Item 13.1.1

Whistleblowing Standards

Quarter Two Report 2026/27

Safety, Quality and Risk Team

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NHS Orkney Whistleblowing Standards

Quarterly Report – Q2 2026/27

1. Introduction

Speaking up is central to patient and staff safety, wellbeing, learning and improvement. NHS Orkney aims to ensure that people feel able to raise concerns, ask questions and challenge where something does not feel right, and that concerns are considered openly, fairly and consistently.

Whistleblowing investigation activity during Quarter Two exceeded that of the whole of 2025/26. This increased activity has required resource from the Safety Quality and Risk team to be redirected to support the investigations. In 2026/27 to date, three concerns received have progressed to Stage two, one has been managed at Stage one and one was closed following initial assessment. NHS Orkney has also received two monitored referrals from the Independent National Whistleblowing Officer (INWO).

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

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

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 whistleblowing concerns or other speaking-up concerns were raised with the Chief Executive.

One person raised a concern with the Whistleblowing Champion and also discussed the concern separately with a Confidential Contact. The person subsequently raised a formal whistleblowing concern, which is being progressed as a Stage 2 concern.

One person also contacted the Executive Lead for Whistleblowing in relation to professional behaviours. This is being progressed through an alternative route.

4. Confidential Contacts

Confidential Contacts form part of NHS Orkney's speaking-up arrangements. They provide a safe and supportive route for people to discuss concerns, understand the options available and make an informed decision about whether to use the whistleblowing process or another route.

As set out in the section above, one person contacted a Confidential Contact during Quarter Two. The concern was subsequently raised through the formal whistleblowing process and has progressed to an ongoing Stage 2 investigation.

Confidential Contacts continue to signpost individuals to the Employee Assistance Programme where this would be helpful and provide other support in response to individual needs.

Quarterly meetings bring together the Confidential Contacts, Whistleblowing Champion, Executive Lead for Whistleblowing and Head of Patient Safety, Quality and Risk to support NHS Orkney's speaking-up arrangements. These meetings provide a structured opportunity to discuss concerns about the speaking-up and whistleblowing processes, share insights into staff confidence in raising concerns

and identify barriers that may prevent people from speaking up. Maintaining this quarterly dialogue supports shared understanding and helps identify where improvements are needed. The meetings also provide a forum to coordinate activity to raise awareness of speaking-up routes and encourage uptake of whistleblowing training.

5. INWO Monitored Referrals and Escalated Concerns

NHS Orkney has received two monitored referrals from the Independent National Whistleblowing Officer during 2026/27 to date: one in Quarter One and one in Quarter Two.

The Quarter One referral followed an INWO review of whether a concern met the whistleblowing definition within the National Whistleblowing Standards. The INWO determined that part of the concern met the definition, the public interest element, and referred it to NHS Orkney for consideration under the Standards. Feedback was also provided on recognising potential whistleblowing concerns at an early stage and signposting managers to the National Whistleblowing Standards training. This concern was closed with the recommendation as above and the organisation progressed to a stage two investigation which was completed and closed in Quarter Two.

The Quarter Two referral relates to concerns already being progressed by NHS Orkney through an ongoing Stage 2 whistleblowing investigation and the Counter Fraud route. The INWO decided not to investigate the complaint at this stage, as the action taken by NHS Orkney was considered a reasonable way forward, but placed the case under its monitored referral process to support both the whistleblower and the Board. NHS Orkney is required to provide the INWO with the same progress updates issued to the whistleblower, relevant updates on the Counter Fraud Scotland process and a copy of the final Stage 2 response. If Counter Fraud Scotland does not investigate and refers any matters back, NHS Orkney will need to determine how the outstanding concerns will be addressed.

The INWO also confirmed that concerns may be separated and considered through different processes where required by the National Whistleblowing Standards. Where concerns about fraud are referred through the Counter Fraud route, the whistleblower remains entitled to the protections of the Standards, including support, protection from detriment and updates on progress. NHS Orkney must ensure that responsibility for providing four-weekly updates is clear and that the whistleblower is informed of the status of any Counter Fraud referral.

To protect confidentiality, this section does not include information that could identify the whistleblower, other individuals involved, the service area or the specific circumstances of either referral.

6. Whistleblowing Concerns Received

During Quarter Two three whistleblowing concerns were received. These are summarised below at a broad thematic level to reduce the risk of identifying those raising concerns or individuals to whom allegations may relate. Names, roles, service areas, specific equipment, individual events and case references have been excluded.

