

# NHS Shetland

<b>Meeting:</b>	<b>Shetland NHS Board</b>
<b>Meeting date:</b>	<b>23 September 2025</b>
<b>Title:</b>	<b>Whistleblowing Standards Quarter 1 Report (2025/26)</b>
<b>Agenda reference:</b>	<b>Board Paper 2025/26/42</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Dr Kirsty Brightwell, Exec Lead Joe Higgins, Non-Exec Whistleblowing Champion</b>
<b>Report Author:</b>	<b>EM Watson Chief Nurse (Corporate)</b>

## 1 Purpose

**This is presented to the Staff Governance Committee for:**

- Awareness

**This report relates to:**

- Legal requirement
- Local policy

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

There has been 1 new case raised under the formal stages of the Whistleblowing Standards in Quarter 1. This was initially progressed as a Stage 1 whistleblowing case but has subsequently been taken forward as a Stage 2 case, in Quarter 2.

One other contact was made through the Whistleblowing inbox in this quarter, whilst this is not a Whistleblowing issue the individual is continuing to be supported by a Confidential Contact to progress the issues of concern through the HR processes route.

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. Regular updates on progress with the Action Plan in response to the Stage 2 Investigation completed in August /September 2024, continue to be made to the Clinical Governance Committee meetings with the latest update being presented in June 2025. Updates on progress with actions enables the Clinical Governance Committee to maintain oversight and provide assurance to the NHS Board that ongoing progress is being made.

In August 2024 we received a formal notification from Independent National Whistleblowing Officer (INWO) of a case raised directly with them. The complaint to INWO was made by a third sector organisation who believed that they were eligible whistleblowers under the National Whistleblowing Standards. This was a complex case where issues were initially raised by the third sector organisation, and then subsequently raised by an NHS staff member in their own right. NHS Shetland had sought advice and guidance from the INWO's Improvement, Standards and Engagement team when the issues were first raised by the third sector organisation but proceeded to investigate the case with the NHS staff member being the person recognised as the Whistleblower. A full, externally commissioned, review was conducted into the issues raised and a detailed action plan produced which is in progress.

Following investigation INWO decided to fully uphold the complaint and have published their decision report on the INWO website. A copy of the decision report is provided in Appendix 2. INWO also made 2 recommendations for the NHS Board to consider and these will be addressed as part of the work to review the NHS Board's Whistleblowing Policy and Procedures as part of the short life working group looking at 'raising concerns' across the organisation.

## 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 \(spsso.org.uk\)](#)

A local Whistleblowing Steering group is in place and continues to meet every 12 weeks.

The number of concerns raised by staff, including lessons learnt, will be reported to a public meeting of the NHS Board on a quarterly basis and should highlight any issues that inform decision-making and/ or cut across services.

An annual report will also be presented to the NHS Board each year at its meeting in June which will report on the KPIs for Whistleblowing as developed by INWO (see Appendix 1).

These reports should inform Board members' discussions on issues in relation to service delivery and organisational culture.

Across the organisation there is a need to continually raise awareness of the Whistleblowing Standards and to increase the support available for staff to enable them to Speak Up when faced by issues of concern.

## **2.3 Assessment**

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 will contribute the Whistleblowing perspective to the wider organisational review, as well as consider learning from the review and any impact that this has for Whistleblowing processes locally.

The INWO KPIs expect that all staff involved in a whistleblowing procedure will be given the opportunity to report on their experiences. All staff who have been involved in a Whistleblowing procedure to date have had the opportunity to report on their experience of the process, the outcome of which will be fed into the 'Raising Concerns' Short Life Working Group review process for consideration.

The Short Life Working Group has reviewed all responses received and has developed some resources to support Line Managers with recognition and responding to concerns when raised within teams. Some further resources to support organisational Investigation processes and practice are also in development. It is anticipated that the work of the SLWG will complete in September 2025.

The Whistleblowing Steering Group has continued to meet regularly and discusses general awareness raising, training and support for the Confidential Contacts and all staff.

The meetings of the Confidential Contacts, Non- Exec Whistleblowing Champion, and Executive Lead also continue with a meeting held at the end of April and the next one scheduled for August. These meetings aim to maintain an organisational focus on whistleblowing and to support skills development amongst the Confidential Contacts.

