



# Whistleblowing Standards

## **ANNUAL REPORT 2024/25**

SAFETY, QUALITY AND RISK TEAM

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# NHS Orkney Whistleblowing Standards

## Annual Report 2024/25

### 1. Introduction

This is NHS Orkney's fourth annual Whistleblowing Standards Report since the national standards came into force on 1 April 2021 and covers the reporting period 1 April 2024 to 31 March 2025. NHS Orkney (NHSO) has had one whistleblowing concern logged during this year. One case that was closed in 2022/23 which had various aspects to it (Human Resources (HR), Situation Background Assessment and Recommendation (SBAR) and whistleblowing) and which re-emerged as a concern in 2023/24, resulted in a referral to the Independent National Whistleblowing Officer in 2024/25, providing an important learning opportunity for the organisation.

### 2. Background

The National Whistleblowing Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS service providers to handle concerns that are raised with them, and which meet the definition of a 'whistleblowing concern'.

These standards are underpinned by a suite of supporting documents, which provide instructions on how the INWO expects concerns to be handled. Together these documents form a framework for the delivery of the National Whistleblowing Standards. The standards set out the requirement that the NHS Orkney Board plays a critical role in ensuring the Whistleblowing Standards are adhered to, including through ensuring quarterly reporting is presented and robust challenge and interrogation of this takes place.

#### Roles and Responsibilities

The Chief Executive continued as the Executive Lead for Whistleblowing in NHS Orkney in 2024/25 whilst substantive recruitment to the Medical Director role was completed and leadership at Executive Team level was stabilised. The Chief Executive is responsible for overseeing progress, ensuring timelines and communications are maintained and that follow-up actions and learnings are progressed appropriately.

The role of Whistleblowing Champion is held by a Non-Executive Director. The purpose of this role is to monitor and support the effective delivery of the NHS

Orkney Whistleblowing Policy and it is predominantly an assurance role which helps the NHS Board to comply with their responsibilities in relation to whistleblowing. The Whistleblowing Champion is expected to raise any matters of concern with the Board as appropriate, either in relation to the implementation of the Standards, patterns in reporting of concerns or in relation to specific cases.

The NHS Orkney Board plays a critical role in ensuring the Standards are adhered to, with a particular focus on effective:

- Leadership - setting the tone to encourage speaking up and ensuring concerns are addressed appropriately and followed-up.
- Monitoring – ensuring quarterly reporting is presented and robustly scrutinised (in NHS Orkney's case, reporting has been via the Joint Clinical and Care Governance Committee and Staff Governance Committee on a quarterly basis).

### 3. Activity during 2024/25

Since the introduction of the Whistleblowing Standards in 2021, NHS Orkney has continued to strengthen its work in this important area as it has achieved leadership stability and developed a new organisational culture programme. Creating a strong speak up culture and one where staff feel comfortable speaking up knowing and having confidence that concerns will be listened to and responded to is at the heart of this new programme. In 2024/25 the work needed in the organisation to create a speak up culture became one of five key organisation-wide priorities in response to staff feedback, and this has been communicated to staff on a regular basis.

Strong relationships remain in place with other Boards recognising that as a small Health Board there are occasions that support and independence from other Boards proves incredibly helpful, including other Island Boards and mainland Scotland Boards.

NHS Orkney now has three Confidential Contacts (one clinical and two non-clinical staff).

A new quarterly 'touchpoint' meeting was introduced in 2024/25 led by the Chief Executive as the Executive Lead, and attended by our three Confidential Contacts, Whistleblowing Champion and the Head of Patient Safety, Quality and Risk. These meetings are an opportunity to share themes from recent feedback, learning and have provided a useful support mechanism for all colleagues who are involved in leading whistleblowing and speak up at NHS Orkney. These touchpoints meetings have been well-received.

Speak Up Week ran in the last week of September 2024. This provides Boards, including NHS Orkney, with opportunities to share learning, raise awareness of the whistleblowing process and the benefits of a supportive speak up culture. Locally this was led by NHS Orkney's Chief Executive and Whistleblowing Champion (see below for further details) and was supported by wider Board members and our Confidential Champions.

