Item 12.1.1

Whistleblowing Standards

Quarter One Report 2026/27

Safety, Quality and Risk Team

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NHS Orkney Whistleblowing Standards

Quarterly Report – Q1 2026/27

1. Introduction

This report provides an overview of NHS Orkney's whistleblowing activity and performance for Quarter One of the 2026/27 financial year, covering the period 1 April 2026 to 30 June 2026.

The report supports Board oversight by outlining activity, performance against the national indicators, and areas of continued focus within NHS Orkney's speaking-up arrangements.

Speaking up is an important part of patient safety, staff safety, wellbeing, learning and improvement. NHS Orkney wants people to feel able to raise concerns, ask questions and challenge where something does not feel right.

2. Background

The National Whistleblowing Standards set out what people can expect when they raise a concern in NHS Scotland. They are overseen by the Independent National Whistleblowing Officer and are designed to make sure concerns are handled fairly, consistently and with a focus on learning.

Under the Standards, people should be listened to, treated with respect, protected from detriment and kept informed about how their concern is being considered. A concern may relate to patient care, staff safety, quality of services, governance, wellbeing or another matter that could affect NHS services.

NHS Orkney reports whistleblowing information each quarter against the national indicators. This includes concerns raised by NHS Orkney staff and information provided by independent contractors who deliver NHS services on behalf of the Board.

Local speaking-up arrangements include routes for raising concerns, advice from Confidential Contacts, oversight from the Whistleblowing Champion and leadership from the Executive Lead for Whistleblowing. These arrangements support openness, public accountability and confidence that concerns will be considered in a fair, respectful and learning-focused way.

3. Speaking Up

NHS Orkney provides several ways for staff to raise concerns and seek advice. These include the formal whistleblowing process, an anonymous reporting form,

Confidential Contacts, and the option to speak directly with senior leaders, including the Chief Executive, the Whistleblowing Champion and the Executive Lead for Whistleblowing.

During this reporting period, no concerns were raised directly with the Chief Executive. One concern was raised with the Executive Lead for Whistleblowing and copied to the Whistleblowing Champion. This concern is described in the whistleblowing concerns section of this report. No other concerns were raised with the Executive Lead or the Whistleblowing Champion during the reporting period. One anonymous concern was also raised through the reporting form. This related to a concern that electric vehicle charging spaces intended for fleet cars were being used by staff for personal use. The concern was reviewed and this was not found to be evidenced. Use of the charging spaces continues to be monitored and kept under review.

4. Confidential Contacts

Confidential Contacts are part of NHS Orkney's speaking-up arrangements. They provide a safe and supportive route for people to talk through concerns, understand the options available to them, and consider whether the whistleblowing process or another route may best meet their needs. This support is confidential, person-centred and intended to help people feel listened to and able to make informed choices.

During this reporting period, there was one contact with a Confidential Contact. The matter was complex and the person was signposted to the Employee Director, as this was considered the most suitable route for advice and support at that stage. They also are aware that the whistleblowing route is available should they wish to use it.

Anyone who contacts a Confidential Contact is offered information about available support, including the Employee Assistance Programme, and guidance on the whistleblowing process where this may be relevant. Confidential Contacts can also offer further support, including the opportunity to talk again if the person hasn't been able to resolve the issue.

No other contacts were received by Confidential Contacts during the reporting period.

Shared Confidential Contact Arrangements

During this reporting period, work has also been undertaken to consider whether the number and reach of Confidential Contacts could be increased through shared arrangements across public sector partners in Orkney. This includes NHS Orkney, the Integration Joint Board and Orkney Islands Council (OIC). NHS Orkney currently manages whistleblowing arrangements for NHS services and for healthcare

functions delivered through the Integration Joint Board (IJB). The proposed change would bring social care and any healthcare services provided by OIC together with the current agreed shared model across NHS Orkney and the IJB within a more joined-up speaking-up support model.

This proposal has been submitted to the Public Services Reform Team for review and to inform a decision on whether it should be developed further.

