

NHS Shetland

Meeting:	Shetland NHS Board Meeting
Meeting date:	28 April 2026
Title:	Whistleblowing – Correspondence with the Cabinet Secretary for Health and Social Care
Agenda reference:	Board Paper 2026/27/08
Responsible Executive/Non-Executive:	Brian Chittick Chief Executive
Report Author:	Brian Chittick Chief Executive

1. Purpose

This is presented to the Board/Committee for:

- Noting

This report relates to:

Governance and Assurance

Staff Governance

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

- Safe
- Effective
- Person-centred

2. Report summary

2.1. Situation

On 15 April 2026, the Chief Executive submitted a response to the Cabinet Secretary for Health and Social Care as part of a national request for assurance and reflection on whistleblowing arrangements across NHS Scotland.

The letter provides an overview of NHS Shetland's approach to whistleblowing, including organisational culture, leadership visibility, governance arrangements, investigation processes and learning from concerns raised. It also reflects the particular challenges for small Island Boards in sustaining local arrangements and highlights potential opportunities for national support

2.2. Background

Whistleblowing is a key component of staff governance and organisational culture, and NHS Shetland has established leadership, governance and reporting arrangements aligned to the Whistleblowing Standards. These include executive oversight, confidential contacts, partnership engagement, and regular reporting to standing committees and the Board.

The correspondence draws on available staff feedback (including iMatter data), qualitative intelligence from staff engagement activity, and organisational learning from whistleblowing cases during the year

2.3 Assessment

Quality / patient care

The arrangements described provide assurance that concerns relating to quality and safety can be raised, investigated appropriately, and acted upon, with learning shared through established governance route.

Workforce

While overall staff confidence in raising concerns remains generally positive, the letter recognises a recent downward trend in some staff survey measures. These are being considered through existing governance structures and form part of ongoing improvement activity

Financial

There are no direct financial implications arising from this paper. The correspondence notes the limited availability of dedicated resources for whistleblowing activity within small Boards.

Risk assessment/management

Whistleblowing risks are managed through established governance arrangements, with escalation to Board level where required. The correspondence provides assurance that processes are in place to manage complex or sensitive cases, including use of external investigation support where appropriate.

Equality and Diversity, including health inequalities

The whistleblowing arrangements described are accessible to all staff and are intended to support psychological safety, fairness and protection from detriment.

Other impacts

N/A

Communication, involvement, engagement and consultation

No additional communication or engagement is required arising from this paper. The correspondence itself forms part of routine national assurance activity.

2.4 Recommendation

Decision – The Board is asked to:

Note the correspondence sent to the Cabinet Secretary for Health and Social Care and take assurance from the arrangements described.

Appendices

- 1. Letter to Cabinet Secretary, Health & Social Care from Brian Chittick NHS Shetland - Whistleblowing**

Mr Neil Gray MSP
Scottish Government
St Andrew's House
Regent Road
Edinburgh
EH1 3DG
Healthworkforcepartnership@gov.scot
Sent via E mail

Date 15th April 2026
Our Ref BC/NG_Whistleblowing_25/26
Enquiries to Brian Chittick
Telephone 01595 743060
E-mail brian.chittick@nhs.scot

Dear Cabinet Secretary,

Thank you for your letter and for your continued emphasis on the importance of effective whistleblowing across NHS Scotland. I welcome the opportunity to contribute to this year's reflection and to share my perspectives as Chief Executive on the culture within NHS Shetland. I am pleased to provide a response that supports the development of a clear national picture and informs ongoing policy work, recognising the central role that leadership plays in fostering openness, transparency and accountability within our organisations.

A. Culture and Leadership, Staff Experience and Confidence

1. How are you fostering and demonstrating a positive speak-up culture across the Board, and what evidence do you have of its impact on staff confidence? How do you use iMatter data and other feedback mechanisms to assess perceptions of whistleblowing safety, including identifying any hotspots, good practice, or areas requiring additional support across staff groups, roles, teams or locations?

