

NHS Shetland

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| Meeting: | Shetland NHS Board |
| Meeting date: | 25 June 2026 |
| Title: | Whistleblowing Standards Annual Report 2025/2026 incorporating Q4 report |
| Agenda reference: | Board Paper 2025/26/17 |
| Responsible Executive/Non-Executive: | Executive: Dr Kirsty Brightwell, Medical Director / Interim Exec Lead Lorraine Hall, Director of Human Resources & Support Services (from December 2025) Non-Executive: Joe Higgins |
| Report Author: | EM Watson, Chief Nurse (Corporate) |

1 Purpose

This is presented to the NHS Board for:

- Awareness

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 2025 to March 2026.

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. This report also incorporates the Q4 report for 2025/2026.

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 2025/26. 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, Employee Director, 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.

Unfortunately during Q3 of 2025/26, Dr Brightwell, Exec Lead for Whistleblowing commenced a period of extended leave and therefore until her return Lorraine Hall, Director of HR and Support Services agreed to assume the role of Exec Lead for Whistleblowing. The Interim Exec Lead was already a member of the Steering Group for Whistleblowing and therefore was familiar with the agenda and actions being taken forward across the organisation to support staff in Speaking up.

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 Audit and Risk Management Group (ARMG) 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 2025/26 an organisational Short Life Working Group, under the leadership of the Director of Human Resources and Support Services, which had been set up to review our organisational policy and practice around 'raising concerns' concluded it's work. 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 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 would feel supported throughout the process, would understand what is required of them and what they could expect to receive in return.

The Chief Nurse (Corporate) was a member of the Short Life Working Group and contributed the Whistleblowing perspective into the wider organisational review, as well as considering learning from the review and any impact that this has for Whistleblowing processes locally. A range of materials have been developed to support the raising concerns processes for use in both HR processes and where necessary, with suitable amendments, for whistleblowing processes.

As well as considering the learning identified through this short life working group, a review of the local policy and procedures on Whistleblowing has been ongoing over the last year, with an intent to build in learning that has been gained through experience of whistleblowing cases raised 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

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.

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 931 at 31 March 2026.

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

| Category | Numbers to 31 March 2025 | Numbers to 31 March 2026 |
|---|--------------------------|-------------------------------------|
| No of non-managerial staff (headcount) | 780 | 770 |
| No of staff who have completed training | 63 | 71 |
| % of total non-managerial staff who completed training | 8% | 9% - slight % increase on last year |
| Manager Headcount | 108 | 161 |
| No of Managers who have completed training – combined total manager and/or senior manager modules | 26 | 31 |

| | | |
|--------------------------------------|-----|--|
| % of managers who completed training | 24% | 19% - slight % decrease due to increase in overall manager headcount |
|--------------------------------------|-----|--|

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 & 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. This network is highly valued by both Confidential Contacts locally and across Scotland. All current Confidential Contacts are now part of this network.

A whistleblowing training session was held for Audit Committee members in the 3 island NHS Board areas. This has contributed to our learning for both the Exec Lead and Confidential Contacts by hearing about other NHS Board's experiences.

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

During 2025/26, one of our Confidential Contacts has unfortunately had to pause their involvement due to work pressures. While this has resulted in the loss of direct Confidential Contact support within the HSCP, we remain confident in our ability to continue supporting individuals in this sector. This is due to the fact that one of our existing Confidential Contacts has previously worked within the HSCP, and we have also recruited a new Confidential Contact who is the Health and Safety Lead, with a pan-NHS Board and HSCP remit.

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.

No concerns have been raised under the Whistleblowing Standards from any of these areas during 2025/26.

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 a case which reported in 2024, 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 have been scheduled at each of the Clinical Governance Committee meetings since and will continue until the action plan has been completed. The provision of regular 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.

Business Continuity

Unfortunately during 2025/26 1 Confidential Contact 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 received this year has been followed up. Appropriate training and support has been put in place and the Health and Safety Lead is now also a Confidential Contact. This is a welcome development for the local team, as we can now offer a choice of gender of Confidential Contact to the person seeking support.

We only receive a relatively small number of contacts through the Whistleblowing inbox each year and therefore we are not actively recruiting any more Confidential Contacts at this time but we recognise that over the coming years there will be a need to recruit additional members as part of succession planning.

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 2025/26 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 entirely been from Stage 2 cases and has been in relation both to Whistleblowing processes and procedures, as well as to specific service issues. In relation to Whistleblowing processes and procedures we have noted the following:

- 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. This has been addressed through the work of the Short Life Working Group on raising concerns;
- Importance of follow through on agreed actions to minimise the risk of these issues being raised again;
- Importance of oversight on actions until closed.