It has also been suggested that Confidential Contacts could, in time, be shared between NHS Orkney and independent health and care contractors who provide NHS services. While this may offer a supportive and more resilient model in principle, there are governance, contractual and confidentiality concerns.

Any move to a shared model would need to address clear boundaries around role, remit, accountability, information sharing, confidentiality, data protection, conflict of interest, employment status and contractual sensitivities. These issues are particularly important where independent contractors are separate employers, and where staff may need assurance that advice and support can be accessed without compromising confidentiality or creating perceived conflicts between organisations. For these reasons, a shared Confidential Contact model across independent contractors is not considered feasible in the short to medium term. It may be a longer-term option, subject to clear review and guidance from the Central Legal Office, agreed governance arrangements, defined escalation routes, and memoranda of understanding between the organisations involved. Any future model would also need to protect the independence, confidentiality and trust that underpin the Confidential Contact role.

5. INWO Monitored Referrals and Escalated Concerns

During Quarter One, NHS Orkney received one monitored referral from the Independent National Whistleblowing Officer. The referral followed a review of whether a concern met the whistleblowing definition within the National Whistleblowing Standards.

The INWO determined that part of the concern met the whistleblowing definition, including the public interest element, and referred the matter to NHS Orkney to be considered under the Standards. The INWO also provided feedback on the importance of recognising potential whistleblowing concerns at an early stage and signposting managers to the National Whistleblowing Standards training.

The monitored referral has been used to support local reflection on concerns handling, including how the Standards are applied where concerns are first raised through another organisational process. This learning will inform ongoing work to strengthen awareness, early advice and confidence in speaking-up routes.

To protect confidentiality, this section does not include details that could identify the person who raised the concern, other individuals involved, the service area or the specific circumstances. Further information about the management of the concern is included in the concerns and management of concerns section.

6. Whistleblowing Concerns Received

During Quarter One, NHS Orkney received two related whistleblowing concerns. To protect confidentiality, this section does not include details that could identify the person who raised the concerns, other individuals involved, the service area or specific circumstances.

The first concern related to an issue that had been raised, investigated and managed previously and focused on the impact of that handling. This was assessed at the initial assessment stage and did not meet the criteria to be considered as whistleblowing under the National Whistleblowing Standards. The concern was therefore closed at initial assessment. This decision was escalated to the Independent National Whistleblowing Officer, as described in Section five.

A second concern, which was related to the first concern, was accepted and taken forward as a stage two investigation. Due to the complexity and nature of the concern, it was progressed to a Stage two investigation, and an external investigator was appointed. The concern relates to alleged misconduct and remains under review. The outcome and any learning identified will be reported once the investigation has concluded, while maintaining confidentiality.

7. Outcomes and Performance Against the Whistleblowing Indicators

The National Whistleblowing Standards outline a series of key performance indicators (KPIs) against which each NHS Board is required to report. These indicators are designed to ensure transparency, accountability, and continuous improvement in the handling of whistleblowing concerns.

This report presents NHS Orkney's performance against these indicators and includes separate reporting for NHS Orkney and its independent contractors. The independent contractors are only required to report against KPI's four – nine. While the indicators are not presented in numerical order, they have been arranged to enhance clarity and readability. For ease of reference, the corresponding indicator number is included alongside each heading.

The indicators are as follows:

1. Learning from concerns raised
2. Experience for those raising concerns
3. Staff awareness and training
4. The total number of concerns received

5. Concerns closed at each stage in the process
6. Concerns upheld, partially upheld and not upheld
7. Average times
8. Number of concerns closed at each stage with the set timescales
9. Number of cases where extension was authorised

Staff Awareness and Training (indicator 3)

Completed by Quarter 2026.27					Count of all Learning Status		
Course Title	Q1	Q2	Q3	Q4	In Progress	Completed	Total
Whistleblowing: an overview	1				0	103	103
Whistleblowing: for managers & people who receive concerns	1				0	7	7
Whistleblowing: for senior managers	0				0	20	20

Whistleblowing e-learning is available to all staff through Turas and is promoted via topic specific pages and regular internal communications. While completion of the e-learning is not mandatory, it is highlighted for managers when they join the organisation and as part of ongoing development. Uptake has remained low; however, NHS Orkney is exploring additional ways to build understanding and confidence around speaking up that are meaningful, practical and accessible for all staff.

