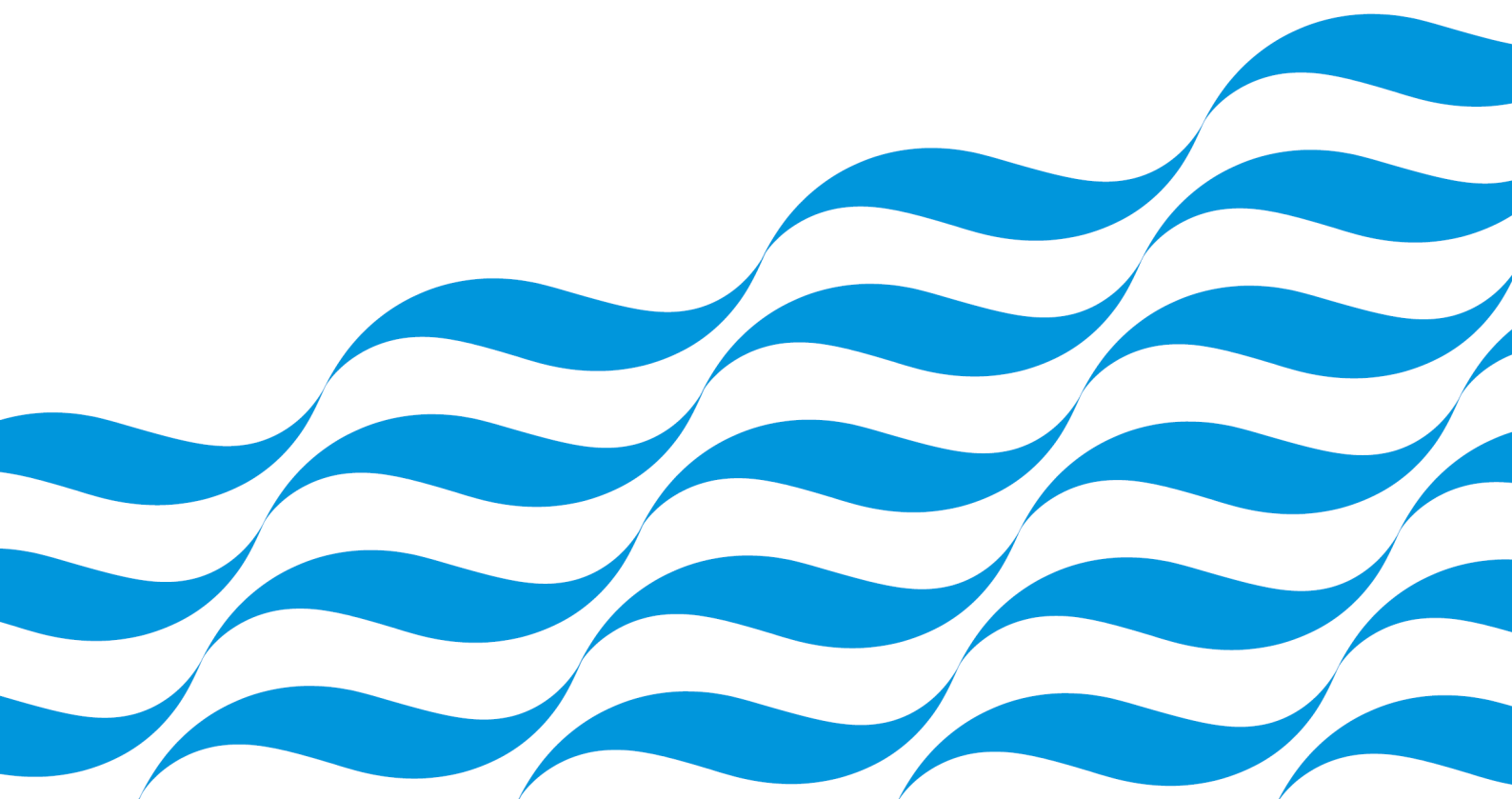


Whistleblowing Annual Performance Report 2021 / 2022

V2: September 2022



VERSION CONTROL

Draft V1	30/6/22	Whistleblowing Annual Performance Report 2021 / 2022 drafted
Version 1	7/7/22	Whistleblowing Annual Performance Report 2021 / 2022
Version 2	15/9/22	Whistleblowing Annual Performance Report 2021 / 2022 amended following comments from the Non Executive Whistleblowing Champion

Table of Contents

1.	Whistleblowing Concerns 2021 /2022	4
1.1	Context	4
1.2	Areas Covered by the Report	5
1.3	Implementation and Raising Awareness	5
1.4	Our Plans for 2022 / 2023	6
1.5	Performance Information 1 April 2021 – 31 March 2022	7
1.6	Total Number of Whistleblowing Concerns and Anonymous Concerns ...	7
1.7	Concerns Closed at Stage 1 and Stage 2	8
1.8	Concerns Upheld, Partially Upheld and Not Upheld	8
1.9	The Average Time in Working Days for a Full Response	8
1.10	Number of Concerns Closed in Full Within Set Timescales	9
1.11	Concerns Where an Extension Was Authorised	9
1.12	Primary Care Contractors	9
1.13	Learning, Changes or Improvements to Services or Procedures	9
1.14	Experience of Individuals Raising Concerns	10
1.15	Level of Awareness and Training	10
1.16	Whistleblowing Themes, Trends and Patterns During 2021 / 2022	11
1.17	Whistleblowing Concerns and Anonymous Concerns Raised by Division During 2021 / 2022	12
1.18	Comments from Whistleblowing Champion	12

1. Whistleblowing Concerns 2021 /2022

1.1 Context

The new role of Independent National Whistleblowing Officer (INWO), undertaken by the Scottish Public Services Ombudsman came into effect on the 1 April 2021. This provides a mechanism for external review of how a Health Board, primary care or independent provider has handled a whistleblowing concern. On the same date, the National Whistleblowing Standards were formally published and the “Once for Scotland” Whistleblowing Policy went live.

