

NHS Shetland

Meeting:	Shetland NHS Board
Meeting date:	26 June 2025
Title:	Whistleblowing Standards Annual Report 2024/2025 incorporating Q4 report
Agenda reference:	Board Paper 2025/26/20
Responsible Executive/Non-Executive:	Executive: Dr Kirsty Brightwell Non-Executive: Joe Higgins
Report Author:	EM Watson, Chief Nurse (Corporate)

1 Purpose

This is presented to the NHS Board for:

- Awareness and Approval

This report relates to:

- Legal requirement
- Local policy

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Whistleblowing Standards have been in place since 1 April 2021. This Annual Report provides an update on progress with implementation and adherence to the Standards throughout the year April 2024 to March 2025.

This report is presented to the Staff Governance and Clinical Governance Committee's for assurance prior to being reported to the NHS Shetland Board annually. Due to the timing of writing this report, any issues raised at the governance Committee's and not currently reflected in this report will be raised verbally at the NHS Board meeting. This report also incorporates the Q4 report for 2024/2025.

2.2 Background

The Whistleblowing Standards came into force in NHS Scotland on 1 April 2021.

Whistleblowing is defined as:

"when a person who delivers services or used to deliver services on behalf of a health service body, family health service provider or independent provider (as defined in section 23 of the [Scottish Public Services Ombudsman Act 2002](#)) raises a concern that relates to speaking up, in the public interest, about an NHS service, where an act or omission has created, or may create, a risk of harm or wrong doing.

[Definitions: What is whistleblowing? | INWO \(spsso.org.uk\)](#)

The Board is expected to follow the National Whistleblowing Standards set out by the Independent National Whistleblowing Officer in its handling of concerns raised that meet the definition of a "whistleblowing concern."

The Standards require that the number of concerns raised by staff be reported to a public meeting of the NHS Board on a quarterly basis. Reports should highlight any issues which cut across services and any lessons learnt should be used to inform decision making going forward. Issues raised via the Standards may also inform Board members' discussions on issues in relation to service delivery and/ or organisational culture.

2.3 Assessment

The Infographic in Appendix 1 provides an overview of whistleblowing activity within NHS Shetland during 2024/25. An outline of actions, oversight and performance against the KPIs is detailed below:

Implementation Oversight

A Steering Group comprising the Executive Director, Non-Executive Director (Whistleblowing Champion), HR Director, Corporate Services Manager, Lead for OD, Chair of APF, Chief Nurse (Corporate) as Lead for Clinical Governance, and a Confidential Contact representative has been in place since the Standards were launched in April 2021. The Whistleblowing Steering Group continues to meet regularly and discusses general awareness raising, training and support for the Confidential Contacts and all staff.

Joe Higgins, took up post as NHS Shetland Whistleblowing Champion in December 2022. The Whistleblowing Champion attends the national Whistleblowing Champions Network meetings and acts as the conduit between INWO and NHS Shetland, sharing information to inform the NHS Shetland approach to implementation of the Standards.

This also facilitates the passing on of all communications received from INWO on various learnings and advices that we are required to take account of in our implementation of the Standards.

Investigation Process and Recording

Whistleblowing concerns can be raised in NHS Shetland through contacting the Non-Executive Whistleblowing Champion, Executive Lead for Whistleblowing or via one of the Confidential Contacts either through direct contact or via the whistleblowing inbox. The Clinical Governance and Risk Team Leader and the Executive Lead have access to the whistleblowing inbox and once an issue is submitted via the inbox, contact is made with the individual and a Confidential Contact is identified to contact the individual and discuss both the issue and whether this is a matter where the Whistleblowing Standards would apply.

All potential cases are discussed with the Whistleblowing Exec Lead and a decision as to the appropriate level of investigation is made by the Exec Lead. Organisationally staff are encouraged to resolve issues at as low a level as possible and therefore the application of 'business as usual' processes with support from a Confidential Contact may be all that is required to address an issue. Likewise Stage 1 concerns may be resolved by discussions and action taken at service level, with the support of a Confidential Contact as necessary. For cases that are assessed to require a Stage 2 investigation these can be complex cases that warrant a full and thorough investigation in which case the Confidential Contact will provide support for the individual throughout the Investigation period.