Planning for Speak Up week 2025 has begun with detailed proposals to be considered at the meeting in August. Speak Up week 2025 is the week of 29 September to 3 October and has 'Listen, Act, Build Trust' as it's theme.

Publicity regarding both local and national events to be held during this week will be published in both the Corporate Newsletter and weekly bulletin to maximise reach to all staff across the NHS Board and Community Health and Social Care Partnership.

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 provides a forum for learning and development with external topic specialist speakers invited on a regular basis as well as forming a peer support network for Confidential Contacts. All current Confidential Contacts are now part of this network.

One new staff member is currently undergoing a bespoke programme of training to become a Confidential Contact. This new member of the team will enable us to offer individuals with an issue of concern a Confidential Contact of the gender of their choice. This will be a positive development for the team.

Organisationally there was a slight decrease in staff completing the iMatter survey this year with completion being by 56% of the workforce, in comparison to 60% of the workforce in 2024 and 2023. The results on the 2 questions which relate to raising concerns over the last 3 years are as follows:

Question	2025	2024	2023	Trend
I am confident that I can safely raise concerns about issues in my workplace	80	81	82	↓
I am confident that my concerns will be followed up and responded to.	73	75	76	↓

As can be seen, there is a downward trend in our results on both questions with a slightly greater decrease on the “confident that concerns will be followed up and responded to”. These results will be considered in detail at the Steering Group and due consideration given to actions which it may be possible to take which could help to improve these results.

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.

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

Category	Numbers prior to 31 March 2025	Numbers completed between 1 April – 30 June 2025
No of Staff who completed training – WB Overview	63	1
No of Managers who completed training – Line Manager	26	1 (in progress)
No who completed Senior Managers training	Not recorded	1

Whilst the modules are not mandatory, training rates are low so further consideration needs to be given as to whether this is impacting on Line Managers knowledge and skills in managing concerns raised and the decreasing perception that concerns raised will be responded to and followed up.

The Patient Safety Leadership Walkrounds also provide 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 they also reflect an increasing concern regarding lack of apparent response / feedback following raising a concern.

A whistleblowing session, hosted by the Confidential Contacts, continues to be delivered as part of the Corporate Induction process to bring the Whistleblowing Standards to the attention of all new staff. This session continues to be delivered consistently at the twice monthly Induction sessions.

Details of the work that has been taken forward in 2024/2025 in relation to Speaking up/Whistleblowing was reported to the NHS Board in the Whistleblowing Annual Report, considered by the NHS Board at its meeting in June 2025. Following presentation to the NHS Board this was submitted to INWO as per national requirements.

There is a process within Datix to record and report any concerns raised. This is a confidential space with restricted access. A thematic analysis of issues raised will be 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.

The Independent National Whistleblowing Officer introduced Key Performance Indicators (KPIs) for Whistleblowing in June 2023. Progress against these were reported on in the Annual Report. The KPIs are provided in Appendix 1 for information. As the number of cases is low the KPIs are only reported on annually as part of the Annual Report.

There are regular communications to the HSCP staff, independent contractors, University and Third Sector Organisations to raise awareness of the Standards as the standards apply to all services contracted out as well as encompassing students, volunteers and Local Authority staff working within or alongside NHS services.

This involves requesting regular reports of any issues raised. Table 1 details the quarterly requests and returns from those organisations with which we work closely.

<b>Table 1: NHS Shetland 2024/2025 Annual Whistleblowing return summary:</b>	
<b>Area</b>	<b>Return Q3 2024/2025</b>
Independent Contractors – GP Practices	Response received - no cases
Independent Contractors - Optometry	iCare – no response received  Spec Savers - response received – no cases
Independent Contractors - Pharmacy	Response received - no cases
PEF Under graduates	Response received - no cases
PEF Nursing student	Response received - no cases
Community Health and Social Care	Response received - no cases
Dental	Response received - no cases

### **2.3.1 Quality/ Patient Care**

Learning from whistleblowing as well as encouraging staff to speak up will result in maintaining and / or improving quality and patient care.

### **2.3.2 Workforce**

Speaking about the Whistleblowing Standards can empower staff to take responsibility for issues where they see a potential risk.

Notification and monitoring allows the collection of data to inform staff and the organisation on potential gaps and risks.