One concern related to access to safety equipment and the response to a previously reported adverse event. This was managed at Stage 1 and upheld, with an outcome issued during the quarter. The review identified recommendations concerning equipment provision, guidance, training, risk assessment and governance oversight. An action plan has been agreed and is being progressed through the Clinical Quality Group for operational oversight and the Joint Clinical and Care Governance Committee for assurance.

A second concern related to the accuracy of information used to support organisational assurance and decision-making. This was progressed through a Stage 2 investigation, which upheld the concerns and identified learning which included reporting accuracy and wider weaknesses in scrutiny and governance. Recommendations included strengthening assurance arrangements and considering further action through separate processes. Action plans have been agreed and are being progressed through the Improving Together Programme Board for operational oversight and through the Finance and Performance Committee for assurance.

The third concern related to the governance and safety arrangements supporting service delivery. This was progressed to Stage 2 investigation to examine oversight, guidance, training, equipment management, escalation and risk assessment. Part of the concern was passed on to be reviewed through the Counter Fraud process. The investigation remains ongoing at the end of the quarter, with an agreed extension to the completion timeframe. This concern is linked to the monitored referral received from the INWO and we continue to ensure that the whistleblower and INWO are updated as to current progress, barriers to completion and mitigations to these barriers.

The Stage 2 investigation raised in Quarter One was completed during Quarter Two by an external investigator. It examined the handling of previously raised concerns, including safeguarding, escalation and communication. Although action had been taken through other organisational processes, the investigation upheld concerns about governance, documentation and communication, including the failure to assess and record consideration of the National Whistleblowing Standards at the outset. Safeguarding and referral concerns were partially upheld, as there was insufficient evidence that escalation had been reconsidered when further information became available. The recommendations focused on strengthening safeguarding

and referral arrangements, recording decisions, and improving communication with people raising concerns, including ensuring that they know what routes are available to them. An action plan has been completed and this is being progressed through the Operational People Group for operational oversight and the Staff Governance Committee for assurance.

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)

Completed by Quarter 2026.27					Count of all Learning Status		
Course Title	Q1	Q2	Q3	Q4	In Progress	Completed	Total
Whistleblowing: an overview	1	1			15	105	120
Whistleblowing: for managers & people who receive concerns	1	2			2	10	12
Whistleblowing: for senior managers	0	2			6	24	30

Whistleblowing e-learning is available to all staff through Turas and promoted through dedicated information pages and internal communications. Although completion is not mandatory, managers are signposted to the training on joining the organisation and as part of their continuing development. The leadership development course will include whistleblowing e-learning alongside practical, face-to-face training. A dedicated session for the Senior Leadership Team is also being considered, covering the National Whistleblowing Standards, leadership responsibilities and how to hold constructive conversations about concerns. This would focus on listening, explaining how concerns will be addressed and ensuring people receive support, whether their concern is managed through the whistleblowing process or another route.

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	3		
Stage 1	-	1		
Stage 2	1	2		
Concerns closed at each stage of the process (Total)	0	3		
Stage 1	-	1		
Stage 2	-	2		
Concerns upheld, partially upheld, and not upheld (Total)	N/A	3		
Not Upheld	-	0		
Partially Upheld	-	1		
Upheld	-	2		
Average time to completion (working days) – All concerns	N/A	44		
Stage 1	-	5		
Stage 2	-	64		
Number of concerns closed at each stage within the set timescales	0	1		
Stage 1 (five working days)	-	1		
Stage 2 (20 working days)	-	0		
Number of cases where extension was authorised	1	3		

Longer Stage 2 timeframes reflected delays in securing an external investigator, obtaining the documentation needed for review and arranging investigation meetings. Staff absence affected the timely provision of records, while planned leave and the availability of those involved further delayed progress. Additional time was then needed to review the evidence before completing the investigations.

Independent Contractors

Indicator	Performance 2026/27			
	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		

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

Learning From Concerns Raised (indicator 1)

The reports from the three investigations completed during Quarter Two recommend specific changes to strengthen the management of concerns, safety arrangements and organisational assurance. The priorities below summarise those recommendations without repeating individual case findings or identifying those involved. They describe action required, rather than improvements already demonstrated.

- Strengthen the assessment, recording and management of concerns. Record the rationale for the process selected and explain the decision to the person raising the concern.
- Review safeguarding escalation and referral arrangements, documenting decisions and revisiting them when new information emerges, risks change or investigation findings warrant further consideration.
- Risk assessments should consider wider implications for patients and staff, not only the immediate circumstances.
- Consider sharing learning with relevant multi-agency and national workforce policy forums, including whether supporting guidance sufficiently explains whistleblowing routes and protections.