All enquiries to the Confidential Contacts are recorded on a section within the Datix system. This is a confidential space, separate to the adverse events function of Datix, with restricted access to only the Whistleblowing Exec Lead and the Confidential Contacts. The outcome of all enquiries are recorded here, including those cases which following discussion are treated under a 'business as usual' approach or for those issues where there is no further action taken.

A thematic analysis of the types of issues raised and the outcome of all cases that proceed through the Whistleblowing route is presented to the Risk Management Group on a regular basis to ensure that there is organisational oversight of issues raised, lessons learnt and in order to put in place any further remedial actions necessary. This will also support reporting to the NHS Board and the Independent National Whistleblowing Office, as required.

During 2024/25 an organisational Short Life Working Group, under the leadership of the Director of Human Resources and Support Services, was set up to review our organisational policy and practice around 'raising concerns'. Concerns can be raised about a number of issues and these might be progressed under an HR route or via the Whistleblowing process and considered in line with the Whistleblowing Standards.

This review is considering our policy and practice to date from the perspective of the individual raising the concern, any staff subsequently asked to participate/provide information in to an Investigatory process, the Investigating Manager and the Commissioner's perspective with an aim to ensure that going forward all parties involved feel supported, they understand what is required of them and what they can expect to receive in return.

The Chief Nurse (Corporate) is a member of the Short Life Working Group and has contributed the Whistleblowing perspective to the wider organisational review, as well as considering learning from the review and any impact that this has for Whistleblowing processes locally.

As well as considering the learning identified through this short life working group, the review of the local policy and procedures on Whistleblowing, will take account of learning that has been gained through experience to date, feedback received from all those involved in a whistleblowing process and from shared learning via networking opportunities with peers. The Chief Nurse (Corporate) and Clinical Governance team will ensure that local policy and procedures remain in line with the national guidance provided from the Independent National Whistleblowing Officer (INWO).

Training and Support

Within NHS Shetland whilst all staff are encouraged to undertake the Whistleblowing modules available on TURAS, these are not considered to be mandatory nor form part of our core statutory/mandatory training requirements. The modules are highlighted to staff as part of the Corporate Induction programme, as well as being promoted as part of the Speak Up week activities which have been carried out each year.

Actual Total headcount in NHS Shetland is 888 at 31 March 2025.

Based on the data within TURAS Learn, NHS Shetland report the following:

Category	Numbers
No of non-managerial staff (headcount)	780
No of staff who completed training	63
% of total non-managerial staff who completed training	8%
Manager Headcount	108
No of Managers who completed training	26
% of managers who completed training	24%

Training for confidential contacts and managers was held prior to the Act being implemented in 2021. Whilst there has been no further local dedicated training since then, peer support and training and development for Confidential Contacts is being achieved by being part of the national Speak Up Network hosted by NHS Lothian. This network hosts meetings approx. 6 weekly and alternates between being peer support meetings and having expert speakers on topics relevant to Whistleblowing/ Confidential Contact actions. This network is highly valued by both Confidential Contacts locally and across Scotland. All current Confidential Contacts are now part of this network.

The Executive Lead, Whistleblowing Champion and the Confidential Contacts meet quarterly. This has proven to be a very positive development with these meetings helping to maintain an organisational focus on whistleblowing, providing an opportunity to discuss any operational or other issues of concern and supports sharing of experience and skills development amongst the Confidential Contacts. A Teams channel is also in place to provide a central place for accessing resources and other supporting materials by the Confidential Contacts.

Since appointment, as well as being in regular contact with the Executive Lead and Chief Nurse (Corporate), the Whistleblowing Champion has visited NHS Shetland on a number of occasions and met with the Confidential Contacts and a range of staff throughout the Organisation.

This has been helpful in providing support for the process organisationally and in assisting with raising the profile with staff both of Whistleblowing and more generally regarding the role of the Non-Executive Director.

Responsibilities to 3rd Sector/Volunteers, Independent Contractors and University Students

At the start of 2024/25, there were Confidential Contacts available both within Primary Care and the Local Authority part of the Health and Social Care Partnership (HSCP). Unfortunately the Local Authority staff member has had to pause their involvement currently due to work pressures. However the Primary Care representative works within the HSCP and one of the other Confidential Contacts also previously worked in the HSCP and therefore we are confident that we can appropriately support individuals in this sector, as required.

