NHS Shetland

Meeting:	Board
Meeting date:	22 September 2026
Agenda reference:	Board Paper 2026/27/40
Title:	Whistleblowing Standards Quarter 1 Report (2026/27)
Responsible Executive/Non-Executive:	Dr Kirsty Brightwell, Exec Lead Lorraine Hall, Acting Exec lead (since December 2025) Joe Higgins, Non-Exec Whistleblowing Champion
Report Author:	EM Watson Chief Nurse (Corporate)

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 1, there have been 3 new contacts to the Whistleblowing inbox. None of these contacts are whistleblowing matters and therefore do not require to be progressed under the Whistleblowing Standards.

These contacts have been progressed as follows:

- One relating to the lack of service information was actioned through follow up with the relevant service manager to review processes in place to ensure that information was provided in a timely way going forward;
- One relating to staff risk assessments and was followed up with the relevant service area;
- One relating to health and safety concerns within a work space had been followed up and actioned by line manager of the area, as well as having been reported to the Whistleblowing inbox.

The previously reported two Stage 2 investigations, which are being conducted by an external investigator, continue to progress at this time. Both these investigations are in their concluding phases with an expectation that they will formally report in Quarter 2, July-September 2026.

Following local investigation and response to a part of one of these cases, the outcome was referred to the Independent National Whistleblowing Officer (INWO). The outcome from INWO has now been made available to the NHS Board and we are now following an action plan agreed with INWO.

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 a verbal update given at the meeting in June, and a written update expected for the next Clinical Governance Committee scheduled for October 2026. 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.

Lorraine Hall, Director of Human Resources and Support Services continues as the Interim Exec Lead for Whistleblowing due to the absence of Dr Brightwell, Medical Director.

Due to the timing of Board Committee meetings in this quarter, this report has only been formally considered by the Staff Governance Committee prior to it's presentation to the NHS Board. In order to ensure that the members of the Clinical Governance Committee had the opportunity to consider the report, it was circulated to the members at the time that the report was submitted to the Staff Governance Committee, inviting feedback to be submitted to Chief Nurse (Corporate). No points of note or feedback were received from Committee members.

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 (spso.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 it's 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 held in June 2026, being a joint meeting with the Steering Group members. This facilitated a discussion on current issues and challenges as well as looking to inform what other organisational activities could be undertaken to support an overall positive culture within the organisation. Initial discussions were also held regarding plans for activities for Speak Up week 2026.

This year, Speak Up Week will run from Monday 28 September to Friday 2 October 2026. It marks a key milestone in 5 years of the National Whistleblowing Standards. In light of this, Independent National Whistleblowing Officer (INWO) have announced this year's theme to be: "Five Years of the Whistleblowing Standards – What's Changed? What's Next?"

INWO will be running a number of national initiatives throughout Speak Up week and staff locally will be encouraged to access these. Details of local events will also be shared across the organisation nearer the time.

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 providing a peer support network for Confidential Contacts. All current Confidential Contacts are now part of this network.

Our new Confidential Contact has 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.

The INWO, Paul McFadden, is visiting some NHS Boards across Scotland to speak to staff about Whistleblowing. Local Confidential Contacts have been invited to participate in a session with the INWO to discuss the role of Confidential Contacts. This session, which will be held via MS Teams, is scheduled for 17 September 2026.

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 2026	Numbers completed between 1 April – 30 June 2026
No of Staff who completed training – WB Overview	71	1
No of Managers who completed training – Line Manager or Senior Managers training	31	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 previously provided an opportunity to explore staff awareness of the Whistleblowing process and to get a feel for their ability to speak up. The walkrounds were paused during Q1 but it is planned to re-introduce them in October 2026, this will support checking staff knowledge and experience of the raising concerns/Whistleblowing process.

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.