### **2.3.3 Financial**

Nil.

### **2.3.4 Risk Assessment/Management**

There is a risk that the Confidential Contacts' confidence erodes over time and/or that they chose to no longer provide this service. During 2024/2025 for personal reasons, and due to workload, we lost 2 of the confidential contacts. 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 put themselves forward and is currently undergoing a bespoke training programme to enhance their knowledge and skills for the role.

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 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 awareness in the organisation erodes over time. This will be monitored by the steering group and appropriate action taken.

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.

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 to report at this time.

### **2.3.7 Communication, involvement, engagement and consultation**

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

State how his has been carried out and note any meetings that have taken place.

- Independent Contractors (dental, GP, community pharmacy, opticians): email quarterly.
- University – local coordinator for University of Aberdeen medical students (email quarterly).

### **2.3.8 Route to the Meeting**

- 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.
- Clinical Governance Committee 02 September 2025

#### **Level of Assurance provided from this report**

This report provides moderate assurance as whilst there are processes in place with active review, there are still some areas for further improvement and/or development which are currently in the process of being taken forward.

## **2.4 Recommendation**

- **Awareness** – For Members' information only.

## **3 List of appendices**

Appendix No1 INWO Whistleblowing Key Performance Indicators

Appendix No2 INWO Decision Report Case 202404084

Key Performance Indicators	
KPI 1	a statement outlining learning, changes or improvements to services or procedures as a result of consideration of whistleblowing concerns
KPI 2	a statement to report the experiences of all those involved in the whistleblowing procedure (where this can be provided without compromising confidentiality)
KPI 3	a statement to report on levels of staff perceptions, awareness, and training
KPI 4	the total number of concerns received
KPI 5	concerns closed at stage 1 and stage 2 of the whistleblowing procedure as a percentage of all concerns closed
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
KPI 7	the average time in working days for a full response to concerns at each stage of the whistleblowing procedure
KPI 8	the number and percentage of concerns at each stage which were closed in full within the set timescales of 5 and 20 working days
KPI 9	the number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1
KPI 10	the number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2

### Reference

Good Practice Guidance for Annual Whistleblowing Reporting issued by Independent National Whistleblowing Officer (INWO), June 2023.

## INWO decision report



### Case: 202404084, Shetland NHS Board

Subject: Complaint handling

Decision: Fully upheld

### Summary

C worked for a third sector organisation contracted by NHS Shetland to deliver services on a short-term basis. C raised concerns with the Board about information that had come to light during their work with NHS staff members. C felt that the information met their organisation's threshold for disclosure because of the potential risks to patient safety and staff wellbeing.

The Board took advice from the INWO's Improvement, Standards and Engagement team (ISE) about the eligibility of third sector providers to raise concerns under the National Whistleblowing Standards (the Standards). The ISE team explained that the point had not been tested but advised that their interpretation of the Standards was that there should be a link between the service provided by the contractor and the concern being raised.

At the same time, the Board received a concern from a NHS staff member about the same issues and arranged for an external investigation to be carried out under the Standards.

The Board wrote to C to explain the steps that they would take to investigate the NHS staff member's concerns. They also signposted to the INWO, signalling the end to the whistleblowing process for C.

C complained to the INWO that the Board did not handle their concerns in line with the Standards. They said that they thought they were eligible to raise concerns and complained that the communications from the Board were unclear.

We acknowledged the differing interpretations of the Standards in relation to contracted services. We found that staff from contracted services (including third-sector providers) are eligible to raise concerns under the Standards. As long as the whistleblower is delivering a service on behalf of the NHS, and the concerns being raised meet the whistleblowing definition, the concern does not have to relate to the service being provided by the whistleblower.

We also found that, in line with the Standards:

- it is possible for multiple parties to raise the same concern, and
- the person raising a concern may have no direct personal involvement in the issue that they are raising.

Finally, we found that although there was some good practice in the Board's response to C, it did not provide a clear explanation of the decision and the reasons for it. Our decision in this case was to uphold the complaint.

We recognised that although the Board did not accept C's eligibility as a whistleblower, they did take prompt and proportionate action to arrange an investigation into the linked concerns raised by a third party. This included use of the information provided by C.

We provided feedback to the Board on their handling of the concern.