There are annual updates sent to Primary Care, HSCP, University partners and Third sector organisations working with the NHS to raise awareness of the Standards with their staff/students and to clarify how to access the Confidential Contacts, as required. On a quarterly basis, these organisations are asked to confirm whether or not they have had any issues raised under the Standards. This is then formally reported to the governance Committee's and NHS Board quarterly.

During 2023/24 a concern regarding health services was initially raised via a third sector organisation. Discussions were held with the organisation and a Confidential Contact then contacted and supported the NHS staff member involved to raise the concerns themselves directly with the NHS Board. An externally led Stage 2 Investigation was subsequently commissioned to address the concerns raised.

Unfortunately the third sector organisation did not feel that the NHS Board had responded to their initial approach within the guidance of the Whistleblowing Standards and raised this case directly to the Independent National Whistleblowing Officer (INWO). NHS Shetland subsequently received a formal notification from INWO advising of their intention to Investigate and provided the information requested, within the required timeframe. At this time we await the outcome of the review by INWO.

Oversight of all whistleblowing cases has been built into the NHS Board's governance processes. The Clinical Governance Committee now has a discrete Standing Agenda item regarding governance of clinical actions emerging from any Whistleblowing action plan with update reports expected at each quarterly meeting. With regards to the case above, an initial update on progress with the Report's associated action plan was provided by the responsible Director to the Clinical Governance Committee during November 2024. Regular updates will be scheduled for each of the Clinical Governance Committee meetings until the action plan has been completed. The provision of regular updates on progress with actions will enable the Clinical Governance Committee to maintain oversight and provide assurance to the NHS Board that ongoing progress is being made.

No reports have been received from the other sectors advising of any issues being raised under the Standards during 2024/25.

Business Continuity

Unfortunately during 2024/25 2 Confidential Contacts have stepped down from the role. The NHS Board has 5 remaining Confidential Contacts in place, one of whom is part of the Executive Lead's team thus providing senior leadership resilience.

An initial expression of interest in becoming a Confidential Contact is being followed up with a staff member as their addition to the team would support us in being able to offer a choice of gender from amongst our Confidential Contacts.

The process for recording and reporting concerns is within the Datix system and the Clinical Governance team are able to support individual Confidential Contacts to utilise this system where there is either skills atrophy or for new Confidential Contacts who are unfamiliar with the system.

Reporting

The Independent National Whistleblowing Office (INWO) have developed a set of KPIs against which all NHS Board's should report on an Annual basis. The following sections report on NHS Shetland's 2024/25 performance against these KPIs, as well as reviewing our journey to date.

KPI 1 Learning, changes or improvements to services or procedures as a result of consideration of whistleblowing concerns

Learning to date has predominantly been in relation to Whistleblowing processes and procedures, and falls into the following categories:

- Time and resource required to support cases at Stage 2 is not insignificant, especially for a small NHS Board;
- Lack of capacity of Investigating Managers to undertake large scale investigations in addition to the daily requirements of their post;
- Timescale to close Stage 2 concerns significantly exceeds 20 working days and are particularly impacted if other HR processes also taking place concurrently;
- Support for the Process – issues arising ranging from the need for personal and practical support eg equipment and admin/professional support;
- Need for support for individuals providing information into Investigation processes;
- Importance of follow through on agreed actions to minimise the risk of these issues being raised again;
- Importance of oversight on actions until closed.

The Chief Nurse (Corporate) has held a review session with the Whistleblowing Exec Lead, relevant Executive Director as commissioner of the Investigation and the appointed Investigating Manager to undertake a lessons learnt from the first Stage 2 Investigation held under the Whistleblowing Standards. This review provided a valuable opportunity to reflect on the experience from the perspective of all individuals involved and has identified some areas for improvement in the process and overall learning for the organisation.

Output from the Short Life Working Group will also be used to inform any necessary changes to policies or practice.

From the Stage 2 Investigations which have been undertaken, comprehensive action plans have been put in place which have led to improvements within services through

- further development of the governance framework for a service;
- recruitment to key senior professional leadership roles;
- review of staff induction processes including clarity of roles and responsibilities;
- review of patient documentation including further development of risk assessments and safety plans;
- access to electronic patient record systems for staff from across acute and primary care services;
- implementation of TRAK care to support management referrals, improve administration procedures and prevent the potential for patients being lost to follow up.