The areas of focus in 2024/25 for NHS Orkney have included:

- Strengthened leadership (a continued focus on visible and compassionate leadership)
- Listening and closing the loop when people raise concerns to improve trust and confidence in our processes and leadership
- Further strengthened communications relating to the culture we want to create and the ways in which we listen
- Introducing new quarterly touchpoint meetings for Confidential Contacts and those involved in speak up at NHS Orkney
- Introducing a new anonymous feedback form in response to staff feedback, which is being used across the organisation
- Improving the promotion of who our Confidential Contacts are and their role at NHS Orkney via regular promotion of the 'ways we listen' document so that staff know who and where they can turn to when they have concerns to raise, including safety concerns

As above, throughout 2024/25 there has been a continued focus on regular communications with staff on the 'ways we listen' at NHS Orkney.

Communication to staff has been supported through a range of methods and forums, including:

- All staff briefings
- Chief Executive's blogs and standalone dedicated communications
- Continuous promotion of the 'Ways we Listen' document which summarises in a simple and easy way, all in one place
- Supporting Speak Up Week (September 2024)
- Speaking Up and Whistleblowing is included in the Chief Executive's induction slot (which the Chief Executive attends monthly to welcome all new starters to NHS Orkney)

#### 4. Whistleblowing complaints

There was one formal concern raised under the Whistleblowing Standards during 2024/25 in the first half of the year. This concern related to the Mental Health Service and some concerns previously raised by the service. It followed a concern that was raised via the Chief Executive in one of the regular listening sessions she holds for all staff and became a formal whistleblowing concern soon after with the support of the Chief Executive, recognising that the concerns raised related to patient and staff safety, experience and wellbeing, out-of-hours arrangements and expectations in relation to the Mental Health Transfer Room, as well as wider issues including digital developments and accommodation.

Work with the team to discuss the concerns and resolution of these has been undertaken and an action plan completed in conjunction with the team. This has been overseen by the Chief Officer for the Integration Joint Board (IJB) as the lead Executive Director. The action plan is partially completed and as the work has progressed the team have been kept up-to-date and will continue to be updated with developments. The Joint Clinical and Care Governance Committee continues to oversee progress against this action and improvement plan, which sits alongside the action plan for the latest Mental Welfare Commission (MWC) report (after a 2024 visit from the MWC) and the peer review commissioned by the Chief Officer for the IJB. This Board-level assurance Committee is now overseeing the integrated improvement plan for Mental Health which brings these strands of work and action plans together into a single plan.

A whistleblowing case from the reporting period 2022/23 from our Health Visitor Team was referred to the Independent National Whistleblowing Officer (INWO) for consideration in-year. The case in question was multi-stranded (HR, SBAR and whistleblowing) and encompassed issues where other due process had to be concluded. This introduced significant confusion and delay into the overall organisational response, from which NHS Orkney must and will learn from.

The concerns that were referred have been upheld, which is supported by NHS Orkney, such has been the impact on staff and this team. It should be noted that the Chief Executive and Whistleblowing Champion supported the complaint to INWO and have taken steps to improve relationships with the team, which INWO also recognised in the Decision Notice. The Chief Executive has written to the team to formally apologise for the poor handling of this case, has recognised the significant impact this has had on individuals and the team and trust and confidence in our senior leadership team and has committed to learning from this experience.

Previous learning from this case, before this INWO referral, had been shared with the team and included:

- An independent investigation of case notes – a Child Health Review (which is completed and has come through our governance routes with our learning)
- Having clearer structures between management between Orkney Health and Care (OHAC) and NHS Orkney and clarity regarding leadership arrangements within our services (line manager and professional responsibilities) and clear routes of escalation
- A review of our whistleblowing process itself to incorporate learning points in an updated process going forward, with particular emphasis (but not restricted to) the post investigation and organisational response phase

We consider the decision to uphold the referred concerns to be fair and recognise that it identifies areas of learning for us as an organisation that will enable us to further improve our processes and practices moving forward. We are taking this opportunity to reflect on this case and other whistleblowing concerns and how our processes support whistleblowers and the organisation, including having clearer lines of responsibility and support for whistleblowers and other team members. Part of this is engaging with whistleblowers to better understand their experiences and what is important to them during this process and how we can maximise support for them during and after concerns are reviewed and closed. We have already spent time reviewing and reflecting on the recommendations and have started the work to respond to these. We want to ensure that we make and can evidence meaningful and sustained change and organisational learning and therefore take this opportunity to review our entire processes.

