NHS Highland

Meeting:	**Board Meeting**
Meeting date:	**28th July 2026**
Title:	**Quarter 4 Whistleblowing Report**
Responsible Executive:	**Gareth Adkins, Director of People & Culture**
Report Authors:	**Dominic Watson, Head of Corporate Governance** **Carolynn Lawrie & Peri Stewart, Confidential Contact Advisors**

1 Purpose

This is presented to the committee for:

- Assurance

This report relates to a:

- Legal requirement

This report will align to the following NHSScotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well	X	Nurture Well		Plan Well	
Care Well		Live Well		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well	X	Progress well					

2 Report summary

2.1 Situation

This report is for Quarter 4 covering the period January to March 2026.

This is provided to give assurance to the Board of our performance against the Whistleblowing Standards which have been in place since April 2021.

2.2 Background

All NHS Scotland organisations including Health and Social Care Partnerships are required to follow the National Whistleblowing Principles and Standards which came into effect from 1 April 2021. Any organisation providing an NHS service should have procedures in place that enable their staff, students, volunteers, and others delivering health services, to access the National Whistleblowing Standards.

As part of the requirements, reports are required to be presented to the Board and relevant Committees and IJBs, on an annual basis, in addition to quarterly reports. The Area Partnership Forum plays a critical role in ensuring the Whistleblowing Standards are adhered to in respect of any service delivered on behalf of NHS Highland. Both quarterly and annual reports are presented at the meetings and robust challenge and interrogation of the content takes place.

The Confidential Contact Service, known as OpenLine, provides our Whistleblowing Standards confidential contacts service. OpenLine will ensure:

- that the right person within the organisation is made aware of the concern
- that a decision is made by the dedicated officers of NHS Highland and recorded about the status and how it is handled
- that the concern is progressed, escalating if it is not being addressed appropriately
- that the person raising the concern is:
  - kept informed as to how the investigation is progressing
  - advised of any extension to timescales
  - advised of outcome/decision made
  - advised of any further route of appeal to the Independent National Whistleblowing Office (INWO)
- that the information recorded will form part of the quarterly and annual board reporting requirements for NHS Highland. Staff can also raise concerns directly with:
  - their line manager
  - The whistleblowing champion
  - The executive whistleblowing lead

Trade union representatives also provide an important route for raising concerns. In the context of whistleblowing standards, the trade union representatives can assist staff in deciding if:

- an appropriate workforce policy process could be used including early resolution
- the whistleblowing policy and procedures could be used to explore and resolve concerns that involve wrongdoing or harm

Information is also included in the NHS Highland Induction, with training modules still available on Turas. The promotion and ongoing development of our whistleblowing, listening and speak up services is a core element of the Together We Care Strategy and Annual Delivery Plan.

2.3 Assessment

Summary of Quarter 4 Whistleblowing covering the period January to March 2026:

- One new case was received in the quarter. An investigator is currently being identified to lead on the case.
- One case has been closed, with the outcome identifying two concerns upheld, and one concern partially upheld. Four recommendations have been identified (see Appendix 1).
- A further case regarding service provision was opened in November 2025 and was subsequently closed on 12 February 2026 without further investigation, as agreed with the Whistleblower.