KPI 2 Report the experiences of all those involved in the whistleblowing procedure

The INWO KPIs expect that all staff involved in a whistleblowing procedure will be given the opportunity to report on their experiences. To date a feedback process had been developed for all individuals raising concerns.

This utilises a MS Forms format which is issued to all individuals approx 6 weeks after the conclusion of their whistleblowing process. Using an MS Forms format enables individuals to provide feedback anonymously, if they wish to do so. However, if individuals are reporting areas of concern we would encourage them to provide contact details in order that the Clinical Governance & Risk Team Leader can follow this up with an aim to make improvements in the system, where possible.

During 2024/25 the SLWG on 'raising concerns' has conducted a survey of all staff who have been involved in any raising concerns process, HR or whistleblowing. This review has considered our policy and practice to date from the perspective of the individual raising the concern, any staff subsequently asked to participate/provide information in to an Investigatory process, the Investigating Manager and the Commissioner's perspective with an aim to ensure that going forward all parties involved feel supported, they understand what is required of them and what they can expect to receive in return.

All staff who have been involved in a Whistleblowing procedure to date have had the opportunity to report on their experience of the process, as part of this review. Initial feedback would indicate that there is further work to do with Line Managers on recognition and responding to concerns when raised within teams and organisationally, a need for the provision of further training, advice and guidance on Investigation processes and practice to be made available to Managers.

KPI 3 Levels of staff perceptions, awareness and training

Information on Whistleblowing is available for staff on the internet, intranet and has been shared regularly in the Corporate Bulletin. The Chief Executive's Priorities give emphasis across the organisation of the importance of having a thriving, open and inclusive culture across the organisation, and the value attached to supporting staff in reaching their fullest potential.

Within NHS Shetland we are encouraging a safe culture for staff to speak up and for managers to feel confident and competent to manage and/ or escalate concerns appropriately. Managers' bundles are in place which support the development of advanced communication skills and how to manage situations where interpersonal communication difficulties have arisen. Resources which provide support for Managers in dealing with issues of concern have been developed through INWO and are being promoted with Line Managers throughout the service.

A Communications Plan was in place throughout 2024/25 which ensured that there was regular awareness raising for staff about the Whistleblowing Standards and how to effectively raise any issues of concern. This proved to be a very useful tool in ensuring that the profile of speaking up was raised in different ways, and on various occasions throughout the year eg sharing of INWO Managers resources, article by the Employee Director, raising profile of Confidential Contacts and feeding back to staff on output from Speak Up survey held within the Acute sector by one of the Confidential Contacts.

An audit of Communications was carried out by Internal Audit at the end of March 2024. This audit had a specific focus on how the organisation communicates on Whistleblowing/ Speak Up.

The Audit report noted as good practice the communications and accessibility of information on speaking out for staff, as well as the opportunity to meet the Non-Exec Whistleblowing Champion and Confidential Contacts which was provided through the various opportunities held for staff during Speak Up week in September/October 2024. Good governance was noted, with no weaknesses identified and no management actions required in relation to Whistleblowing policy and procedures.

The iMatter survey in 2023/24 had 2 questions asking staff to help us understand how they feel about raising concerns at work. These were

- I am confident that I can safely raise concerns about issues in my workplace
- I am confident that my concerns will be followed up and responded to

In NHS Shetland, 98.27% of staff who completed the survey, also completed these voluntary questions, with 81% of those stating that they felt confident that they could safely raise concerns about issues in the workplace. Whilst slightly less staff, 75%, felt confident that their concerns would be followed up and responded to. These results are slightly lower than the results in 2023/24 which were 82% and 76% respectively. Due consideration will be given to these results to inform future awareness raising and /or develop targeted areas of work in relation to speaking up/whistleblowing.

Regular communication with regards to Speaking Up has taken place throughout the year. National 'Speak Up' week was held 30 September to 4 October 2024, which provided an opportunity to further raise the profile of speaking up/ whistleblowing locally. Opportunities were made available for staff to link into sessions being held by INWO and locally, a range of opportunities for discussion with the Non-Exec Whistleblowing Champion and Confidential Contacts across the organisation were created. Over the course of the week information on Speaking Up was discussed with over 90 staff members.

