



Whistleblowing Standards

QUARTER ONE REPORT 2025/26

SAFETY, QUALITY AND RISK TEAM

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NHS Orkney Whistleblowing Standards

Quarterly Report – Q1 2025/26

1. Introduction

NHS Orkney recognises the Board's responsibility to support and safeguard staff in raising concerns of public interest as well as the need to investigate concerns, ensuring that services remain safe, high-quality, and continuously improving.

In alignment with the National Whistleblowing Standards, NHS Orkney is required to monitor whistleblowing concerns and assess performance against key performance indicators. As part of these standards, NHS Orkney must also gather and report information from independent contractors who deliver NHS services regarding any whistleblowing concerns raised during the reporting period. Historically, this information has not been routinely collected; however, beginning this quarter, NHS Orkney will include data from independent contractors in its reporting.

This report presents whistleblowing data and performance monitoring for the period 1 April 2025 to 30 June 2025, representing the first quarter of the 2025/26 reporting year.

2. Background

The National Whistleblowing Standards, established by the Independent National Whistleblowing Officer (INWO), provide a clear and consistent framework for how all NHS service providers in Scotland must respond to concerns that meet the definition of a whistleblowing concern. These standards are designed to ensure that individuals who raise concerns are treated fairly, that their concerns are handled appropriately, and that learning is derived to improve service delivery.

The Standards apply to all individuals involved in the delivery of NHS services, whether employed directly or indirectly. This includes students, volunteers, agency staff, contractors, Third Sector organisations, and those working within Health and Social Care Partnerships. It is essential that all individuals are made aware of the Standards, understand how to access them, and are informed about the support available to them when raising concerns.

A key objective of the Standards is to promote a culture of openness and continuous improvement. This includes ensuring that lessons learned from whistleblowing cases are implemented effectively and that opportunities to enhance the quality and safety of NHS services are identified and acted upon.

Leadership at all levels within NHS organisations plays a critical role in fostering a supportive environment. Leaders are expected to model behaviours that reflect the

core principles of the Standards, openness, objectivity, impartiality, and fairness. By doing so, they help to create a culture in which staff feel empowered and supported to speak up about concerns related to the safety, effectiveness, or integrity of service delivery.

3. Speaking Up

NHS Orkney continues to receive input through the anonymous reporting form, which provides an important channel for staff to raise concerns in situations where they may not feel comfortable using formal or identifiable routes. This mechanism supports a culture of openness and continuous improvement by enabling concerns to be addressed in a timely and constructive manner.

During this reporting quarter, one concern was submitted via the anonymous form. The issue related to the ophthalmology service, specifically regarding extended waiting times for glaucoma follow-up appointments.

The concern was acknowledged as valid and was discussed in detail during the ophthalmology workshop held on 6 May 2025. While the possibility of increasing consultant visits was considered, it was recognised that this measure alone would not address the underlying systemic challenges. As a result, a series of targeted actions have been initiated or are under development:

- **Referral Optimisation:** All referrals are now being encouraged through community optometry, which can provide essential diagnostic data such as visual fields and OCT scans at the point of referral. This enhances triage efficiency and reduces unnecessary appointments.
- **Expansion of Virtual Clinics:** Virtual glaucoma review clinics are being expanded to allow consultants to assess stable, low-risk patients remotely. This approach increases in-person capacity for more complex cases. Supporting data, including OCT and field test results, will be uploaded to SCI Store to facilitate this process.
- **Community-Based Glaucoma Care:** NHS Scotland has introduced a National Community Glaucoma Service. NHS Orkney is working to identify and support local community optometrists in completing NES-accredited training, enabling them to manage low-risk glaucoma patients within the community and reduce reliance on hospital-based services.
- **Laser Therapy Options:** New laser treatments that may reduce the need for ongoing medication are under review, with consideration being given to their inclusion as a first-line treatment option in the future.

While Waiting List Initiative (WLI) funding is currently being utilised to address service backlogs, it is acknowledged that this is not a sustainable long-term solution. The strategic focus is on developing a more resilient service model through improved referral pathways, enhanced community-based care, and a more effective distribution of clinical responsibilities.

4. Confidential Contacts

A quarterly meeting is convened involving the Confidential Contacts, the Lead Executive for Whistleblowing, the Whistleblowing Champion, and the Head of Patient Safety, Quality and Risk. The purpose of this meeting is to review any matters raised with the Confidential Contacts and to discuss updates or developments relating to whistleblowing procedures and the National Whistleblowing Standards.

During this reporting period, two contacts were made with the Confidential Contacts. The first related to a departmental issue, which has since been resolved internally. The second matter had not been fully explored at the time of reporting. Although a meeting with the Confidential Contact had been scheduled, it had not yet taken place and will therefore be reported in the next quarterly update.

An update was also received from the Independent National Whistleblowing Officer (INWO). As of January 2025, Rosemary Agnew, who also serves as the Scottish Public Services Ombudsman (SPSO), has assumed the role of INWO.

The group also discussed the ongoing need to recruit additional Confidential Contacts to enhance visibility and accessibility across the organisation. This work will continue into the next quarter as part of NHS Orkney's commitment to strengthening its whistleblowing support framework.

5. Outcomes and Performance Against the Whistleblowing Indicators

The National Whistleblowing Standards outline a series of key performance indicators (KPIs) against which each NHS Board is required to report. These indicators are designed to ensure transparency, accountability, and continuous improvement in the handling of whistleblowing concerns.

This report presents NHS Orkney's performance against these indicators and includes separate reporting for NHS Orkney and its independent contractors. The independent contractors are only required to report against KPI's four – nine. While the indicators are not presented in numerical order, they have been arranged to enhance clarity and readability. For ease of reference, the corresponding indicator number is included alongside each heading.

The 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

Staff Awareness and Training (indicator 3)

Count of Learning Status				2025/26			
Course Title	Completed all time	In Progress all time	Total	Completed Q1	Completed Q2	Completed Q3	Completed Q4
Whistleblowing: an overview	105	13	118	0			
Whistleblowing: for managers & people who receive concerns	8	3	11	0			
Whistleblowing: for senior managers	28	7	35	0			

Whilst whistleblowing training is not currently part of NHS Orkney mandatory suite of eLearning, managers/team leaders who potentially have to deal with concerns, will 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)

NHS Orkney

Indicator	Performance 2025/26			
	Q1	Q2	Q3	Q4
The total number of concerns raised	0			
Concerns closed at each stage of the process	N/A			
Concerns upheld, partially upheld, and not upheld	N/A			
Average times (working days)	N/A			
Number of concerns closed at each stage within the set timescales	N/A			
Number of cases where extension was authorised	N/A			

Independent Contractors

Indicator	Performance 2025/65			
	Q1	Q2	Q3	Q4
The total number of concerns raised	0			
Concerns closed at each stage of the process	N/A			
Concerns upheld, partially upheld, and not upheld	N/A			
Average times (working days)	N/A			
Number of concerns closed at each stage within the set timescales	N/A			
Number of cases where extension was authorised	N/A			

Learning From Concerns Raised (indicator 1)

No whistleblowing concerns were raised during the reporting period for this quarter. All previously escalated concerns received from the Independent National Whistleblowing Officer (INWO) during the previous year have now been fully resolved. The second concern was addressed informally through a meeting with the complainants and the issuance of a formal apology.

The initial concern, which resulted in four recommendations, has also been concluded. The final actions were completed during this quarter and included the submission of a comprehensive report detailing the organisation's reflective process. This report outlined the steps taken to address the recommendations, including the delivery of a whistleblowing workshop. The workshop focused on enhancing staff support, clarifying organisational procedures, and defining the respective responsibilities of line management and professional management.

Additionally, the organisation undertook a review and revision of its whistleblowing procedures. This work culminated in the development of a guidance document for all staff, clearly outlining the expected processes and standards for handling whistleblowing concerns within NHS Orkney.

Experience For Those Raising Concerns (indicator 2)

Following the resolution of a whistleblowing concern last year, NHS Orkney proactively sought feedback from the individuals involved, as well as from previous whistleblowers, to inform and improve organisational processes. Feedback was invited through two channels, a face-to-face meeting to facilitate open dialogue, and an anonymous survey for those who preferred to share their views confidentially.

Both options were communicated via the relevant service line manager, with a follow-up issued one month after the initial invitation.

One individual accepted the offer of a face-to-face meeting, and three responses were received through the anonymous survey. A copy of the survey form is included as an appendix to this report to demonstrate the feedback mechanism used. The feedback received highlighted several areas for improvement. While respondents were able to locate information on whistleblowing, it was noted that this information was not easily accessible and required active searching. In addition, staff support was identified as an area requiring further attention. Although half of the respondents indicated that they were able to access support, the overall perception suggested that the level of support did not meet organisational expectations.

Insights gathered from this feedback were instrumental in the development of updated whistleblowing guidance. The revised guidance places a strong emphasis on the availability and visibility of support for staff and incorporates mechanisms for gathering and responding to feedback throughout the whistleblowing process. This ensures that opportunities for improvement are identified and acted upon at both the outset and conclusion of each case.

6. Action plans and Progress on Upheld Concerns

For any organisation to achieve high performance and deliver consistently high-quality care, it is essential that all opportunities for learning are actively and systematically pursued.

During this reporting quarter, all outstanding actions arising from the Independent National Whistleblowing Officer (INWO) recommendations issued last year have been fully completed. Additionally, no new whistleblowing concerns were raised during this period.

A key outcome of the INWO recommendations was the development of internal whistleblowing guidance designed to support all staff throughout the whistleblowing process. This guidance has undergone a period of consultation and is scheduled for formal ratification in August 2025.

7. Conclusion

Although no whistleblowing concerns were raised during this quarter, it has nonetheless been a period of significant activity focused on reviewing and ensuring the full implementation of the recommendations arising from the INWO escalated concern received last year. This work has culminated in the development of an internal whistleblowing guideline, which is intended to support staff by clearly outlining the whistleblowing process, as well as providing guidance on the responsibilities of management and the support available to individuals who raise concerns.

In line with guidance received from the INWO at the end of the financial year, NHS Orkney has also commenced engagement with our independent contractors. This engagement aims not only to ensure that independent contractors are submitting relevant whistleblowing information but also to offer support where required. Additionally, a recruitment campaign for new Confidential Contacts is being launched. This initiative seeks to increase the number of trained contacts and enhance their visibility across the organisation, thereby supporting the overarching goal of ensuring that all staff have accessible, trusted avenues for raising concerns and feel safe and supported in doing so.