From the Stage 2 Investigations which have been undertaken to date, 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. A feedback process is in place for 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.

As the number of concerns raised is relatively small, all individuals who have raised a concern through the Whistleblowing inbox during 2025/26 have been invited to provide feedback both on their experience of the process, and upon support provided by the Confidential Contacts.

Feedback received indicates some staff have reported a degree of reluctance from their managers to progress concerns under Whistleblowing Standards.

Where formal Stage 2 Investigations had been commissioned, staff reported positively about the approach taken to the investigation but raised questions regarding feedback and learning, and how this would subsequently be communicated into teams and the organisation overall. Concerns were also raised about how well the organisation may follow through on the outcomes from reviews.

In response to the feedback noted above, during training sessions to support Managers undertake Complaints investigations, it was identified that there was further work to do with Line Managers on recognition and responding to concerns when raised within teams. Resources which provide support for Managers in dealing with issues of concern have been developed through INWO and have been shared organisation wide as part of the Speak Up week activities. We hope that this will help with increasing confidence in responding to concerns at the lowest level possible ie within the immediate workplace using business as usual processes.

In relation to support from Confidential Contacts, all those who raised a concern reported being satisfied or very satisfied with the support provided to them by their Confidential Contact.

Individuals who had provided information into a Whistleblowing investigation noted some concerns regarding not being sure about who, if anyone, they could discuss being involved in this process with. Since this comment was received we have subsequently offered all participants in a Whistleblowing process the opportunity to have support from a Confidential Contact, Spiritual Care lead or Occupational Health Services as necessary by providing the relevant contact details to them at the time of advising of the Investigation process.

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. Training for Managers is in place which supports the development of advanced communication skills and how to manage situations where interpersonal communication difficulties have arisen. Organisational Development can also provide additional support to teams where there are issues of concern arising or communication difficulties which are impacting on practice. As noted above Resources which provide support for Managers in dealing with issues of concern have been promoted with Line Managers throughout the service.

A Communications Plan was in place throughout 2025/26 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, raising profile of Confidential Contacts and actively promoting both local and national INWO led events for Speak Up week both in the run up to Speak Up week and during the week itself.

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. This audit will be repeated in 2026/27 and we hope that it will evidence that we have continued to maintain a high profile on Speaking Up across the organisation.

The iMatter survey has 2 questions asking staff to help us understand how they feel about raising concerns at work. These are

- 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

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.

Regular communication with regards to Speaking Up has taken place throughout the year. National ‘Speak Up’ week was held 29 September to 3 October 2025, which provided an opportunity to further raise the profile of speaking up/ whistleblowing locally. The theme for this year’s Speak Up week was Listen, Act, Build Trust with the Independent National Whistleblowing Office (INWO) hosting 3 webinars that focussed on these 3 key areas. The webinars were promoted to local staff and for those who missed the chance to watch these webinars live, it was highlighted that recordings of 2 of the sessions were available on the INWO site.

The first webinar focussed on the importance of having a positive Speak Up culture where all staff feel safe and able to raise concerns, without detriment, in order to increase the overall safety of services for patients and staff.

The second webinar, a group discussion with a range of staff explored the challenges and additional barriers that may be present for specific sectors of the workforce when wishing to raise a concern eg students, staff from ethnic minority backgrounds, non-clinical staff. This has made us consider our approach to these sectors locally and have offered for Confidential Contacts to attend team meetings within the areas of Estates and Facilities and to staff teams who are working in some of our more remote geographical areas

As well as promoting the national events for Speak Up week, the local Confidential Contacts held an open session in the Gilbert Bain Hospital Canteen during Speak Up week. This provided an opportunity to speak directly with staff, share information on Speaking Up and promote the availability and role of Confidential Contacts.

Over 100 leaflets were issued to staff and it was pleasing to note a general higher level of awareness of Speaking Up amongst staff, greater understanding of the process as well as having an opportunity to gain some feedback on challenges faced by staff when Speaking up from staff who had raised issues of concern both locally and at other organisations.

The Confidential Contacts also attended key management meetings, Hospital Management Team and Community Health and Social Care Partnership Strategic meeting, to discuss Speaking Up, to explore what further actions could be taken to support a positive culture of speaking up.

A general offer has been made to all staff teams for a Confidential Contact to attend Team meetings to discuss their role and the Speak Up/Whistleblowing process. Details of the current Confidential Contacts are displayed in areas across the organisation or they can be reached by emailing the generic Whistleblowing inbox at shet.whistleblowing@nhs.scot.

