especially on Line Managers knowledge and skills in managing concerns raised and the decreasing perception that concerns raised will be responded to and followed up.

The Patient Safety Leadership Walkrounds also provide an opportunity to explore staff awareness of the Whistleblowing process and to get a feel for their ability to speak up. It is pleasing to note that the majority of staff know how to, and feel able to, raise concerns with their managers or another senior leader in the organisation but they also reflect an increasing concern regarding lack of apparent response / feedback following raising a concern.

A whistleblowing session, hosted by the Confidential Contacts, continues to be delivered as part of the Corporate Induction process to bring the Whistleblowing Standards to the attention of all new staff. This session continues to be delivered consistently at the twice monthly Induction sessions.

There is a process within Datix to record and report any concerns raised. This is a confidential space with restricted access.

A thematic analysis of issues raised is presented to the Risk Management Group on a regular basis to ensure that there is organisational oversight of issues raised, lessons learnt and in order to put in place any further remedial actions necessary.

The Independent National Whistleblowing Officer introduced Key Performance Indicators (KPIs) for Whistleblowing in June 2023. As the number of cases is low the KPIs are only

reported on annually as part of the Annual Report. The KPIs are provided in Appendix 1 for information.

There are regular communications to the HSCP staff, independent contractors, University and Third Sector Organisations to raise awareness of the Standards as the standards apply to all services contracted out as well as encompassing students, volunteers and Local Authority staff working within or alongside NHS services.

This involves requesting regular reports of any issues raised. Table 1 details the quarterly requests and returns from those organisations with which we work closely.

<b>Table 1: NHS Shetland 2024/2025 Annual Whistleblowing return summary:</b>	
<b>Area</b>	<b>Return Q3 2024/2025</b>
Independent Contractors – GP Practices	Response received - no cases
Independent Contractors - Optometry	iCare –response received – no cases  Spec Savers - response received – no cases
Independent Contractors - Pharmacy	Response received - no cases
PEF Under graduates	Response received - no cases
PEF Nursing student	Response received - no cases
Community Health and Social Care	Response received - no cases
Dental	Response received - no cases

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

Learning from whistleblowing as well as encouraging staff to speak up will result in maintaining and / or improving quality and patient care.

### **2.3.2 Workforce**

Speaking about the Whistleblowing Standards can empower staff to take responsibility for issues where they see a potential risk.

Notification and monitoring allows the collection of data to inform staff and the organisation on potential gaps and risks.

### **2.3.3 Financial**

Nil.

### 2.3.4 Risk Assessment/Management

There is a risk that the Confidential Contacts' confidence erodes over time and/or that they chose to no longer provide this service. During 2024/2025 for personal reasons, and due to workload, we lost 2 of the confidential contacts. Initial discussions were held at the last meeting of the Whistleblowing Champion, Exec Lead and Confidential Contacts regarding undertaking a recruitment campaign to increase the number of Confidential Contacts. One further volunteer put themselves forward and is currently undergoing a bespoke training programme to enhance their knowledge and skills for the role.

INWO have developed training materials which can be used for development purposes. Unfortunately a lack of in-house capacity to progress leading this training means that all Confidential Contacts will actively participate in the national Speak Up Network to ensure ongoing access to training, support and development.

There is a risk that the information about raising concerns through the Confidential Contacts will be undermined with staff turnover. This will be monitored by the steering group.

There is a risk that awareness in the organisation erodes over time. This will be monitored by the steering group and appropriate action taken.

There is a risk that as the number and complexity of issues raised under the Standards increases that the work undertaken by the Clinical Governance and Risk Team to support the Whistleblowing process will be unable to be sustained without an investment in capacity within the Team.

There is a risk that the non-adherence to timeframes as outlined in the Whistleblowing Standards makes staff lose confidence in this as a way of raising issues of concern which are in the public interest and that lessons learnt fail to be recognised and implemented in a timely way, leading to the potential for further harm.

There is also a risk to the organisation if remedial actions are not followed through that this compromises investigations, and creates a lack of clear follow through on issues of concern raised thus increasing concerns about the merit in speaking up .

There is a risk that should NHS Shetland fail to adequately respond to INWO recommendations that this would be highlighted in subsequent INWO audits/follow-ups and lead to further actions being required of NHS Shetland. Remedial activities to action any such INWO recommendations will be monitored via Whistleblowing Steering Group to avoid this risk materialising.

### **2.3.5 Equality and Diversity, including health inequalities**

Due regard requires to be paid by the organisation at all times to assure the Board that it can meet its Public Sector Equality Duty, Fairer Scotland Duty, and the Board's Equalities Outcomes.

Monitoring of the issues raised under the Whistleblowing Standards will enable us to have oversight of whether there are any equality and diversity issues arising. These will be actioned and reported accordingly.

### **2.3.6 Other impacts**

There are no other impacts to report at this time.

### **2.3.7 Communication, involvement, engagement and consultation**

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

State how this has been carried out and note any meetings that have taken place.

- Independent Contractors (dental, GP, community pharmacy, opticians): email quarterly.
- University – local coordinator for University of Aberdeen medical students (email quarterly).

### **2.3.8 Route to the Meeting**

- This report has been shared in draft with both the Steering Group and Confidential Contacts in order that the groups can have both the opportunity to inform the development of the content and to agree the report prior to submission to the Committee.

## **2.4 Recommendation**

- **Awareness** – For Members' information only.

## **3 List of appendices**

Appendix No1 INWO Whistleblowing Key Performance Indicators

Key Performance Indicators	
KPI 1	a statement outlining learning, changes or improvements to services or procedures as a result of consideration of whistleblowing concerns
KPI 2	a statement to report the experiences of all those involved in the whistleblowing procedure (where this can be provided without compromising confidentiality)
KPI 3	a statement to report on levels of staff perceptions, awareness, and training
KPI 4	the total number of concerns received
KPI 5	concerns closed at stage 1 and stage 2 of the whistleblowing procedure as a percentage of all concerns closed
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
KPI 7	the average time in working days for a full response to concerns at each stage of the whistleblowing procedure
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
KPI 9	the number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1
KPI 10	the number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2

### Reference

Good Practice Guidance for Annual Whistleblowing Reporting issued by Independent National Whistleblowing Officer (INWO), June 2023.