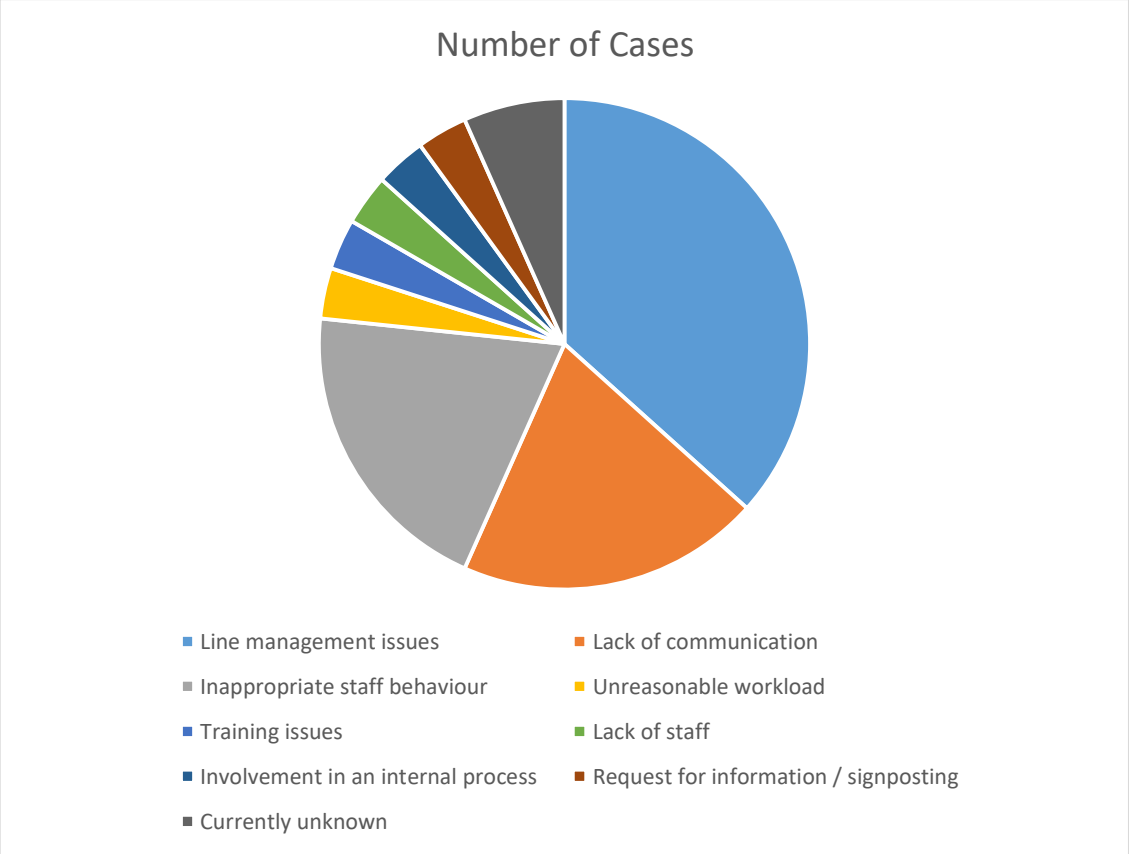
As well as one new case, two cases remain under investigation:

- One relates to potential financial mismanagement that has been investigated previously through workforce policies. A whistleblowing investigation has now concluded and the report is being prepared.
- Investigation remains ongoing into the case reopened by INWO, as reported in the last quarter.

The table in Appendix 1 summarises the cases with recommendations that are still in progress and the governance arrangements. It is worth noting that recommendations are dependent on the specific context and circumstances and the associated governance arrangements will vary. However, a review date has been set for the whistleblowing function to check with those tasked with the recommendations on progress to date. This will include considering whether the work requires a further review date set.

Summary of Quarter 4 Confidential Contacts covering January to March 2026:

- 26 cases received in the quarter, up to 20 March 2026 (four cases related to both line manager issues and communication):
    - Eleven cases relate to line manager issues
    - Six cases relate to lack of communication
    - Six cases relate to inappropriate staff behaviour
    - One case relates to unreasonable workload
    - One case relates to training issues – lack of appropriate equipment provided
    - One case relates to lack of staff
    - One case relates to involvement in an internal process
    - One case was a request for information / signposting
    - Two cases were raised but no further contact made to date so cause remains unknown



- As of 20 March 2026, two cases remain open.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	x
Limited		None	

Comment on the level of assurance

The Board is asked to take moderate assurance on basis of robust process but noting the challenge of meeting the 20 working days within the standards.

3 Impact Analysis

3.1 Quality/ Patient Care

The Whistleblowing Standards are designed to support timely and appropriate reporting of concerns in relation to Quality and Patient Care and ensure we take action to address and resolve these.

3.2 Workforce

Our workforce has additional protection in place under these standards.

3.3 Financial

The Whistleblowing Standards also offer another route for addressing allegations of a financial nature.

3.4 Risk Assessment/Management

The risks of the implementation have been assessed and included.

3.5 Data Protection

The standards require additional vigilance on protecting confidentiality.

3.6 Equality and Diversity, including health inequalities

No issues identified currently.

3.7 Other impacts

None.

3.8 Communication, involvement, engagement and consultation

N/A

3.9 Route to the Meeting

N/A

4 Recommendation

Moderate Assurance – To give confidence of compliance with legislation, policy and Board objectives noting challenges with timescales due to the complexity of cases and investigations.

4.1 List of appendices

The following appendices are included with this report:

Appendix 1 – Case recommendations and Governance Summary report

Appendix 1 – Case Recommendations and Governance Summary

Case ID	Summary	Recommendations	Actions	Governance Arrangements	Review date	Update
WB17 2025-26	Concerns raised in relation to whether care was being provided in a safe, patient centred manner	• Undertake audit regarding administration and training • Provide refresher training • Ensure all staff have access to DATIX and receive appropriate feedback • Ensure supervision takes place regularly and appraisals to be undertaken annually	• Implement a "you said, we did" approach so that all staff can be included in improvements	• Clinical Governance	• End of June 2026	