Due to this detailed work we are doing in response to the four key recommendations, we requested an extension to the timeline for completing them (from April to June 2025) which has been agreed by the INWO office. We are engaging with our whistleblowers and feeding this into a workshop where we will review and revise our processes. As an organisation we are committed to the wellbeing of our patients and team members and will be including some work that is ongoing around this into the revised processes.

The four key recommendations from this case were:

1. An apology to the individual/team affected for the findings in the Decision Notice which included that:
  - The current Electronic Patient Record (EPR) and clinical record management arrangements produce incomplete patient records
  - The team were not told about the recommendations or the action plan following the original upheld concern
  - The action plan was not sufficiently rigorous, and didn't drive improvement
  - There were delays in starting the whistleblowing process
  - There was not enough communication with the team following the stage 2 response
2. That the Board of NHS Orkney and OHAC manage and mitigate ongoing risks relating to EPR issues

3. The Board and OHAC communicate effectively with NHS whistleblowers working in the partnership
4. Compliance with the National Whistleblowing Standards

In a related and follow-up complaint relating to this case (received February 2025), the Board was asked to explore and take a view on whether the complainants were treated unfairly because of raising a whistleblowing concern, and specifically, whether the complainants were not treated with dignity and respect in a meeting with a senior staff member and whether one of the complainants was treated unfairly during an interview process. NHS Orkney has responded in full to this follow-up complaint.

Progress against these actions will be closely monitored by our Staff Governance Committee from 2025/26 onwards (see below), as agreed as part of the Board Committee effectiveness review process that took place at the end of 2024/25 to reduce duplication of reporting.

### Speak Up concerns and themes

Circa 25 staff/teams have contacted the Chief Executive directly with concerns that are always logged and followed through as appropriate in 2024/25. When staff/teams contact the Chief Executive for advice and support, the full range of options, including whistleblowing are always discussed with staff, so that appropriate next steps can be agreed and taken, based on the wishes of the staff member/teams concerned and the standards in place. The Chief Executive involves Executive Directors and other senior leaders in such conversations as appropriate and this is considered on a case-by-case basis.

People continue to choose to raise concerns directly with the Chief Executive through a number of mechanisms, including the Chief Executive's monthly listening session for staff, direct contact and via Board walkarounds (which Executive Directors and Non-Executive Directors take part in). Themes from the year can be summarised as follows:

- Concerns about the limitations of our new Long Service Recognition Programme and the omission of bank staff

ACTION: this will be addressed as part of a review of Long Service Awards for 2025/26, under the leadership of the Director of People and Culture. This has been communicated to staff



- Frustrations about the length of the time the Job Evaluation and recruitment processes take

ACTION: we had a plan to complete Job Evaluation of the 37 outstanding requests by the end of December 2024, with very strong progress made and most cases reviewed ahead of the initial deadline and all by the end of 2024/25. Improving the Job Evaluation process was one of the five People priorities that Senior Leadership Team has agreed to focus on for improvement. An end-to-end review of our recruitment processes has taken place to respond to staff experience and improvements have been built into the People and Culture workplan for the year

- Working together across the organisation to improve our discharge processes, so that our patients have a better experience and so that all staff can contribute to ideas for improvement recognising late in the day discharges, whilst sometimes unavoidable, happen all too often, impacting on our patients and various teams

ACTION: An improvement project has been stood up with multi-disciplinary team input, under the leadership of the Director of Nursing, Midwifery, Allied Health Professions (AHPs) and Chief Officer for Acute.

- A clearer 'offer' from our Corporate Services so there is more clarity on where and who you go to for support, and what this looks like in reality

ACTION: external reviews of our Digital, People and Culture and Finance Functions underway/completed with associated improvement plans in place which will be overseen by our Improvement Board.

- Concerns raised by some clinical teams

ACTION: meetings have been held with the Medical Director, Director of Nursing, Midwifery, AHPs and Chief Officer for Acute and Chief Executive with individual teams where concerns have been raised.

