



# Whistleblowing Standards

Quarter Two Report  
2025/26

Safety, Quality and Risk Team

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# NHS Orkney Whistleblowing Standards

## Quarterly Report – Q2 2025/26

### 1. Introduction

NHS Orkney recognises the Board's responsibility to support and safeguard staff in raising concerns of public interest, as well as the need to investigate concerns, ensuring that services remain safe, high-quality, and continuously improving.

In alignment with the National Whistleblowing Standards, NHS Orkney is required to monitor whistleblowing concerns and assess performance against key performance indicators. As part of these standards, NHS Orkney must also gather and report information from independent contractors who deliver NHS services regarding any whistleblowing concerns raised during the reporting period. This process is now embedded as business as usual, with data from independent contractors routinely included in quarterly reporting.

This report presents whistleblowing data and performance monitoring for the period 1 July 2025 to 30 September 2025, representing the second quarter of the 2025/26 reporting year.

### 2. Background

The National Whistleblowing Standards, established by the Independent National Whistleblowing Officer (INWO), provide a clear and consistent framework for how all NHS service providers in Scotland must respond to concerns that meet the definition of a whistleblowing concern. These standards are designed to ensure that individuals who raise concerns are treated fairly, that their concerns are handled appropriately, and that learning is derived to improve service delivery.

The Standards apply to all individuals involved in the delivery of NHS services, whether employed directly or indirectly. This includes students, volunteers, agency staff, contractors, Third Sector organisations, and those working within Health and Social Care Partnerships. It is essential that all individuals are made aware of the Standards, understand how to access them, and are informed about the support available to them when raising concerns.

A key objective of the Standards is to promote a culture of openness and continuous improvement. This includes ensuring that lessons learned from whistleblowing cases are implemented effectively and that opportunities to enhance the quality and safety of NHS services are identified and acted upon.

Leadership at all levels within NHS organisations plays a critical role in fostering a supportive environment. Leaders are expected to model behaviours that reflect the

core principles of the Standards, openness, objectivity, impartiality, and fairness. By doing so, they help to create a culture in which staff feel empowered and supported to speak up about concerns related to the safety, effectiveness, or integrity of service delivery.

### 3. Speaking Up

NHS Orkney continues to receive input through the anonymous reporting form, which provides an important channel for staff to raise concerns in situations where they may not feel comfortable using formal or identifiable routes. This mechanism supports a culture of openness and continuous improvement by enabling concerns to be addressed in a timely and constructive manner.

During this reporting quarter, one concern was submitted via the anonymous form. The issue related to the facilities within CSB, specifically the toilet facilities. This was reviewed and domestic team have provided details to contact if there is an urgent issue.

### 4. Confidential Contacts

During the reporting period, the confidential contacts received three contacts. One of these was a continuation from the previous quarter and was resolved internally within the relevant department.

The second contact related to concerns regarding non-adherence to staff governance processes and broader cultural issues. This was referred to the Employee Director for further consideration.

The third contact was also referred to the Employee Director. None of the contacts progressed to formal whistleblowing concerns under the National Whistleblowing Standards.

As part of the quarterly review meeting involving the confidential contacts, the Medical Director, the Whistleblowing Champion, and the Head of Patient Safety, Quality and Risk, a discussion was held regarding the current organisational climate. It was noted that morale across NHS Orkney appears to be low, attributed to recent organisational changes and a perceived lack of staff involvement in decision-making processes. In response, the group discussed the implementation of the behavioural and values framework as a mechanism to support cultural improvement and address the concerns raised.

A discussion was held regarding the recruitment of confidential contacts. The intention is to explore existing systems within the organisation to identify opportunities to utilise current structures. An update on this will be provided in the next report.

## 5. Speak Up Week



Speak Up Week took place during the week commencing 29 September 2025, with a national focus on the theme “Listen, Act, Build Trust”. The campaign aimed to promote active listening to concerns, taking meaningful action, and strengthening organisational trust.

NHS Orkney supported the initiative by signposting staff to the seminars available via the Independent National Whistleblowing Officer (INWO) website. Contributions were made by the Whistleblowing Champion, Executive Lead for Whistleblowing, and Confidential Contacts, who shared reflections on the importance of whistleblowing and the value of speaking up in safeguarding patients, supporting staff, and improving organisational culture.

In alignment with this, the NHS Orkney Whistleblowing Guideline was actively promoted through the wellbeing SharePoint site. The Head of Patient Safety, Quality and Risk delivered presentations on the updated guidance across multiple internal forums to support its implementation and ensure staff are aware of the whistleblowing mechanisms and support available to them.