Discussions confirmed a higher level of awareness amongst staff of both Speak Up and how to escalate concerns in 2024 compared to 2023. An overview of the sessions and issues raised was provided to EMT on the 23 October and to APF on the 7 November 2024. Detailed feedback was shared with the relevant Director and Head of Department in order that the issues raised can be followed up. Issues raised ranged from patient quality issues eg quality of pillows in place, patient safety issues regarding use of equipment, and to staff support issues eg providing an experienced “buddy” for those new to management roles.

In addition to issues of concern being raised there were a number of ideas put forward for increasing visibility, knowledge and support with whistleblowing across the organisation. This included repeating the site visits on a more regular basis, increasing contact between Confidential contacts and staff, and increasing the profile of whistleblowing and of the Confidential Contacts on the Intranet site.

Going forward we are considering the merits of a more regular approach to hosting “Speak Up” conversations with staff teams and this will be informed by the findings from the Short Life Working Group.

The re-instatement of the Patient Safety Leadership Walkrounds has also provided an opportunity to explore staff awareness of the Whistleblowing process and to get a feel for their ability to speak up. It is pleasing to note that the majority of staff know how to, and feel able to, raise concerns with their managers or another senior leader in the organisation but there is an increasing concern regarding lack of apparent response / feedback following raising a concern.

Whistleblowing sessions have been delivered at Corporate Induction sessions for all new staff since April 2023. With the exception of 1 session, all Corporate Induction sessions (2 per month) have been covered over the year April 24 to end of March 25. These sessions are generally delivered by a Confidential Contact and thus gives staff new to the Organisation an opportunity to both meet a Confidential Contact and understand about the role from the outset of their employment.

KPI 4 Total Number of Concerns Received

In 2024/25, 4 concerns were received into the whistleblowing inbox.

All concerns raised have been about services within the NHS Board and/or Health and Social Care Partnership. An overview of how these were managed is provided below:

Concerns received managed via	Number of concerns
Not a Whistleblowing issue	2
Withdrawn / Not progressed by Individual	1
Unnamed concern (investigated in line with WB Standards)	1

The unnamed concern was investigated in line with the principles of the Whistleblowing Standards, and has resulted in some actions being implemented within the organisation as a result of this concern.

Since the Whistleblowing Standards came into force in 2021 NHS Shetland has had the following number of concerns raised over the respective years as noted below:

No of Concerns received & managed via	2021/2022	2022/2023	2023/2024	2024/2025
No concerns	0			
BAU Processes		2	5	
Not a Whistleblowing issue – support provided to address via alternative route eg HR, Professional lead			1	2
Withdrawn / Not progressed by Individual			2	1
Stage 1			0	
Stage 2*		1	2	
Unnamed Concern – investigated in line with WB Standards				1
TOTAL concerns	0	3	10	4

It is of note that there has been a relatively low level of concerns being raised most years, with figures being under 5, with the exception of 2023/24 where 10 concerns were raised. In 2023/24 most of these concerns were received immediately following the awareness raising carried out across the NHS Board and CHSCP as part of Speak Up week in October 2023. It was pleasing to note that this was potentially as a direct result of the publicity, but it did highlight that there were insufficient resources in the organisation to respond to these levels of concern and therefore it would have required further consideration to be given as to how Confidential Contacts are resourced as currently all Confidential Contacts undertake this role as an additional duty to their employed role and therefore struggled with the capacity to support this number of individuals at the one time.

Since then it appears that the level of concerns being raised has returned to a more expected level and has been maintained at this over the course of this year. What is also notable locally is that where concerns are appropriately raised these have generally been about significant issues of concern which have warranted a direct Stage 2 investigation and have been managed in this way, including sourcing an external Investigator as appropriate to the circumstances and scope of one particular concern.

This is seen as evidence that staff are aware of the procedures, can activate them and can have confidence that the NHS Board will respond appropriately when an issue of serious concern is raised.

KPI 5 Concerns closed at Stage 1 and Stage 2 of the whistleblowing Procedure as a percentage of all concerns closed

Having no new concerns taken forward under the Whistleblowing Standards this year we have zero cases (0%) Stage 1 concerns closed in 2024/25.