A Joint publication from HIS and INWO **National Guidance for NHS Staff on speaking up in NHS Scotland** was received in July and has been shared at Hospital Management Team, CHSCP Strategic meeting and added to Corporate Induction information from 28 July 2026. A link to the document is also available on the NHS

Board external website (Staff resources section) and Intranet site. This publication aims to support staff to know how to raise concerns both at a local and, if appropriate, national level.

Locally 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 Audit and Risk Management Group (ARMG) at their quarterly meeting 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.

Feedback has been received from the Cabinet Secretary for Health and Care, noting that in response to the request earlier in the year for feedback from Chief Executives and Whistleblowing Champions, that “The challenge around Whistleblowing is no longer about establishing systems but about demonstrating impact. Future success will depend on improving organisational responsiveness, reducing investigation delays, strengthening trust, protecting staff from detriment and providing visible evidence that concerns raised, have resulted in meaningful change”

The full summary of responses received from across the NHS Board’s in Scotland is provided at Appendix 2.

NHS Shetland was, in addition, highlighted for it’s “innovative approaches to leadership accessibility and psychological safety." The Whistleblowing Steering Group will consider what further local actions can be put in place to address the challenges as set out in the report.

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.

Table 1: NHS Shetland 2024/2025 Annual Whistleblowing return summary:

Area	Return Q1 2026/2027
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 2025/2026 for personal reasons, and due to workload, we lost 2 of the confidential contacts. Initial discussions were held at the Whistleblowing Champion, Exec Lead and Confidential Contacts meeting regarding undertaking a recruitment campaign to increase the number of Confidential Contacts. One further volunteer put themselves forward and having subsequently undergone training in 2025/2026 has now taken up the role of a Confidential Contact.

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 his 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 No 1 INWO Whistleblowing Key Performance Indicators
- Appendix No 2 Analysis of Whistleblowing Champion & Chief Executive Responses 2025/26

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

<u>Reference</u>

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

Health Workforce Directorate
Health Workforce Culture, Pay and Partnership

Scottish Government
Riaghaltas na h-Alba

E: healthworkforcepartnership@gov.scot

29 July 2026

Dear Whistleblowing Champion

Analysis of Whistleblowing Champion & Chief Executive Responses 2025/26

1. Summary

This short report looks at the findings emerging from the 2025/26 Whistleblowing Champion and Chief Executive analyses across NHSScotland. Analysis of the returns demonstrate significant progress in governance, reporting arrangements and leadership commitment to speaking-up culture. The strongest shared conclusion is that NHSScotland has largely succeeded in establishing whistleblowing structures and reporting routes, but now faces a more complex challenge: building trust that concerns raised by staff will lead to meaningful action and visible improvement.

There is a high degree of consistency in the findings. Psychological safety, leadership visibility, organisational learning, governance maturity and investigation quality are critical themes. The analysis also highlights persistent concerns regarding staff confidence, investigation delays and the limited availability of outcome-based measures demonstrating cultural impact.

The Whistleblowing Champion responses place greater emphasis on staff experience, psychological safety, organisational trust and protection from detriment. Chief Executives focus more heavily on governance systems, strategic leadership and organisational effectiveness. Together, the two perspectives provide a comprehensive picture of a system transitioning from implementation to impact.

2. Key Themes

Whistleblowing returns were received from most boards – as NES and NSS merged on 1 April 2026, a separate response was not received from NES. Psychological safety emerged

as the dominant theme in the analysis. Organisations increasingly recognise that staff must feel safe to challenge decisions, raise concerns and question practices without fear of adverse consequences. Analyses describe significant investment in Speak Up initiatives, leadership engagement programmes, culture improvement work and multiple reporting routes.

Leadership visibility is another strong area highlighted in the analysis. Executive walkrounds, staff forums, listening events, town halls and direct communication channels are now common features across NHSScotland. Importantly, both Chief Executives and Whistleblowing Champions suggest that leadership engagement is increasingly focused on listening and gathering intelligence rather than simply communicating messages.