## 6. 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)

Count of Learning Status				2025/26			
Course Title	Completed all time	In Progress all time	Total	Completed Q1	Completed Q2	Completed Q3	Completed Q4
Whistleblowing: an overview	106	0	106	0	2		
Whistleblowing: for managers & people who receive concerns	7	0	7	0	0		
Whistleblowing: for senior managers	28	0	28	0	0		

Whistleblowing training is not currently included in NHS Orkney's mandatory learning provision. However, managers and team leaders who may be required to address concerns will be expected to complete the relevant training module to ensure clear understanding of their role and responsibilities regarding whistleblowing. This requirement will be incorporated into the development of the new Managers' Programme for 2025/26.

#### Concerns and Management of Concerns (indicators 4-9)

##### NHS Orkney

Indicator	Performance 2025/26			
	Q1	Q2	Q3	Q4
The total number of concerns raised	0	0		
Concerns closed at each stage of the process	N/A	N/A		
Concerns upheld, partially upheld, and not upheld	N/A	N/A		
Average times (working days)	N/A	N/A		
Number of concerns closed at each stage within the set timescales	N/A	N/A		
Number of cases where extension was authorised	N/A	N/A		

## Independent Contractors

Indicator	Performance 2025/65			
	Q1	Q2	Q3	Q4
The total number of concerns raised	0	0		
Concerns closed at each stage of the process	N/A	N/A		
Concerns upheld, partially upheld, and not upheld	N/A	N/A		
Average times (working days)	N/A	N/A		
Number of concerns closed at each stage within the set timescales	N/A	N/A		
Number of cases where extension was authorised	N/A	N/A		

### Learning From Concerns Raised (indicator 1)

No whistleblowing concerns were raised during either quarter one or quarter two of the 2025/26 reporting year.

All actions associated with escalated concerns received via the Independent National Whistleblowing Officer (INWO) during the 2024/25 reporting year were completed within quarter one.

The primary focus of activity during this period has been the dissemination and embedding of the updated NHS Orkney Whistleblowing Guidance. The guidance has been made accessible to all staff via the organisational SharePoint site and has been presented at a range of internal forums, including the Area Clinical Forum (ACF) and the Nursing and Midwifery Advisory Committee (NAMAC).

Engagement with independent contractors has continued. Further work is required to ensure comprehensive understanding of the National Whistleblowing Standards and the associated expectations across all contracted service providers.

### Experience For Those Raising Concerns (indicator 2)

No whistleblowing concerns were raised during the reporting period; therefore, no direct feedback has been sought from whistleblowers.

As part of ongoing improvement activity, preparatory work is underway to gather feedback from individuals who have undertaken whistleblowing reviews. The aim is

to identify opportunities to enhance the experience and process for reviewers. This feedback will inform the scheduled review of the NHS Orkney Whistleblowing Guideline, which is planned for early 2026.

## 7. Action plans and Progress on Upheld Concerns

There are no outstanding action plans carried forward into this reporting period. All previously identified actions have been completed or closed following appropriate review and resolution processes.

As such, there are no further updates under this section for quarter two. The absence of outstanding actions reflects the timely management and closure of whistleblowing-related concerns raised in earlier periods. NHS Orkney will continue to monitor and report on action plan status in future quarters to ensure transparency and accountability in the handling of whistleblowing matters.

## 8. Conclusion

During quarter two of the 2025/26 reporting year, NHS Orkney continued to uphold its commitment to the National Whistleblowing Standards, maintaining robust mechanisms for staff and contractors to raise concerns. No formal whistleblowing concerns were received during this period, and all actions from previous escalated cases have been completed. The organisation has focused on embedding updated guidance, promoting awareness, and supporting cultural improvement through initiatives such as Speak Up Week and the ongoing development of the behavioural and values framework.

Engagement with independent contractors is now established as routine practice, ensuring comprehensive reporting and alignment with national expectations. Preparatory work is underway to enhance feedback mechanisms for those involved in whistleblowing reviews, with the aim of informing future improvements to the process and guidance.

NHS Orkney remains committed to fostering an open and supportive environment, ensuring that all staff and service providers are aware of the standards, understand the available support, and feel empowered to speak up in the interest of patient safety, quality, and organisational integrity. Progress will continue to be monitored and reported in subsequent quarters to maintain transparency and drive continuous improvement in whistleblowing practice.