Agenda Item 11

NHS Highland

Meeting:	**Board Meeting**
Meeting date:	**25th November 2025**
Title:	**Quarter 2 Whistleblowing Report**
Responsible Executive/Non-Executive:	**Gareth Adkins, Director of People & Culture**
Report Author:	**Gareth Adkins, Director of People & Culture**

Report Recommendation:

The Board is asked to **note** the content of the report and take **moderate assurance** that the content of the report provides confidence of compliance with legislation, policy and Board objectives noting challenges with timescales due to the complexity of cases and investigations.

1 Purpose

This is presented to the Board 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		**All** Well Themes			

2 Report summary

2.1 Situation

This report is for Quarter 2 covering the period 1st July – 30th September 2025.

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 Staff Governance Committee 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 Guardian Service provide our Whistleblowing Standards confidential contacts service. The Guardian Service 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
- 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 2 covering the period 1st July – 30th September 2025:

- 5 new concerns were received
- 1 case has been closed (this was opened formally in January 2025 following a monitored referral from INWO)
- INWO have opened an investigation into a case closed in this last reporting period.

3 cases were opened and remain under investigation:

- 1 relates to potential financial mismanagement that has been investigated previously through workforce policies and a whistleblowing investigation is reviewing if there is anything further organisationally that needs to be considered to prevent recurrence
- 2 cases relate to quality of care concerns but are also in areas where there have been or are ongoing employee relations cases progressing.

1 case has been opened, investigated and closed within Q2. This related to quality of care issues which have been partially upheld. Improvement work had

been commenced in the area prior to the concern being raised and this case presented an opportunity to provide assurance to the whistleblower that the concerns were acknowledged and set out actions already undertaken or underway.

1 concern is under review as it includes concerns directly related to ongoing employee relations cases being processed through workforce policies.

INWO have opened an investigation into a complex case that was concluded in Q2. This case upheld the concerns of the whistleblower and set out actions the board are taking to address the quality of care issues related to a service which has been challenging to deliver in a sustainable way. The outcome report was discussed with the complainant and they agreed with the content. The complainant has subsequently requested INWO investigate the handling of the case.

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.

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

Staff Governance Committee

4.1 List of appendices

The following appendices are included with this report:

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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
WB18 2025-26	Concerns raised in relation to: • Quality of care • Skill mix	• Additional training and development • Changes to skill mix	• Deliver training programme • Implement new skill mix and workforce plan	• Clinical governance	• February 2025	• N/A
WB14 2024-25	Concerns raised in relation to: • Medical Staffing • Quality of care • Sustainability of service provision	• Develop and deliver new hub and spoke model of service provision to ensure sustainable future service model • Increase locum medical cover • Implement and embed revised standard operating procedures for managing the service in context of mutual support from other health boards.	• Implement recommendations through senior management team with support from executive team • Continue to work with Scottish Government and other health boards to agree a new national 'operating model' to deliver this service	• Clinical Governance	• December 2025	Ongoing work at national level to establish new operating model
WB11 2023-24	Concerns raised in relation to: • organisational change policy implementation Clinical practice and supervision	• Undertake a review of service provision and produce recommendations on any changes required • Review training and competency framework • Adopt new organisational professional assurance framework • Undertake organisational development with teams to rebuild trust and promote psychologically safe workplace	• SLWG to be set up to progress all actions • Organisational development support commissioned	• Clinical Governance	• End of February 2025	• Action plan developed and underway Updates to be provided to whistleblower every 2 months