Within the Board we have an Executive Lead (Exec Lead) and a number of Confidential Contacts who support the Speak Up/Whistleblowing Agenda. Whistleblowing/Raising concerns are part of the Staff Governance Action Plan and are regularly discussed by the Committee with any concerns being escalated to the NHS Shetland Board via the appropriate governance routes.

The Area Partnership Forum are engaged with developing the plan for the annual Speak Up week and assist with its promotion.

Each year the iMatter data is considered by the Whistleblowing Steering Group. Organisationally there was a slight decrease in staff completing the iMatter survey this year with completion being by 56% of the workforce, in comparison to 60% of the workforce in 2024 and 2023. The results on the two questions which relate to raising concerns over the last three years are as follows:

Question	2025	2024	2023	Trend
I am confident that I can safely raise concerns about issues in my workplace	80	81	82	↓
I am confident that my concerns will be followed up and responded to.	73	75	76	↓

As can be seen, there is a downward trend in our results on both questions with a slightly greater decrease on the “confident that concerns will be followed up and responded to”. These results will be considered in detail at the Steering Group and due consideration given to actions which it may be possible to take which could help to improve these results.

In addition to the Whistleblowing Steering Group, we have a quarterly meeting of the Whistleblowing Champion, Exec Lead and Confidential Contacts which supports discussions on developing our approach/response to whistleblowing locally, provides a safe space for discussion on any operational or other issues of concern arising, as well as providing an opportunity to hear from the Whistleblowing Champion any feedback from the Whistleblowing Champions Network meetings. The Whistleblowing Champion acts as the conduit between INWO and NHS Shetland, sharing information to inform the NHS Shetland approach to implementation of the Standards. This also facilitates the passing on of all communications received from INWO on various learnings and advices that we are required to take account of in our implementation of the Standards.

When undertaking Clinical Governance Leadership Walk rounds we check with the staff in the area their awareness of Speak Up/Raising concerns processes and their willingness to use these should they be required. When doing a cultural review with teams we use the Imatter data for that team to inform the terms of reference for the review.

The Chief Nurse (Corporate) has a portfolio that includes responsibility for the Clinical Governance function (quality, safety and risk) and plays a key role in supporting the Exec Lead in the Whistleblowing agenda. The post holder plays a pivotal role in supporting, training and educating the Confidential Contacts. The breadth of this portfolio provides an opportunity for an “early warning” system for the organisation of emerging concerns.

The Board is able to correlate data that is taken from Whistleblowing, HR processes and OD to gain an insight as to where any hot spot areas might be and to commission appropriate supportive interventions.

2.
How visible and accessible are you, as Chief Executive, to staff, and how do you assure yourself that staff feel able to approach you?

As Chief Executive, I place a strong emphasis on being visible and accessible to staff, and on creating an environment where people feel safe, supported and empowered to speak up about concerns.

My visibility begins from the point of entry into the organisation. I personally attend and prioritise participation in every corporate induction, where I welcome new colleagues and speak explicitly about empowerment, psychological safety and the importance of speaking up. This message is immediately reinforced through a dedicated session led by our Whistleblowing Lead, ensuring that staff understand both the organisational expectation to raise concerns and the practical mechanisms available to them from their formative days in our organisation.

On an ongoing basis, I maintain regular, open communication with the whole organisation. I host a monthly All Staff Open Forum on Microsoft Teams, which is accessible to all staff, recorded for those unable to attend live, and provides an opportunity for open dialogue, questions and challenge. These sessions allow me to share updates transparently and, importantly, to listen directly to issues being raised by staff.

In addition to these open forums, I create smaller, more confidential spaces to enable staff to speak freely. Each month I hold “Keep Calm and Have a Yarn” sessions, where representatives from different departments are invited into a closed, informal discussion with me over tea and biscuits. These sessions operate on a Chatham House basis and are intentionally designed to allow colleagues to raise concerns, test ideas and highlight issues that may not surface through more formal routes. They act as a valuable qualitative “temperature check” and often help identify where deeper organisational learning or support is required.

I also host informal lunch sessions, “Chat with Chittick”, inviting staff from across the organisation to join me to thank them for their contribution and to hear directly about their experiences. While primarily a recognition opportunity, these sessions further reinforce approachability and trust. Beyond these forums, I regularly undertake walk rounds and listening visits across both acute and community services, accompanied by our Employee Director. These visits are explicitly framed as listening exercises, giving staff the opportunity to speak directly to both executive leadership and staff side representation. This triangulated approach provides additional assurance that staff feel able to raise issues openly and that we are hearing consistent messages across the organisation.

Within a small health system such as NHS Shetland, personal accessibility is particularly important. I operate an open door approach, and staff are able to approach me directly. I am also attentive to informal feedback, patterns of concern and emerging themes from multiple engagement routes, which helps assure me that people do feel able to speak up, including where issues are uncomfortable or challenging.

Taken together, these arrangements provide me with confidence that I remain accessible as Chief Executive and that staff have multiple, safe and credible routes to raise concerns, including whistleblowing. More importantly, they help reinforce a culture of trust and psychological safety where speaking up is supported across the whole organisation.

3. What arrangements and channels are in place across the Board to enable staff to speak up, and how well are these understood and accessible?

1. Speak up and Raising Concerns is highlighted at Induction to all staff joining the Board.
2. A Confidential Contact participates in the Induction programme.
3. A dedicated email address for submitting Whistleblowing concerns exists which is monitored by the Exec Lead and Clinical Governance Team.
4. Posters & leaflets displaying details of Whistleblowing processes and Confidential Contacts are in place across the organisation. A manager’s leaflet is also provided.
5. Details of other support mechanisms e.g. OH, Spiritual care are also publicly available.

Whilst activity is undertaken by the Chief Nurse (Corporate) and other local team members to support the Whistleblowing agenda, there are no dedicated financial or human resources within NHS Shetland to support this agenda and hence all activity is undertaken in addition to individuals’ already comprehensive portfolios. Numbers of issues raised via the Whistleblowing inbox may be relatively small, averaging 8-10 per year, but all of them require some level of discussion with the individual, determining the best way forward taking account the individual’s view, supporting any action required, documenting issues raised and action taken in order to support the sharing of thematic learning as part of the governance processes.

The staff who participate as Confidential Contacts do so on a personal ‘volunteer’ basis and hence the sustainability of our local approach relies on a good will basis. It would be helpful if further

consideration can be given at a national level as to how best organisations/NHS Boards can be supported to develop their approaches locally, whether by the provision of dedicated financial resources or by the provision of more resources from the national INWO office to support local roll out e.g. a 'Once For Scotland' approach to a 'Local' Policy and Procedures for responding to concerns raised under the Whistleblowing Standards. For small Island Boards, such as ourselves, having a standardised policy which can be adopted locally, adapted if necessary to local context, would be a more efficient use of our scarce staff time.

4. How do you monitor and evaluate the effectiveness of your speak-up arrangements, and what improvements have been made as a result?

The Area Partnership Forum and Staff Governance Committee jointly commissioned a piece of work on reviewing Raising Concerns. This short life working group was co-Chaired by the Director of Human Resources and Support Services and the Employee Director ensuring partnership involvement and engagement. The group reported through both APF and SGC and updated actions on the Staff Governance Action plan. The outputs of the review produced some standardised documentation and improved and increased support mechanisms for staff raising concerns. In previous years we have seen an upturn in contact to Confidential Contacts for a discussion on matters of concern immediately following activities held for Speak up week.

5. What training and support is provided to line managers to ensure they are confident and competent in responding appropriately and effectively to concerns raised by staff?

In terms of formal training, Line Managers are regularly reminded of the availability of the TURAS Whistleblowing modules within All Staff communications

Managers at Band 7 and Band 8 (Team Leaders and Exec Manager Level) have embarked on SPSO investigation training with other cohorts of Managers also scheduled to attend this training in the future.

