Board Item 2.1

NHS Golden Jubilee

Meeting:	**NHS Golden Jubilee Board**
Meeting date:	**27 August 2026**
Title:	**Whistleblowing Quarter 1 Report 2026/2027**
Responsible Executive/Non-Executive:	**Anne Marie Cavanagh, Executive Director of Nursing**
Report Author:	**Nicki Hamer, Head of Corporate Governance and Board Secretary**

1 Purpose

This is presented to the Board for:

Assurance	☐	Awareness	☐
Decision	☒	Discussion	☐

This report relates to a:

Annual Delivery Plan	☐	Local Policy	☐
Emerging Issue	☐	NHS / IJB Strategy or Direction	☐
Government Policy or Directive	☒	Other	☐
Legal Requirement	☐		

This aligns to the following NHS Scotland quality ambition(s):

Safe	☒	Effective	☒
Person-Centred	☒		

Please select the level of assurance you feel this report provides to the board/committee and briefly explain why:

Significant	☐	Moderate	☒
Limited	☐	No Assurance* / Not Yet Assessed* (*delete)	☐

Comment: Moderate assurance is provided. No whistleblowing concerns were received during the reporting period. The report highlights ongoing work to strengthen awareness, confidence and governance arrangements, including actions arising from staff engagement and recent review activity.

From the list below, please select which Board Priority this paper relates to. If none of the priorities suit, please select other and briefly explain why this paper needs to be reviewed at Board/Committee:

Service Sustainability	☐	Financial Sustainability	☐
Workforce Sustainability	☐	Environmental Sustainability	☐
Quality and Safety	☒	Population Health and Health Inequalities	☐
Other	☒		

Comment: The report supports Quality and Safety by providing assurance on arrangements for speaking up, raising concerns and protecting patient safety. It also supports wider governance and organisational culture responsibilities by promoting openness, transparency and staff confidence to raise concerns.

2 Report summary

2.1 Situation

The National Whistleblowing Standards set out how NHS Boards must handle concerns raised by staff and others who deliver NHS services. This report provides the Clinical Governance Committee with the Quarter 1 Whistleblowing Report for 2026/27 and asks the Committee to approve the report prior to onward reporting through the agreed governance route.

2.2 Background

NHS Golden Jubilee has implemented the National Whistleblowing Standards, which form the National Whistleblowing Policy for NHS Scotland. The Board has a dedicated Non-Executive Whistleblowing Champion and an Executive Lead, supported by Corporate Governance. Whistleblowing performance is reported through the Clinical Governance Committee, with relevant staff-related information shared with the Staff Governance and Person-Centred Committee and then onward to the Board.

2.3 Assessment

The report confirms the organisation's ongoing commitment to the National Whistleblowing Standards and provides assurance on reporting, oversight and awareness activity. No new whistleblowing concerns were identified in the available report information. The report also recognises the need to continue strengthening staff awareness of reporting routes, confidence in follow-up, training completion and the visibility of Confidential Contacts. This will be supported through the Whistleblowing Oversight Group and continued communication and engagement activity.

2.3.1 Quality/ Patient Care

The National Whistleblowing Standards support safe, effective and person-centred care by providing a clear route for concerns about patient safety, service delivery, harm or wrongdoing to be raised and addressed.

2.3.2 Workforce

The Standards support an open and transparent organisational culture where staff feel able to speak up. Continued focus is required on awareness of reporting routes, confidence that concerns will be acted upon, and completion of relevant whistleblowing learning.

2.3.3 Financial

There is no financial impact arising directly from this report.

2.3.4 Risk Assessment/Management

If staff do not feel confident in the fairness of the process, or do not believe that concerns will be acted upon, there is a risk that valid concerns about quality, safety, malpractice or wrongdoing may not be raised. This could reduce opportunities for investigation, learning and improvement. The ongoing governance and communication arrangements are intended to mitigate this risk.

2.3.5 Equality and Diversity, including health inequalities

There are no specific equality, diversity or health inequality impacts arising from this report. The whistleblowing process supports equitable access to a route for raising concerns and is available to staff and others covered by the Standards.

2.3.6 Climate Emergency and Sustainability

There are no specific climate emergency or sustainability impacts arising from this report.

2.3.7 Other impacts

Effective whistleblowing arrangements support good governance, accountability, staff confidence and the Board's commitment to safe, effective and person-centred care.

2.3.8 Communication, involvement, engagement and consultation

There is no requirement for formal external engagement in relation to this report. Communication and engagement activity is focused on raising staff awareness of whistleblowing routes, including the confidential mailbox, Confidential Contacts, StaffNet information and Speak Up activity.

2.3.9 Route to the Meeting

This has been previously considered by the following meetings as part of its development. The meetings have either supported the content, or their feedback has informed the development of the content presented in this report.

- Whistleblowing Oversight Group
- Clinical Governance Committee
- Staff Governance and Person Centred Committee

2.4 Recommendation

- **Decision** – Reaching a conclusion after the consideration of options.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, Whistleblowing Quarter 1 Report 2026/2027