## iMatter 2024 results – speak up and acting on concerns

In 2023, the iMatter survey included new questions on Speaking Up, which evidenced the work NHS Orkney must do in this space to improve, with NHS Orkney's scores showing the organisation was a national outlier:

- I am confident I can safely raise concerns/issues (NHS Orkney score 75 – national average 79)
- I am confident that concerns will be followed-up/responded to (NHS Orkney score 65 – national average 74)

The latest results (published June 2024) from the 2024 iMatter survey were as follows:

- I am confident I can safely raise concerns/issues (NHS Orkney score 74 – national average 79)
- I am confident that concerns will be followed-up/responded to (NHS Orkney score 66 – national average 73)

Despite the enhanced focus in 2023/24, the iMatter scores between 2023 and 2024 remain largely unchanged, evidencing the further work we need to do in this space with line managers across the organisation. Speaking up for safety, raising concerns and ensuring we act on these concerns will therefore remain a top organisational priority, as evidenced by speaking up being one of the six priorities in-year, in response to staff feedback (see above). To build on the iMatter results an organisation-wide survey was sent out to focus on some critical areas of iMatter. This identified that people wanted to be able to raise concerns anonymously as they felt safer doing this and as well as this wanted to see more feedback and change from concerns when they are raised.

### Supporting Speak Up Week

The last week in September 2024 was 'Speak Up' week and this year we promoted several new initiatives as well as highlighting work and roles that are ongoing. The new initiatives worked alongside the staff wellbeing work which the People and Culture team have been undertaking. A new page on 'How We Listen/ Speak Up' was developed and made available to staff on our Wellbeing SharePoint site. This page gives information on the ways the organisation listens, including the role of our Confidential Contacts and the whistleblowing process. It also includes links to the policies and the INWO site for staff to access easily. In response to the feedback from iMatter and the extended survey a new anonymous reporting of concerns form was launched. To share the learning from concerns more widely we are including the themes and actions from these concerns as part of the quarterly whistleblowing report which presently goes to our Staff Governance Committee and Joint Clinical and Care Governance Committee and these are published on the internal blog as well as on the public website.

### Reporting and Assurance

Quarterly reports on speak up and whistleblowing activity are shared via the Joint Clinical and Care Governance Committee and Staff Governance Committee and presented by the Chief Executive. A six-monthly report is also shared via each Committee.

## Other developments

- We now log Confidential Contacts and whistleblowing concerns centrally – via our Head of Patient Safety, Quality and Risk (whilst giving careful thought in terms of what we want to record and maintaining confidentiality)
- We have improved resilience when our Chief Executive and Whistleblowing Champion are on annual leave via our Head of Patient Safety, Quality and Risk and team and our Confidential Contacts

## 5. Outcomes and performance against the whistleblowing indicators

These indicators are as follows:

1. Learning from concerns raised
2. Experience for those raising concerns
3. Staff awareness and training
4. The total number of concerns received
5. Concerns closed at each stage in the process
6. Concerns upheld, partially upheld and not upheld
7. Average times
8. Number of concerns closed at each stage with the set timescales
9. Number of cases where extension was authorised

We are not presenting these in the order above, but rather in an order that makes it easier to read, and we have included the indicator number next to the heading to make it easier to identify the indicator.

### Staff awareness and training (indicator 3)

We have changed the way the data is being presented to make it easier to read. We raised awareness of the training modules during ‘Speak Up’ week and we have provided links to them on the Speak Up page within the Wellbeing SharePoint site. The training figures remain low, but we will continue to recommend this for new colleagues into the organisation.

Count of Learning Status				2024/25			
Course Title	Completed all time	In Progress all time	Total	Completed Q1	Completed Q2	Completed Q3	Completed Q4
Whistleblowing: an overview	108	14	122	1	0	1	0
Whistleblowing: for managers & people who receive concerns	8	2	10	0	0	1	1

Whistleblowing: for senior managers	31	7	38	0	0	0	1
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Training figures have remained consistently low (<10% of staff who could have undertaken the training). A deliberate decision was made by the Chief Executive not to focus on increasing training for whistleblowing in 2024/25 consistent with previous years as increasing wider statutory and mandatory training compliance remained a priority given low rates to date and it is recognised that this must be resolved before additional and further asks can be made of staff.

Whilst whistleblowing training is not currently part of NHS Orkney mandatory suite of eLearning, managers/team leaders who potentially have to deal with concerns, should now be required to undertake the relevant training module, to ensure they have clarity around their role and responsibilities in respect of whistleblowing. This will be considered as we develop a new Managers' Programme in 2025/26.

#### Concerns and management of concerns (indicators 4-9)

Indicator	Performance 2024/25			
	Q1	Q2	Q3	Q4
The total number of concerns raised	0	1	0	0
Concerns closed at each stage of the process	N/A	1	N/A	N/A
Concerns upheld, partially upheld, and not upheld	N/A	1	N/A	N/A
Average times (working days)	N/A	10	N/A	N/A
Number of concerns closed at each stage within the set timescales	N/A	1	N/A	N/A
Number of cases where extension was authorised	N/A	N/A	N/A	N/A

#### Learning from concerns raised (indicator 1)

There has been one formal whistleblowing concerns raised and the learning from this and the significant learning from the case referred to INWO is outlined above in sections three and four. The learning from wider concerns that were raised via the

Chief Executive directly have been reviewed and acted upon as outlined in the sections four.

#### Experience for those raising concerns (indicator 2)

Currently we have not sought the experience of those who have raised concerns this year. We do, however, have a plan to seek this and use this feedback to form the basis of the review and revision of our whistleblowing procedures. We will be using different methods to seek feedback including an anonymous questionnaire as well as offering one to one meetings and team meetings with those who have raised concerns, should they want this.

#### 6. Action plans and progress on upheld concerns

For an organisation to achieve high performance and deliver high quality care all, opportunities for learning must be vigorously pursued.

There has been one formal referral this year relating to our Mental Health Service, and progress against this Improvement Plan will be overseen by our Staff Governance Committee from April 2025, as it has been decided to reduce duplication of reporting between meetings.

#### 7. Primary Care and contracted services

NHS Boards are responsible for ensuring all primary care and other contracted service providers supply the appropriate information to the Board as soon as possible after the end of each quarter (when concerns have been raised) and at the end of the year. This is an area where further exploration and discussion is needed over the coming year to ensure awareness, compliance and learning outcomes are included.

#### 8. Conclusion

With one formal whistleblowing concern and an upheld INWO referral in 2024/25, this last year has been one of evidencing organisation-wide learning and further strengthening our approach to speak up and whistleblowing at NHS Orkney.

Continuing to listen to and act on feedback and share changes that happen as a result of doing so with staff and learning when we have fallen short as is the case with the INWO case, as well as continuous communication across the organisation regarding the ways we listen, are all helping to slowly build a culture where staff feel

safer speaking up and feeling more confident that if they do there will not be detriment that positive change will follow. That said, despite all of this work to date, it is clear that we have some way to go.

I would like to extend our sincere thanks to the staff who have taken the time and been brave enough to raise concerns over the last year, including those who escalated their concerns to INWO to allow true organisational learning and reflection to take place.

Learning from whistleblowing and all staff feedback is essential to further improving our culture, services and to living our values of being open and honest, respectful and kind.

Looking to 2025/26, a number of priorities have been identified so that we build further on the good work that has taken place over the last 12-months, notably:

- We will evidence and share our organisation-wide learning from the case that has been upheld by INWO – and ensure that the action plan resulting in it, which has deadline dates into Quarter 1 of 2025/26 is overseen by the Staff Governance Committee (see below) to ensure Board-level oversight
- In response to staff feedback and now we have substantive Medical Director, the Board-level whistleblowing lead role has from 1 April 2025 transferred back from the Chief Executive to the Medical Director
- We will regularly and proactively promote, in our communications, that we will offer other Board support/independent person to consider cases for every whistleblowing case – recognising the challenges of being a small Board can bring when it comes to whistleblowing concerns
- We will introduce annual refresher training for our Confidential Contacts
- From April 2025, reporting against the Whistleblowing Standards will continue to be via the Staff Governance Committee – with concerns that relate to care quality and safety being escalated to Joint Clinical and Care Governance Committee also (to ensure appropriate reporting and visibility of concerns, but to reduce unnecessary duplication to further streamline our governance).

Laura Skaife-Knight  
Chief Executive, Executive Lead for Whistleblowing  
6 April 2025