B. Governance and Process

6. How does your Board ensure there are clear, accessible and trusted processes for raising concerns, including those relating to Board members?

We have a process in place which is clearly accessible to staff in terms of how to raise concerns, where those concerns relate to either an Exec Director or Non-Exec Director/Board member or where they are exceptionally complex in nature the Board has commissioned external Investigations and in some instances an External Commissioner who will take the investigation reports and the recommendations forward.

7. Please provide assurance that reporting arrangements align with the Governance section of the Whistleblowing Standards.

Quarterly reports go to the Standing Committees, Clinical and Staff Governance and to the NHS Board meeting itself. These are then forwarded to INWO as per their request

**8.
What are your average investigation timescales and how do you assure yourself of investigation quality and fairness?**

Cases that have been taken forward locally have been very complex, requiring investigation at Stage 2. In addition, due to the small scale of our services, and the complexity of issues raised we have sought external support in order to ensure that we can have an open, transparent and fair investigation process. This has resulted in us engaging external Senior Professionals or an external Company to undertake the Investigations for us. Due to the nature and complexity of these investigations the time frame for Investigating and responding to concerns raised is outwith the timeframe suggested in the WB Standards. Current Stage 2 investigations have a timeframe of 75 days and 103 days to date, respectively, and will still require a period of time to conclude and provide a formal report back to the Board.

**9.
How does the Board engage with whistleblowing matters, and how regularly does it review and discuss its overall whistleblowing approach?**

Please see response to question seven, and also a seminar on whistleblowing is currently being scheduled for all Executive and Non-Executive members including the Chief Nurse (Corporate) on 21st April 2026.

C. Protection and Fairness

**10.
What systems are in place to protect whistleblowers from detriment and how is this monitored over time?**

We follow the Whistleblowing Standards and any claim of detriment would be investigated in line with Once For Scotland policies. To date there have been no claims.

D. Learning and Improvement

**11.
What themes or trends have emerged from whistleblowing cases this year and what actions have followed?**

Inter-personal issues
Divergence on appropriateness of clinical practice
Culture within a department
Abuse of authority
Staff wellbeing
Overall impact on patient care/service

Actions taken are covered in question 12.

**12.
How is learning from whistleblowing cases implemented and shared internally?**

In NHS Shetland, as an over-arching principle, the Executive for each area has ultimate responsibility for the sign-off of any Action Plan, implementation of the agreed actions and

communication with relevant staff as needed. A “Lessons Learnt” template is available for use for this purpose.

Once investigations are completed and actions agreed, these are shared with the wider Executive Management Team for onward cascade as appropriate, and also with the Audit and Risk Management Group, noting not to breach any case confidentiality.

All Whistleblowing cases progressed through the formal Whistleblowing Stage 2 route also require, for governance purposes, to report on progress of their Action Plan to the Clinical Governance Committee at its quarterly meetings (note: the Clinical Governance Committee is a standing committee of the full NHS Shetland Board).

13.

Can you give an example of a whistleblowing success story from your board this year – an occasion where policy or practice has changed because a whistleblower spoke up and was listened to?

All of the actions below resulted from a Stage 2 investigation into one service area locally:

- Lone worker fobs to promote staff safety in place
- Job Descriptions updated with role, remits and responsibilities
- Comprehensive local Induction programme for new starts
- More visible Senior Leadership in team meetings
- Increased senior leadership – medical and nursing
- Creation of appropriate clinical pathways with supporting documentation and training

Thank you for the opportunity to reflect on whistleblowing within NHS Shetland over the past year. This has been a helpful exercise in understanding how our arrangements are experienced in practice and in identifying where we can continue to strengthen both culture and confidence. We remain committed to encouraging openness in a confidential manner, learning from concerns raised, and ensuring that staff feel supported to speak up, knowing their concerns will be taken seriously and addressed appropriately.

Yours sincerely,



Brian Chittick
NHS Shetland
Chief Executive