However, due to the complexity of the concerns raised in one of the Stage 2 Investigations raised in 2023/24, which then required an external investigation to be commissioned, this case concluded in 2024/25, formally reporting on the 5 September 2024. This means we had one Stage 2 concern closed in 2024/25, which equates to 100% of Stage 2 cases.

KPI 6 Concerns upheld, partially upheld, and not upheld at each stage of the whistleblowing procedure as a percentage of all concerns closed in full at each stage

Stage 1 – no cases reviewed under WB Standards in 2024/25.

Stage 2 – one case from 2023/24, closed in 2024/25, (100%) upheld.

KPI 7 Average time in working days for a full response to concerns at each stage of the whistleblowing procedure

Stage 1 – no cases reviewed under WB Standards in 2024/25.

Stage 2 - Due to challenges experienced in securing an external investigator, which led to additional resource being sought to support the investigation, the timeline on the case from 2023/24 covers the period September 2023 to September 2024, totalling 246 working days from the time of concerns being raised to the final report being issued to the Whistleblower.

KPI 8 Number and percentage of concerns at each stage which were closed in full within the set timescales of 5 and 20 working days

Stage 1 - No concerns raised or closed at Stage 1 in 2024/25 (0%).

Stage 2 – one case closed but not within 20 working days (0%).

KPI 9 Number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1

No Stage 1 concerns raised.

KPI 10 Number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2

Of the 3 Whistleblowing concerns to date which have required a Stage 2 Investigation, we have had only one (33%) which has been completed within the 20 days timescale. This Investigation was undertaken by an Experienced Senior Manager within the local services.

As noted above reviews of our experience to date with investigating Stage 2 concerns have highlighted the need for the organisation to consider for the future how we support resourcing these Investigations to enable them to be conducted in as timeous way as possible for the benefit of patients, staff and the whistleblower. The Short Life Working Group will also make some recommendations which are anticipated to help support the Investigation processes going forward but due to the complexity of issues being raised that warrant an Investigation at Stage 2 it is unlikely overall that completion of these investigations within a 20 day timeframe will be achievable. Every effort will of course be made to conclude investigations as quickly as possible, whilst also ensuring that due care and attention has been given to completing a comprehensive review of the concerns raised.

Sixty seven percent (67%) of all our Stage 2 Investigations to date have required regular extensions to be authorised.

Summary

Over the last year work has continued to embed awareness of the Whistleblowing Standards across the organisation. Confidential contacts are available and readily accessible to staff across NHS Shetland and the Health and Social Care Partnership, with good networking nationally to ensure that Confidential Contacts can keep their skills current.

Over the last 12 months the number of concerns submitted to the whistleblowing inbox has decreased, returning to a level similar to that in 2022/23. Whilst the number of concerns has fallen, we continue to receive a stream of concerns which are handled as per the processes in place. We are pleased to note that we believe staff are able to report concerns appropriately when there are issues of significant concern and that the NHS Board will then investigate accordingly.

As noted above we have a significant challenge with attempting to complete Stage 2 reviews within the 20 working days timeframe for Investigation and reporting due to the scale and complexity of issues that have been investigated at this level.

2.3.1 Quality/ Patient Care

The Whistleblowing Standards were introduced to support staff in raising issues of concern about matters that are in the public interest. Matters that are in the public interest include issues relating to patient care, poor practice, unsafe working conditions, fraud etc. It is important that individuals feel safe to raise these issues as this supports the development of a positive patient safety culture across the organisation.

Activity has increased over the period since the Standards were implemented, particularly on the back of the Speak Up week sessions in 2023/24. This is hopefully a reflection of the impact of the awareness raising carried out to date and the development of an increasingly open culture within the organisation where staff can feel safe to seek support to talk about any issue of concern. Accessing Confidential Contacts can help individuals to consider and seek appropriate ways to address their concern, whilst being supported through the process.

2.3.2 Workforce

Having systems and processes in place to support staff to raise issues of concern is important in ensuring psychological safety in the workplace for staff as well as supporting the development of an overall safety culture in the organisation to the benefits of patients and staff.

2.3.3 Financial

Whilst there is no direct financial impact of this report, there may be a requirement to fund publicity materials and/ or training for staff which will have a financial consequence to the organisation. Any costs will have to be met from within department/service budgets as there is no dedicated budget to support this area of practice.