Through the staff engagement opportunities, in addition to any 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 as opposed to concentrating events during an annual event.

The Patient Safety Leadership Walkrounds undertaken across the NHS Board and Community Health and Social Care Partnership 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 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. 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 2025/26, 8 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 | 5 |
| Stage 2 Investigation – one of which was initially investigated at Stage 1 | 2 Both subject to Investigation by an Independent party external to the NHS Board |
| Paused / Not progressed by Individual | 1 |

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 | 2025/2026 |
|--|-----------|-----------|-----------|-----------|-----------|
| No concerns | 0 | | | | |
| BAU Processes | | 2 | 5 | | |
| Not a Whistleblowing issue – support provided to address via alternative route eg HR, Professional lead | | | 1 | 2 | 5 |
| Withdrawn / Paused/ Not progressed by Individual | | | 2 | 1 | 1 |
| Stage 2* *1 of which was investigated initially at Stage 1 Both subject to Investigation by an Independent party external to the NHS Board | | 1 | 2 | | 2 |
| Unnamed Concern – investigated in line with WB Standards | | | | 1 | |
| TOTAL concerns | 0 | 3 | 10 | 4 | 8 |

It is of note that there has been a relatively low level of concerns being raised most years, with figures being generally under 5, with the exception of 2023/24 where 10 concerns were raised.

Eight concerns have been received this year and whilst only 2 of these have gone on to be progressed as Stage 2 Investigations the other issues raised all required the support of a Confidential Contact to either support the staff member with resolving issues through a business as usual approach or were addressed by the provision of advice and guidance regarding organisational policy and procedure which was provided by the Lead Confidential Contact. These non-whistleblowing enquiries would appear to indicate either a gap in staff Induction processes at a local level or a concern with raising these matters directly with their immediate line manager. Organisationally work is being undertaken to provide more support for new managers to enhance their skills and confidence in managing difficult situations.

What is also notable locally is that where concerns are appropriately raised these have generally been about significant issues of concern which have warranted Stage 2 investigations and have been managed in this way, including sourcing external Investigators to undertake the Investigation. This has enabled the Board to demonstrate that we take matters raised under the Whistleblowing Standards seriously and due to the scale of our services, external investigators / company has been engaged in order to ensure an open, transparent and fair investigation is conducted into the matters of concern raised.

All of the concerns raised via the Whistleblowing inbox 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

No cases closed during 2025/26.

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

No cases closed during 2025/26.

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

Investigations into two Stage 2 concerns are currently ongoing – timescales to date are as follows:

Case 1 85 days

Case 2 124 days

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 closed at Stage 1 within 5 working days in 2025/26 (0%).

Stage 2 – No concerns closed at Stage 2 within 20 working days in 2025/26 (0%).

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

Not Applicable.

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

Both of the Stage 2 Investigations have required regular extensions to be authorised.

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 internally to enable them to be conducted in as timeous way as possible for the benefit of patients, staff and the whistleblower. However, 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 ever 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.

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 increased, returning to a level similar to that in 2023/24. Whilst the number of concerns has risen, with the exception of those that have proceeded to be reviewed as Stage 2 Investigations, the concerns have all been handled through the business as usual processes in place, with the support of a Confidential Contact where required. 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.

Due to being a small organisation, and receiving complex issues of concern, we have a significant challenge with attempting to complete Stage 2 reviews within the 20 working days timeframe. This has been compounded by the need to seek external support to ensure open, transparent and fair investigation processes can be put in place.

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.

Due to the complexity of concerns raised and the subsequent requirement to commission external Investigators, and in some instances commissioners, responding to Whistleblowing concerns has had a significant financial impact on the organisation.

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 2025/26 due to workload, 1 of the confidential contacts has 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 had put themselves forward and has now completed their training requirements for the role.

Whilst only a small number of Confidential Contacts are in place, these are sufficient to respond to the level of concerns currently raised, however, the need to recruit additional volunteers to support succession planning is acknowledged.

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 2025/26 with the Chief Nurse (Corporate) being actively engaged in both supporting organisational Whistleblowing processes as well as 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 2025/26. 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 2025/26, 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

2025-26

Whistleblowing: at a glance

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

80% of staff felt confident that they can safely raise concerns about issues in the workplace.

80%

73% of staff felt confident that concerns would be followed up.

73%

8

Concerns received

2

Cases progressed at Stage 2

The number of concerns submitted in 2025-26 has risen to 8 all of which have been handled as per processes in place



5 Confidential contacts in place