Governance arrangements are described as increasingly mature. Whistleblowing governance is now embedded within Board assurance processes, Staff Governance Committees and strategic risk management frameworks. Organisations are increasingly integrating whistleblowing with wider patient safety, workforce wellbeing and culture agendas.

The analysis also highlights the growing use of whistleblowing intelligence to support organisational learning. Concerns raised by staff are increasingly being used to drive service improvement, governance reform, leadership development and patient safety initiatives.

3. Areas of Concern

The most significant concern identified by both Whistleblowing Champions and Chief Executives is the persistent gap between confidence in raising concerns and confidence that concerns will be acted upon. While staff appear increasingly aware of reporting routes and support mechanisms, many remain uncertain whether concerns will result in meaningful change. This issue is repeatedly described as the most significant strategic challenge facing NHSScotland.

A second concern relates to measurement. Many Boards continue to rely on activity-based indicators such as training completion rates, reporting volumes and attendance at engagement events. While useful, these indicators do not necessarily demonstrate trust, confidence or psychological safety. Analysis found that many returns call for greater use of outcome-based measures.

Manager capability is also highlighted as a concern. The Whistleblowing Champions returns, in particular, emphasises the critical role that local managers play in creating psychologically safe environments. Inconsistent management behaviours can undermine confidence, even where governance arrangements are strong.

Finally, analysis identified challenges in demonstrating visible organisational learning. Staff are more likely to engage with whistleblowing systems when they can see clear evidence that concerns raised have led to improvements.

4. Examples of Good Practice

Several organisations are identified as demonstrating particularly strong practice.

NHS Grampian is repeatedly highlighted for its governance maturity, structured learning processes, culture monitoring and organisational reflection. Returns identify Grampian as one of the most advanced organisations in translating whistleblowing intelligence into

improvement activity.

NHS Highland is recognised for robust action tracking, implementation monitoring and governance oversight. The organisation demonstrates strong accountability arrangements and follow-through.

NHS Tayside is commended for integrating governance, investigation quality and organisational learning. The organisation appears to have developed sophisticated arrangements linking whistleblowing intelligence to wider strategic objectives.

NHS Orkney is recognised for its trust-focused approach and emphasis on organisational credibility. NHS Shetland is highlighted for innovative approaches to leadership accessibility and psychological safety.

The State Hospitals Board, NSS and NHS Forth Valley are also recognised for strong practice in manager development, protection from detriment, governance arrangements and leadership engagement.

5. Differences Between Chief Executive and Whistleblowing Champion Perspectives
Although the returns are highly aligned, there are notable differences in emphasis.

Whistleblowing Champions consistently focus on staff experience, psychological safety, trust, accessibility and protection from detriment. Their responses frequently explore how whistleblowing arrangements feel from the perspective of staff and whether individuals experience organisational support.

Chief Executives tend to focus more on governance structures, organisational systems, strategic leadership and assurance mechanisms. Their responses are often framed around organisational effectiveness, implementation and accountability.

Whistleblowing Champions place greater emphasis on the importance of trust and relationships, while Chief Executives focus more heavily on strategic oversight and organisational performance. Champions are also more likely to discuss manager capability and behavioural factors influencing culture.

These differences should be viewed as complementary rather than contradictory. Together, they provide a balanced assessment of both organisational systems and staff experience.

6. Conclusions and Strategic Implications
The overall picture emerging from analyses is positive. NHSScotland has established strong foundations for whistleblowing governance, leadership engagement and speaking-up culture. Governance structures are increasingly mature, reporting routes are well established and whistleblowing is increasingly viewed as a strategic issue linked to culture, patient safety and organisational learning.

However, there are suggestions that NHSScotland is entering a new phase of maturity. The challenge is no longer establishing systems, but demonstrating impact. Future success will depend on improving organisational responsiveness, reducing investigation delays, strengthening trust, protecting staff from detriment and providing visible evidence that concerns raised, have resulted in meaningful change.

Yours Sincerely

Zachary Deponio
Senior Policy Officer

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot