

Meeting:	Board Meeting
Meeting date:	29 July 2025
Title:	Annual Whistleblowing Report 2024-2025
Responsible Executive/Non-Executive:	Gareth Adkins, Director of People and Culture
Report Author:	Gareth Adkins, Director of People and Culture

Report Recommendation: The Board are asked to note substantial assurance based on the content and format of the annual whistleblowing report demonstrating compliance with our reporting requirements under the standards.

1 Purpose

This is presented to Board for:

- Assurance

This report relates to a:

- Government policy/directive
- Legal requirement
- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Appendix 1 includes our 4th Annual Whistleblowing Report covering 2024-2025 for noting by Board. The report has been considered at APF, the Staff Governance and Clinical Governance Committees.

2.2 Background

The whistleblowing standards were introduced in April 2021 and include a requirement for every NHS board to produce quarterly reports and an annual report. The annual report summarises activity including nationally agreed Key Performance Indicators and also provides an overview of the learning outcomes from cases concluded during the year.

The annual report must be submitted to the Independent National Whistleblowing Officer (INWO) within 3 months of the end of the financial year. Where it is not possible to meet this timescale the report should be submitted as close to the deadline as possible and INWO informed of the reason for any delay.

2.3 Assessment

Appendix 1 includes our 4th Annual Whistleblowing Report which will be submitted to INWO following board approval at the end of July 2025. It has not been possible to submit this report within 3 month's of the end of the financial year due to governance cycle of the board. INWO will be kept informed of the expected submission date.

The key points from the report are summarised below.

- There have again been a small number of cases raised during 2024-2025
- We continue to manage around 180-200 contacts via our confidential contacts service (provided by the Guardian Service) and this may be one reason why the number of formal whistleblowing concerns remains low.
- There is learning from the small number of upheld cases outlined in this report but caution is required in interpreting the wider implications of the outcomes of these cases. (Further detail is provided within the report)

2.3.1 Quality/ Patient Care

The whistleblowing process primarily focuses on resolving individual issues including concerns related to the quality of care.

The annual report provides some insight into areas for improvement but given the limited number of cases caution is required when interpreting the findings of these cases.

However, the findings do align with issues the board is aware of and the organisational priorities for the board for quality of care.

2.3.2 Workforce

The annual report demonstrates transparency in reporting our implementation of the whistleblowing standards and supports our commitment to encouraging staff to speak up and raise concerns.

2.3.3 Financial

N/A

2.3.4 Risk Assessment/Management

The main risk identified from the annual report is the timeliness of our investigations and challenges associated with meeting the 20 working days standard. However, we are committed to ensuring that thorough investigations are completed and actions progress to

address any risks identified this includes addressing any immediate risks to the organisation at the start of an investigation where this is required.

2.3.5 Equality and Diversity, including health inequalities

N/A

2.3.6 Other impacts

N/A

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

The annual report will be considered and approved by the following groups prior to board approval:

- Executive Director's Group
- Area Partnership Forum
- Staff Governance Committee
- Clinical Governance Committee

2.4 Recommendation

This report proposes the following level of assurance:

Substantial	<div>X</div>	Moderate	<div></div>
Limited	<div></div>	None	<div></div>

APF is ask to note substantial assurance based on the content and format of the annual whistleblowing report demonstrating compliance with our reporting requirements under the standards

3 List of appendices

The following appendices are included with this report:

Appendix 1 – Annual Whistleblowing Report 2024-2025



Annual Whistleblowing Report 2024-2025

1 Introduction

This is our 4th annual report and builds on last year's report in relation to learning from feedback about the whistleblowing procedures and acting on specific concerns raised as well as wider themes that are emerging through the taking into account the feedback from 2023-2024 and 2024-2025.

This report provides an overview of NHS Highland's whistleblowing cases received and progressed during 2024-2025 including the key performance indicators used to benchmark the whistleblowing standards across NHS Scotland.

NHS Highland is committed to effective implementation of the standards, supporting staff to speak up and acting where required to improve how we work with our staff to deliver health and care services. This report includes a summary of the findings from the concerns investigated as well as Independent National Whistleblowing Officer (INWO) reviews of some of our cases. We also have also included details of changes and improvements resulting from these findings as well as some reflection from last year's report.

2 KPI 1: Learnings, Changes and Improvements as a result of considering Whistleblowing concerns

Our learning from whistleblowing concerns in 2024-2025 can be drawn from concerns upheld by NHS Highland. In this section we outline the findings and the changes and improvements we have planned and implemented or are in delivery.

2.1 Upheld Concerns

Of the 5 concerns closed in 2024-2025 two were upheld and two partially upheld. The key findings from the investigations of upheld concerns and resultant agreed actions are outlined below:

Case 1

Concerns previously raised in relation to patient safety and quality of care within a particular location had been acknowledged by senior management and were subject to ongoing work within through an action plan. However, this had not been communicated to staff and there was a disconnect in ongoing communication between 'front-line staff' and managers including professional leadership on the actions agreed and being progressed.

The recommendations from this report included strengthening involvement of staff delivering care in clinical governance activities so they can see the correlation between the concerns they may have raised through different routes including 'business as usual' such as through professional and operational management and their experience in delivering care. This would also enable staff to be kept informed of the actions agreed to address challenges and issues in delivering care, how these were being progressed and any issues in achieving sustainable changes

Case 2

One concern related to prolonged use of a contractor to provide services that could potentially have been delivered through appointing to substantive posts within the health board. This resulted in acknowledging that improved processes for reviewing circumstances where contractors are utilised to provide specialist services (non-clinical) to the board.

This would ensure an appropriate balance between investing in permanent or fixed term posts within the board where it is possible to attract people with the terms and conditions we offer including remuneration; and utilisation of contractors for time-limited periods where it is not feasible to appoint to employed positions due to wider market issues of workforce availability and remuneration offered by other industries and sectors.

This has similarities to the controls we have put in place to manage and reduce clinical agency staff usage whilst balancing the need to deliver safe, effective services with the impact of substantive workforce shortages

Case 3

Senior clinical staff within a service raised concerns of the impact of the current model of service delivery and the availability of certain key clinical staff groups on waiting lists. The concerns related to the impact on service users awaiting assessment and lack of progress in addressing these issues which had been reported over an extended period of time. This included reporting of these issues and impacts at our clinical governance committee.

In this context it was acknowledged and agreed that the concerns were 'upheld' and did not require extensive investigation to reach agreement on the nature of the problem and the concerns. The approach taken was to respond formally utilising the standards acknowledging the concerns and clearly outlining the actions that had been agreed previously with senior management and how these would be progressed.

Case 4

This was a complex case that identified many inter-related issues to be addressed.

Staff raised concerns in relation to the changes to the model of service provision within a rural community. This highlighted that changes brought in during the pandemic period were not properly communicated to staff and the organisational change process could have been conducted more robustly.

This resulted in staff working within a model that some staff did not agree with compared to the previous model of care delivery including the delegation of clinical tasks to non-registrant roles and employees in those roles. It was felt that clinical safety incidents had arisen and patients directly impacted by this model of care and inappropriate delegation of tasks.

It was acknowledged that improvements were required in the professional assurance that confirms with staff the tasks that can and will be delegated to non-registrants and assurance that appropriate training has been delivered.

It was also acknowledged that an incident related to inappropriate delegation that had happened and been addressed at the time but had not been reported through our adverse reporting system. It was not upheld that this incident caused harm as it was confirmed through investigation that the task inappropriately delegated was not completed by the delegate but escalated and dealt with appropriately. However, it was also noted that reporting of incidents through adverse events was notably low and further work was proposed to ensure staff report clinical incidents.

A wider observation of the investigation was that relationships between staff and between staff and managers had been damaged through unresolved differences of opinion of the changed care model. This was impacting on ongoing service delivery including staff (including managers) morale of those who supported the new model of care and those who did not. This break down appeared to be contributing to not reporting incidents and unwillingness to speak out in support of the new model or to voice concerns. This was evidenced through the confidential interviews of witnesses who did not necessarily agree with the views of others in relation to the concerns raised and feared the response they may receive if they voiced their opinions.

This case highlighted these key findings:

- Changes to service delivery can be challenging and the organisational change process if followed fully enables points of contention to be aired whilst recognising that not all staff will agree with proposed changes.

- Clinical governance processes including raising patient safety and care quality concerns are impacted if relationships have broken down in an area
- Professional assurance of care models and associated competency frameworks is critical to providing clarity on roles and responsibilities for staff. Where this is weak this can impact on individual staff and their ability to do their job safely and with confidence. It can also create conditions for disagreements between staff and between staff and managers in relation to day to day management of clinical activity and directions given to staff.
- Organisational development support was required to rebuild relationships and enable the disagreements in relation to the care model and staff roles and responsibilities within this to be resolved

The learning themes from these 4 cases are similar to themes highlighted in last year's annual report:

- Staff may not feel supported or be aware of how to raise clinical and safety concerns on a day to day basis through operational and professional management
- Staff may not feel supported or be aware of how to raise clinical and safety concerns through clinical governance processes
- Demand pressures can result in service users being cared for in a setting or location that was not designed for the needs of the service users and sometimes by staff without regular experience of the needs of service users
- Staff may not be aware of action plans that have been developed by management to address service pressures
- Staff may not be aware of action plans that have been developed by management to address quality of care concerns
- Whilst issues highlighted through concerns may be reported by management through governance mechanisms including clinical governance, staff are not necessarily kept informed of progress or routinely involved in meetings related to the action plans or issues
- Availability of permanently appointed workforce is an ongoing area of concern for staff in relation to the impact it has on staff morale and the potential for workforce shortages to impact on quality of care.
- Staff remain concerned about the use of supplementary staffing to address workforce shortages, with particular concern about the use of agency or contractors which may become 'routine' due to ongoing difficulty in recruiting staff permanently
- Staff are concerned about the persistence of challenges and issues relating to service pressure including the impact on quality of care and believe that either actions have not been identified or are not progressing quickly enough
- Where changes have not been managed well, differences of opinion remain and/or issues remain unresolved for various reasons over a period of time this can contribute in a breakdown in relations between staff and between staff and management.

It is important to note that whilst these themes have been written in a generalised way in relation to staff it is in relation to the service areas where these concerns were raised. Caution should be used in generalising these themes to the whole organisation.

2.2 Concerns not progressed as whistleblowing

Two concerns which are described in more detail in section 5 did not progress to investigation under the standards as it was agreed that the concerns were known to management and the outcomes sought were to seek assurance that actions could be progressed to address the issues raised.

These two cases along with a case that has progressed to a whistleblowing case following initial management through 'business as usual' processes (described further in section 5) highlight several learning themes:

- Some concerns are raised in the context of whistleblowing standards that on discussion with the individuals they have agreed have not required an investigation to agree with the concerns raised and 'uphold' them from a board perspective. The concerns relate more to progress by the board in addressing the issues raised through these concerns.
- Challenges faced within the health board of delivering sustainable services in the context of national workforce shortages in certain medical staff groups
- Challenges faced within the health board of delivering sustainable and effective services in the context of delayed discharges and associated impact on patient flow across our hospital sites
- The importance of engaging with individuals who raise concerns to discuss the best option for addressing their concerns including the whistleblowing route to understand what outcome they are seeking from raising their concerns.
- The importance of engaging with individuals who raise concerns to engage them in any ongoing efforts and actions to address the concerns raised where these are agreed or upheld through initial discussions
- The importance of ongoing engagement with individuals where the root causes of the concerns being raised is likely to require longer term improvement actions, redesign of services which may potentially include wider system transformation on a local, regional or national basis
- The need for the impact on quality of care and associated risks of concerns raised to be monitored through existing mechanisms such as clinical governance including progress against agreed action plans

Again caution should be used in generalising these themes to the whole organisation, nevertheless there are potential learning opportunities from these themes.

2.3 Organisational Changes and Improvements

Each individual case reported and upheld has resulted in specific actions to address the concerns within the associated service area. Some of this detail is outlined in section 2.1 and represents local change and improvement planned from the learning gained through the investigations.

The dataset from whistleblowing concerns is small so caution is required if attempting to interpret the data to inform wider organisational priorities for changes and improvements. However, the themes outlined in section 2.1 and 2.2 do align with issues and risks NHS Highland is aware of through its governance and management structures including:

- Workforce availability
- System and service pressures including the impact on staff morale and relationships
- Managing demand, performance, quality and safety within available resources within our clinical governance governance framework
- Risk management and escalation including clinical and care risks within our clinical governance governance framework
- Communication and involvement of staff in workforce management, risk management and clinical governance

These themes align well with NHS Highland's organisational priorities which include:

Health and Care Staffing Act Programme

We outlined last year this programme which is overseeing work across the organisation to strengthen:

- Workforce planning to ensure we have appropriate staffing in place to deliver our services
- Real time staffing processes to manage day to day workforce challenges, service demands and risk management

- Risk management and escalation to address short, medium and longer term challenges associated with workforce availability and safe, effective service delivery

This programme is making progress and particularly in relation to rolling out safecare as part of our rostering system to support real-time staffing processes.

Workforce availability

Whilst workforce remains a challenge there have been notable successes in focussed recruitment to some services that were experiencing challenges. The use of agency has reduced but supplementary staffing in the form of bank staff continues so there is further work to be done.

Our employability strategy has been developed during the course of the year which demonstrates our commitment to attracting people to health and social care and supporting 'earn while you learn' routes for staff to address our workforce challenges.

Developing Our Quality Framework

We outlined last year how we are engaging with our staff and working with our clinical and care leaders to agree a new approach to quality and our quality framework. This includes supporting our staff to:

- create and maintain a culture where it is safe to speak up and raise concerns about clinical and care safety and quality
- engage with our existing clinical and care governance framework to ensure concerns are captured and improvement plans are developed and delivered
- define what quality means to them and work together to deliver a high quality service within the resources available

This work is making progress but will take time to embed changes that will improve staff involvement in raising concerns and working with management locally to address any quality of care concerns.

Leadership development programme and organisational development support

We continue to deliver our leadership development programme which includes a focus on compassionate leadership and engaging staff in decision making. Ensuring we have strong leadership skills is vital to supporting staff through difficult times that the health and social care system has been and continues to experience due to workforce shortages and high demand on services.

OD support is available and has been targeted to areas where particular issues related to effective team working and inter-personal relationships have been identified.

Strategic transformation

Our strategy includes a focus on sustainability and ensuring we can deliver safe, high quality services to our population with the resources we have available to us. We know that this will require ongoing work to redesign and transform our services and develop new workforce models to deliver new models of care.

Work has continued this year with priority areas of strategic change and transformation focussed on addressing system pressures, particularly availability of adult social care in the community and delayed discharges which impact on our hospitals.

It is evident from the learning themes in this report that the pace of change is an issue for staff experiencing the impact of system pressures including on quality of care. The challenge faced by NHS Highland, similar to other boards, is the complexity and difficulty of achieving change and improvement in the context of workforce availability that is a national issue and high demand for services.

It is also evident that better communication of the strategic change and improvement programmes to our staff is needed to provide assurance that their concerns are acknowledged by the board and there are plans to manage and address the issues they are raising.

We have improved our communication in relation to strategic change and transformation but will continue to look at ways of improving this.

2.4 Improving the Whistleblowing Procedures and processes.

The improvements planned and delivered last year were reported in last year's annual report and have resulted in improved processes for undertaking investigations. The timescales for completing investigations remains an issue and it is not clear what more is possible given the complexity of the cases as outlined in section 9.

A further improvement to our processes this year has been the addition to our quarterly report of a summary table of completed and upheld cases with associated actions, target dates and details of the governance mechanism overseeing the action plans, e.g. clinical governance.

This is enabling the progress of the action plans to be owned and managed by those involved in delivering the service where the concerns originated with assurance that regular monitoring is happening within the appropriate governance groups. However, it also offers assurance through whistleblowing governance reporting that cases have been progressed and closed.

3 KPI 2 - Experiences of all those involved in the whistleblowing procedure

The number of whistleblowing cases raised and concluded each year remains small and the key information we have available to us to assess experience is feedback from:

- Individuals involved in the process
- INWO case reviews

Individual Feedback

Feedback from the 2 cases concluded this year is limited but in both cases the whistleblowers were satisfied with outcome of the process and the findings (both sets of concerns were upheld by NHS Highland).

INWO case reviews

The 3 INWO case reviews referred to above indicate that these individuals were dissatisfied where:

- they did not agree with the original consideration of eligibility or the outcomes of the investigation
- and/or they were dissatisfied with the process

It is understandable that some individuals will be dissatisfied with the outcomes of an investigation and where INWO uphold these concerns we will act. In 2023-2024 INWO did not uphold any outcome aspects of investigations but did highlight issues with our processes. We acknowledge the issues that have been raised and that these will impact on the experience of the individual whistleblowers. The action plan outlined above is a direct result of reflecting on the need for improvements and we aim to further improve our processes and the experience of whistleblowers.

4 KPI 3: Levels of staff perceptions, awareness and training

We continue to promote how staff can speak up through a range of different mechanisms including the formal whistleblowing policy and standards. Our confidential contacts service provided by the Guardian Service is also widely promoted throughout the organisation. This service was accessed by 184 staff last year for advice and support including support to access the whistleblowing procedure.

Whilst we know people actively seek out both the Guardian Service and access the whistleblowing procedures when they have concerns they wish to raise we are also aware that general awareness of the standards, and to some extent the Guardian Service, remains variable. Consequently, we continue to focus on raising awareness through a range of mechanisms.

Speak Up Week

From the 30th September 2024 to 4th October 2024, NHS Highland actively participated in the National Speak Up Week, led by the INWO.

Our Guardians, who act as our Whistleblowing Confidential Contacts, travelled extensively across the Board area promoting Speaking Up and the Whistleblowing Standards. There were also a series of local and national resources, press releases and social media postings shared. Our executive team also participated in sessions across the organisation, engaging with staff to raise awareness and support speaking up.

Non-Executive Whistleblowing Champion visits

As in reported previously, in addition to the Speak Up week events, our Non-Executive Whistleblowing Champion carries out regular visits throughout the year to key locations and sites across the Board area and listening to colleagues and reporting back on his experiences and insights.

Executive Visits, Engagement and Visibility

The executive team also undertake regular visits throughout the year to locations and sites across the Board area and listening to colleagues. These visits cover a wide range of topics so are not exclusive to promoting speaking up but are related to the concept of senior management and board level visibility.

The geography does make it challenging to cover the area and be visible and this may be reflective of both the persistent challenge in shifting the feedback received through iMatter on relation to the question: I feel that board members who are responsible for my organisation are sufficiently visible. The average score has fallen within monitor to further improve over the last 3 years which indicates further improvement could be possible.

Staff Engagement

A new approach to staff engagement was tested during 2024-2025 and the results and action plan reported through our staff governance committee in the last quarter. The areas explored through surveys and focus groups were focussed on the four areas within iMatter reported that consistently score lower:

- Visibility of Leaders
- Involved in Decisions
- Performance Management
- Celebrating Success

In the context of this annual report the main area of interest is the visibility of leaders. However, all the areas explored have some relevance to understanding issues that staff think there are opportunities to improve.

In relation to visibility we asked the following questions:

- Which leaders would you like to be more visible?
- How would you like them to be more visible?
- What would improve the visibility of leaders?
- What would you want to get from visibility of leaders?

- What would improve confidence and trust in leaders?

The results are outlined summarised below:



Be Present, in Person - make more face-to-face visits to where staff are located and spend time communicating and building relationships to decrease disconnection and really understand the experience and reality staff deal with. If leaders are visiting locations for meetings, spend time greeting the other staff located there. Relationships and the personal touch are important, and some felt like they've been lost.

Engagement and communication – not everyone sits at a computer, vlogs are not enough and are viewed as an easy way to say you're being visible. They're not received well by all and a more personal touch in person would be preferred. MS Teams is useful, but it can't be our default.

NHSH Structure & Communication - multi-layers of hierarchical structure don't help to facilitate effective communication and may in fact dilute the intended message. Both downward and upward feedback isn't working well. The structure feels very top heavy, perhaps too top heavy.

Organisational Charts – absence of these mean it's difficult to know who does what, and where. This was a commitment from previous engagement that has never been actioned and is frustrating. It would also improve accountability and remove ambiguity. Can EESS/SSTS/SLT's help with this?

Listening Leaders - issues raised are often not taken seriously and action is not taken. Leaders who genuinely listen and follow through or provide help to implement improvement actions is needed.

Leading by Example - create a welcoming environment and genuinely recognise contribution and hard work. Think about developing the leaders of the future and providing succession planning opportunities.

Public Engagement - difficult decisions feel skewed to pleasing the public rather than having an honest discussion about the challenges, issues and failures.

Training - face to face training for new managers would help them to understand their management responsibilities and help them to understand they don't have to have all the answers, and help is available. Leaders also need to balance time doing their own role and that of listening to and supporting team members.

The action plan developed in response to these points includes the following:

- Increase frequency and enhance effectiveness of executive team visits:
 - Increase visits to 1 per fortnight, with spread across localities and services.
 - Establish rota of visits from April 2025-July 2025
- Re-launch vlogs as reports back from visits to increase awareness of visits
- Utilise organisational chart functionality in MS365 to communicate structures and enable greater visibility of management structures.
- Continued focus on cascade brief and embedding this at every level
- Continued focus on leadership development including compassionate leadership which focusses on not shying away from difficult subjects and engaging staff effectively

This staff engagement exercise has been successful in identifying issues that we can focus on that contribute to speaking up and psychological safety.

Chief Executive Cascade Brief

NHS Highland appointed a new Chief Executive who commenced in post in April 2024. A new initiative introduced this year was the Chief Executive cascade brief which brings together the executive team and management from across the organization on a monthly basis to hear the Chief executive's brief on key issues and messages. There is an opportunity for questions and answers and managers are expected to 'cascade' these through the management structures so that key messages are communicated in person.

Induction and training

All new staff attend a 'Welcome to NHS Highland Induction' event, a half day online session where all new colleagues are updated on a range of information about NHS Highland, our services, our strategy, our values and our leadership. This includes how to raise concerns, Speaking up, the Guardian Service and the Whistleblowing Standards to ensure from the start of their career with us, colleagues know how to have their concerns heard and addressed.

We continue to signpost the online learning to colleagues, that is available on TURAS whenever we are talking about Speaking Up and Whistleblowing. We also signpost investigating managers to this, at the start of any new concern, to ensure they are up to date.

5 KPI 4: Total Number of Concerns Received

During the period 1st April 2024 to 31st March 2025, NHS Highland received 2 whistleblowing concerns, of these both were received in quarter two.

One of these cases was initially dealt with through a 'business as usual' approach. The concerns raised were related to sustainability of a clinical service provided by NHS Highland due to chronic staffing issues. This particularly related to the ability to fill medical consultant roles with either substantive staff or locum arrangements. There were concerns this was impacting on the board's ability to deliver care in a timely way and impacting on patient outcomes and quality of care. These issues had been reported through management and clinical governance mechanisms to board committee level and there were ongoing efforts to address them. Discussions between the executive lead for whistleblowing and the individual agreed that an investigation was not required to establish the facts and that the board and management were in agreement that these issues needed to be resolved. Confidentiality was also not required by the individual so it was agreed that ongoing contact would be between senior management and the individual in relation to the issues raised and actions underway to address them.

The individual subsequently contacted INWO in January 2025 as they were concerned that progress had not been made in relation to resolving the issues. It was agreed between the executive lead and the individual that the case would now be treated as a whistleblowing case under the standards and the original date of concerns would be retained for the purposes of continuity of record keeping. The case remains open at this stage. Work continues at a national level with other boards and Scottish Government involvement to address the challenges posed in relation to chronic medical staffing shortages that exist for the specialty related to this service which are not unique to NHS Highland and affects other boards. Actions to address the underlying cause of patient safety concerns, i.e. service sustainability and staffing shortages are being progressed at a national level including consideration of services being delivered by other boards on a regional and/or national basis.

One concern was received in Q2 which was not deemed eligible under the standards as it related to issues that were subject to processes under NHS Scotland workforce policies. There was an element of patient safety within the concern but on clarification it was confirmed that this had been responded to and addressed and was not the issue that the individual wished to be investigated.

Two further concerns were received in Q3 and Q4 related to issues that the individuals had openly discussed with senior management and neither were concerned with retaining their anonymity under the confidential protections of the standards. Discussions with the executive lead and the individuals took place to clarify the outcomes the individuals were seeking. In both cases the individuals did not think that an investigation under the standards was required to determine if the concerns should be upheld as the issues being raised were already subject to discussion with senior management. Both individuals were seeking resolution to the issues they felt were impacting on the ability of them and their teams to deliver their services effectively and impacting on the quality of care. These issues included:

- Adequate medical staffing levels (for one of the cases)
- Patient flow being impacted by high levels of delayed discharges within the hospital system
- 'Boarding' of patients – this is where a patient admitted under the care of one speciality is cared for on a ward primarily designated as caring for another speciality's patients
- Impact on staff of working in a system with high levels of boarding, sub-optimal patient flow and bed occupancy levels beyond the 'normal' operating levels due to delayed discharges

In one case it was agreed that a quality of care review would be undertaken to review the speciality with involvement of the individual. The aim of this review is to determine if there are actions that could be identified which have not already been suggested and are underway as well as any actions that may be required to 'unlock' barriers to progressing existing actions.

The second case has been resolved by further discussions with the individual and senior management to review actions underway and suggestions put forwards by the individual.

In summary, 5 concerns were received during 2024-2025 with 2 progressing to investigation under the standards. The category of the concerns were:

- Patient Safety & Quality (6)

1 case was investigated and closed during 2024-2025, 1 remains open at the end of 2024-2025 which was raised in the same year and is under investigation.

There are no other cases open from previous reporting years.

6 KPI 5: Concerns closed at stage 1 and stage 2 of the whistleblowing procedure as a percentage of all concerns closed

All cases that were investigated and closed were stage 2 concerns (100% stage 2)

- 1 case was investigated and closed during 2024-2025
- 4 cases from 2023-2024 were closed during 2024-2025.

7 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

Of the 5 concerns closed in 2024-2025 the outcomes were:

- 1 not upheld (20%)
- 2 upheld (40%)
- 2 partially upheld (40%)

8 KPI 7: The average time in working days for a full response to concerns at each stage of the whistleblowing procedure

The average time in working days for all cases closed in 2024-2025 was 123 working days. The minimum was 61 and the maximum was 182. The maximum was related to a case that was 'back-dated' to the original concern once initial attempts to resolve the issues through business as usual discussions were unsuccessful.

9 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

There were no stage 1 concerns raised in this period

None of the stage 2 concerns raised within this period were within the 20 working days standard.

We recognise that the average and maximum times of these cases exceed significantly the 20 working days for stage 2 concerns within the standards. As noted in our annual report for 2023-2024 we have worked on reducing avoidable delays in our whistleblowing processes. One particular aspect we have improved is the identification and assignment of investigating officers and ensuring they

have adequate time to undertake the task. This does not appear to be the main factor impacting on duration of investigations.

We would note the following ongoing challenges:

- **Coordinating and meeting with whistleblowers and witnesses** – Similar to our last annual report this remains a challenge in terms of both logistics and the need for separate interviews and arrangements to protect confidentiality. All cases closed this year have involved multiple witnesses and it takes time to coordinate and arrange meetings that are mutually agreeable to both the investigator and the witnesses. This is exacerbated by the large geographical spread of NHS Highland and the logistics of meeting individuals which often requires face to face meetings.
- **Analysing information and data including report writing** – The amount of information generated in each case is significant and takes time to synthesise and draw conclusions from as well as develop proposed actions to address any concerns that are upheld
- **Finalising reports** – good practice includes meeting with whistleblowers to finalise the report. This also takes time to complete with revisions and changes sometimes required and therefore more than one meeting with the whistleblower.
- **Potential delays due to early resolution efforts** – the standards allow for resolving issues through ‘business as usual’ processes but there is no clear definition from the standards of what constitutes business as usual. One interpretation is that raising concerns through alternative routes such as clinical governance and/or patient care or safety concern routes would be considered business as usual. As noted elsewhere in this report in 2 cases that progressed to whistleblowing investigations it has initially been agreed with the individual through the executive lead for whistleblowing to attempt resolution through raising concerns through clinical governance related routes, e.g. through professional leadership or with senior management. This has not proved satisfactory to the individual or has not resolved the issue and has resulted in a delay before a formal investigation has been started.

Whilst we are endeavouring to improve our processes it is also important to ensure that the desired outcomes for the whistleblower are important and we should continue to include a focus on the quality of the investigation and the final report.

10 KPI 9: The number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1

There were no stage 1 concerns raised in this period

11 KPI 10: The number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2

There 5 concerns resolved at stage 2, 100% of these had extensions granted.

12 Reporting processes

Quarterly Reporting

NHS Highland Executive WB Lead presents the quarterly Whistleblowing reports to the following formal governance committees:

- NHS Highland Board
- NHS Highland Staff Governance Committee
- NHS Highland Area Partnership Forum

The reports are also discussed at the Executive Directors Group.

All efforts are made to ensure that reporting is timely and prompt, however, it has to be noted that meetings of governance committees are bi-monthly and so often there will be some lag. However, all committees are given time and space to scrutinise the reports and discuss.

In addition, there is dynamic discussion and reporting via the Executive Lead into the Executive Directors Group as well as to specific leaders, to ensure the any urgent matters are rapidly addressed.

2024 / 2025 reporting

Quarter	Period covered	Area Partnership Forum	Staff Governance Committee	NHS Highland Board
Q1 24-25	1 April – 30 June 2024			
Q2 24-25	1 July – 30 September 2024			
Q3 24-25	1 October – 31 December 2025			
Q4 24-25	1 January - 31 March 2025			
Annual Report 24-25	1 April 2024 - 31 March 2025			

13 Summary

There have again been a small number of whistleblowing concerns raised during 2024-2025 which we have managed through the whistleblowing standards. Our confidential contacts service has 184 contacts from staff during the year. This is in line with previous years activity which indicates no significant trends of increasing or decreasing numbers of concerns overall.

It is not possible to determine a correct level of concerns other than to highlight too few may be indicative of lack of awareness of how to raise concerns or a fear of speaking up. The data we have could be taken to indicate that we have some assurance that staff are able to raise concerns through these two routes. However, it is important to remain vigilant and continue to promote the importance of speaking and to commit to action when concerns are raised.

There is learning from the small number of cases outlined in this report but caution is required in interpreting the wider implications of the outcomes of these cases. As outlined in our report we have reviewed the outcomes in relation to wider improvement work underway across the organisation and this provides assurance that there is alignment between the two.

We have also outlined in this report the linkage between the challenges faced by the board in addressing chronic workforce shortages and growing demand for services and the experience of staff delivering care including their experience of the impact on quality of care these pressures are having.

We are committed to ongoing change and transformation to address these pressures and therefore improve the experience of our staff and care for our patients.

We do know that further work to improve the timeliness of our processes has been required and we have made efforts to do this. Yet, whistleblowing cases are often complex and completing within the 20 working days for stage 2 remains challenging. We remain committed to progressing investigations as quickly as possible but also on the quality of the investigation and working with individuals to attempt to meet their expectations in terms of outcomes from investigations.

NHS Highland is committed to the whistleblowing standards and we will continue to refine our approach and support staff to speak up with confidence.