- Strengthen implementation and assurance for safety-critical equipment: complete procurement and deployment, and update risk assessments to reflect actual availability.
- Introduce organisational guidance supported by local procedures covering equipment storage, maintenance, access and use.
- Staff awareness and training should support clear emergency response arrangements.
- Strengthen tracking of adverse event actions through to completion.
- For programme governance, review the purpose and effectiveness of oversight arrangements and define clear, time-bound deliverables and milestones for every project.
- These programme governance changes should enable progress reports to be tested against delivery plans, support scrutiny and challenge, and provide evidence-based Board assurance.

Experience For Those Raising Concerns (indicator 2)

Feedback has been requested from whistleblowers, those who supported them and investigators involved in the three concerns closed during Quarter Two. People can provide feedback by email or letter, through an in-person or virtual meeting, or through an anonymous survey. Feedback received from some of those invited during the quarter highlighted the need to strengthen communication with whistleblowers, meet with them before assessment to gain a full understanding of their concerns, and increase the visibility of whistleblowing processes across the organisation. Positive feedback described an improved, more structured process with clearer oversight and management arrangements. This feedback, alongside recommendations from the closed concerns, is informing revisions to the whistleblowing guidance to make it clearer, supported by process flow charts to help managers and whistleblowers navigate the process.

7. Action plans and Progress on Upheld Concerns

Action plans have been developed for all three concerns closed during Quarter Two and are currently being progressed with the majority on track for completion within their expected dates. As set out in ‘Whistleblowing Concerns Received’ (section 6), each group will oversee delivery of the relevant action plan, with its reporting committee providing assurance to the Board that actions are being completed in a timely manner:

• Safety equipment and adverse event response: the Clinical Quality Group will oversee delivery, with assurance to the Board through the Joint Clinical and Care Governance Committee.

• Reporting accuracy and organisational assurance: the Improving Together

Programme Board will oversee delivery, with assurance to the Board through the Finance and Performance Committee.

• Handling of concerns, safeguarding and communication: the Operational People Group will oversee delivery, with assurance to the Board through the Staff Governance Committee.

The actions address the recommendations summarised under ‘Learning From Concerns Raised (indicator 1)’. Feedback and investigation recommendations are also informing revisions to the whistleblowing guidance and supporting process flow charts, as described under ‘Experience For Those Raising Concerns (indicator 2)’. The ongoing Stage 2 investigation may identify further actions once concluded and this will be included in quarterly report at that time.

9. Conclusion

During Quarter Two, NHS Orkney received three whistleblowing concerns and closed three concerns, including the Stage 2 investigation carried forward from Quarter One. Two closed concerns were upheld, and one was partially upheld. The findings identified weaknesses in the handling of concerns, safety arrangements and organisational assurance, with recommendations to strengthen practice. No concerns were reported by independent contractors.

The three concerns received during Quarter Two are considered independent of one another. While each provides opportunities for learning and improvement, no common learning has been identified that would suggest an underlying trend across these concerns. This assessment will remain under review as the ongoing investigation progresses.

Investigation timeliness remains an area requiring attention. The Stage 1 concern was completed within five working days, but neither completed Stage 2 investigation met the 20-working-day timescale; the average Stage 2 completion time was 64 working days. Delays reflected investigator availability, access to records and arrangements for meetings and evidence review. One Stage 2 investigation remained ongoing at quarter end, with an authorised extension and progress updates to the whistleblower and INWO under the monitored referral arrangements.

Feedback received during the quarter recognised a more structured process with clearer oversight and management arrangements, while identifying the need for stronger communication, a fuller understanding of concerns before assessment and greater visibility of speaking-up routes. This feedback and the investigation recommendations are informing clearer whistleblowing guidance and supporting process flow charts for managers and whistleblowers.

Action plans for all three closed concerns are being progressed through operational groups for oversight and most actions are currently on track for completion within their expected dates. The designated groups will oversee delivery, with the relevant committees providing assurance to the Board that actions are being completed in a timely manner. Delivery of these actions remains distinct from demonstrating that the intended improvements have been achieved.

The priorities for the next quarter are to progress the ongoing investigation, maintain clear communication and support for those raising concerns, implement the revised guidance, strengthen awareness and training, and monitor delivery of the agreed actions. Continued Board oversight will be needed to ensure that learning leads to changes in practice and that investigation timeliness improves.