2.3.4 Risk Assessment/Management

There is a risk that awareness of the Whistleblowing Standards in the organisation erodes over time. This will be monitored by the steering group and appropriate action taken, as required.

Due to the relatively low level of issues raised to date, there is also a risk that the Confidential Contacts' confidence erodes over time and/or that they chose to no longer provide this service. During 2024/25 for personal reasons, and due to workload, 2 of the confidential contacts have stepped down. Initial discussions were held at the last meeting of the Whistleblowing Champion, Exec Lead and Confidential Contacts regarding undertaking a recruitment campaign to increase the number of Confidential Contacts. One further volunteer has put themselves forward and we will explore with them the role and their training requirements.

Due to this being the second quarter with no new concerns raised we have decided to postpone any further active recruitment at this time.

This will be monitored by the steering group and remedial action taken as required to ensure that NHS Shetland can continue to support individuals who raise issues of concern. INWO have developed training materials which can be used for development purposes. Unfortunately a lack of in-house capacity to progress leading this training means that all Confidential Contacts will actively participate in the national Speak Up Network to ensure ongoing access to training, support and development.

There is also a Teams page for the Confidential Contacts to use for peer support and to access resources as necessary.

There is a risk that the information about raising concerns through the Confidential Contacts will be undermined with staff turnover. This will be monitored by the steering group.

There is a risk that as the number and complexity of issues raised under the Standards increases that the work undertaken by the Clinical Governance and Risk Team to support the Whistleblowing process will be unable to be sustained without an investment in capacity within the Team.

The Clinical Governance and Risk Team have been impacted significantly during 2024/25 with both the Chief Nurse (Corporate) and Clinical Governance and Risk Team Leader being actively engaged in both supporting Whistleblowing processes and individuals involved in a Stage 2 Investigation.

There is a risk that the non-adherence to timeframes as outlined in the Whistleblowing Standards makes staff lose confidence in this as a way of raising issues of concern which are in the public interest, and that lessons learnt fail to be recognised and implemented in a timely way, leading to the potential for further harm.

There is also a risk to the organisation if remedial actions are not followed through that this compromises investigations, and creates a lack of clear follow through on issues of concern raised thus increasing concerns about the merit in speaking up .

There is also the potential that INWO consequently review the process of how Whistleblowing concerns are managed within NHS Shetland.

2.3.5 Equality and Diversity, including health inequalities

Due regard requires to be paid by the organisation at all times to assure the Board that it can meet its Public Sector Equality Duty, Fairer Scotland Duty, and the Board's Equalities Outcomes.

Monitoring of the issues raised under the Whistleblowing Standards will enable us to have oversight of whether there are any equality and diversity issues arising. These will be actioned and reported accordingly.

2.3.6 Other impacts

There are no other impacts of this report.

2.3.7 Communication, involvement, engagement and consultation

Alongside regular awareness raising amongst staff, the Board has carried out its duties to involve and engage external stakeholders during 2024/25. This has included:

- Independent Contractors (dental, GP, community pharmacy, opticians);
- Students – via local coordinator for University of Aberdeen medical students and Practice Education Lead for nursing and AHP students;
- Third sector organisations.

2.3.8 Route to the Meeting

This Annual Report provides a summary of the information presented via the quarterly reports to the Governance Committee's throughout 2024/25, minutes from Steering Group meetings and/or meetings of the Confidential Contacts.

This report has been shared in draft with both the Steering Group and Confidential Contacts in order that the groups can have both the opportunity to inform the development of the content and to agree the report prior to submission to the Committee.

2.4 Recommendation

This is presented to the NHS Board for:

- Awareness and Approval

3 List of appendices

App 1 Whistleblowing; at a glance Infographic

2024-25

Whistleblowing: at a glance

NHS Shetland has continued to raise awareness of whistleblowing standards throughout the organisation.

4

Concerns received

0

Cases progressed at stage 1 or 2



5 confidential contacts in place

81%

of staff felt confident that they can safely raise concerns about issues in the workplace.

75%

of staff felt confident that concerns will be followed up and responded to.

The number of concerns submitted in 2024-25 has fallen but we continue to receive a stream of concerns and these are handled as per processes in place.

TURAS Training



8%

of non managerial staff completed

24%



of managers completed