Concerns and Management of Concerns (indicators 4-9)

NHS Orkney

Indicator	Performance 2026/27			
	Q1	Q2	Q3	Q4
The total number of concerns raised	2			
Concerns closed at each stage of the process	0			
Concerns upheld, partially upheld, and not upheld	N/A			
Average times (working days)	N/A			
Number of concerns closed at each stage within the set timescales	0			
Number of cases where extension was authorised	1			

NHS Orkney took forward one whistleblowing concern during the reporting period. Following assessment, and after the monitored referral described above, the concern was taken forward to a Stage two investigation under the National Whistleblowing Standards. The concern remains open and is currently being investigated. Progress has been affected by the need to identify and appoint an external investigator to undertake the review, as well as internal issues which have contributed to delay. Once the investigation has concluded, any learning identified will be shared through this report.

Independent Contractors

Indicator	Performance 2026/27			
	Q1	Q2	Q3	Q4
The total number of concerns raised	0			
Concerns closed at each stage of the process	N/A			
Concerns upheld, partially upheld, and not upheld	N/A			
Average times (working days)	N/A			
Number of concerns closed at each stage within the set timescales	N/A			
Number of cases where extension was authorised	N/A			

No Concerns have been raised by independent contractors in this quarter.

Learning From Concerns Raised (indicator 1)

The whistleblowing concern progressed during this quarter remains open. However, the concern that did not progress and the monitored referral have identified the following learning:

- All issues or concerns raised by staff should be considered through a speaking-up and whistleblowing lens. Where a concern is not taken forward under the National Whistleblowing Standards, the rationale should be clearly recorded, including any discussion with the person who raised the concern.
- When an issue or concern is raised, communication with the person raising it should clearly explain how it is being managed, why that route has been chosen, and what outcome can be shared. Where an outcome cannot be shared because of confidentiality, this should also be clearly explained.

Experience For Those Raising Concerns (indicator 2)

No whistleblowing concerns were closed during this quarter, so no feedback has been requested or received. When a concern is closed, feedback is sought from the whistleblower and investigators to support learning and improve how concerns are managed and communicated.

8. Action plans and Progress on Upheld Concerns

The two learning areas will be discussed with the Human Resources team and the Operational People Group, with a view to embedding them within business-as-usual practice. See Appendix 1.

9. Conclusion

This Quarter One report provides assurance that NHS Orkney's whistleblowing arrangements remain in place and are being used to support the identification, assessment and management of concerns. During the reporting period, two related whistleblowing concerns were received, one of which did not progress following initial assessment and one of which has been accepted for Stage two investigation. NHS Orkney also received one monitored referral from the Independent National Whistleblowing Officer, which has supported local reflection on the application of the National Whistleblowing Standards.

The active whistleblowing investigation remains open and the outcome, including any further learning, will be reported once concluded. No whistleblowing concerns were closed during the quarter, so no feedback has yet been requested from the whistleblower or investigators. No concerns were raised by independent contractors during the reporting period.

The report identifies learning in relation to early recognition of potential whistleblowing concerns, clear recording of decision-making, and communication with the person raising the concern. These areas will be discussed with the Human Resources team and the Operational People Group so that learning can be embedded within business-as-usual practice.

There has also been continued work to strengthen speaking-up support, including consideration of shared Confidential Contact arrangements across public sector partners in Orkney. This work is at an early stage and will require further review before any decisions are made. Potential future arrangements involving independent contractors would require careful consideration of governance, confidentiality, contractual sensitivities, data protection, information sharing and legal advice.

Overall, the Quarter One position demonstrates that NHS Orkney's whistleblowing governance arrangements are functioning, with clear oversight in place and learning being used to strengthen practice. The focus for Quarter Two will be to conclude the

active investigation where possible, progress the identified learning, maintain awareness of speaking-up routes, and continue to develop Confidential Contact support in a way that protects confidentiality, trust and independence.