The National Whistleblowing Standards (the Standards) set out how all NHS service providers in Scotland must handle concerns that have been raised with them about risks to patient safety and effective service delivery. They apply to all services provided by or on behalf of NHS Scotland and must be accessible to all those working in these services, whether they are directly employed by the NHS or a contracted organisation.

The Standards specify high level principles together with a detailed process for investigating concerns which all NHS organisations in Scotland must follow. Health Boards have particular responsibilities regarding the implementation of the Standards:

- Ensuring that their own whistleblowing procedures and governance arrangements are fully compliant with the Standards.
- Ensuring there are systems in place for primary care providers in their area to report performance data on handling concerns.
- Working with higher education institutions and voluntary organisations to ensure that anyone working to deliver NHS Scotland services (including students, trainees and volunteers) has access to the Standards and knows how to use them to raise concerns.

To comply with the whistleblowing principles for the NHS as defined by the Standards, an effective procedure for raising whistleblowing concerns needs to be *“open, focused on improvement, objective, impartial and fair, accessible, supportive to people who raise a concern and all people involved in the procedure, simple and timely, thorough, proportionate and consistent.”*

A staged process has been developed by the INWO. There are two stages of the process which are for NHS Fife to deliver, and the INWO can act as a final, independent review stage, if required:

- **Stage 1:** Early Resolution – for simple and straightforward concerns that involve little or no investigation and can be handled by providing an explanation or taking limited action (5 working days).
- **Stage 2:** Investigation – for concerns which tend to be serious or complex and need a detailed examination before the organisation can provide a response (20 working days).

The Standards require all NHS Boards to report quarterly and annually and detail information on three key statements:

- Learning, changes or improvements to services or procedures as a result of consideration of whistleblowing concerns.
- The experience of all those involved in the whistleblowing procedure.
- Staff perceptions, awareness, and training.

1.2 Areas Covered by the Report

Since the go-live of the Standards in April 2021, processes have been put in place in NHS Fife to gather whistleblowing information raised across all NHS services to which the Standards apply.

Within NHS Fife in the Health and Social Care Partnerships (HSCP) any concerns raised about the delivery of a health service by the HSCP are reported and recorded using the same reporting mechanism which is in place for those staff employed by NHS Fife.

The Primary Care Manager has specific responsibilities for concerns raised within and about primary care service provision. Mechanisms are in place to gather information from our primary care contractors and those local contractors who are not part of wider National Procurement contracts managed by NHS National Services Scotland.

1.3 Implementation and Raising Awareness

- NHS Fife in advance of the launch of the standards began raising awareness of the Standards with all staff, which includes managers, via Managers, Staff Side Colleagues, Staff Briefs and Communications on StaffLink.
- Various iterations of papers were presented to the Executive Directors Group, LPFs and APFs outlining implementation plans in the lead up to the standards coming into force.
- A Whistleblowing Champion was appointed to support the implementation of the Whistleblowing Standards.
- NHS Fife is committed to supporting staff and creating an environment that promotes their welfare and development. Two on-line learning modules were made available to managers and staff to help the transition to the new standards. One for staff who need an overview of the Standards, which takes around an hour to complete; and the other for managers, which takes two to three hours to complete. The learning programme for managers is longer and more in-depth. This reflects their extra responsibilities for responding to concerns raised under the Standards for managers. These have been promoted via a Desktop Banner, the weekly brief and StaffLink.
- All managers and staff were encouraged to access the learning programme on the TURAS platform, which will be added to their personal development plan. A certificate of completion was made available for each learning programme to evidence learning and understanding of this across the Board.

- A section on the standards and the required training that has to be undertaken by all staff has been included in our new “welcome and orientation” pages on TURAS Learn and built into Core Training Guidance. In addition, a Whistleblowing hub has been established on StaffLink.
- During April 2022, a third on-line learning module has been launched for Senior Managers who are responsible for recording and reporting of Whistleblowing Concerns. The TURAS Learning modules have also been supplemented with Face-to-Face Training for those who work in services that are less enabled and may not access TURAS Learn e.g. Support Services.
- Quarterly reports on the uptake of the training modules on TURAS are prepared to monitor activity.
- We have also worked closely with our primary care colleagues, raising awareness through their Primary Care Manager. Processes are now in place with each primary care contractor group.

1.4 Our Plans for 2022 / 2023

- We will continue to promote the Standards and how to raise concerns safely within the organisation and develop a systematised approach to sharing learning.
- We want to continue the discussions of the need for further training managers in the skills to undertake a good investigation.
- We will continue to develop our awareness raising and promotion of the new standards in line with INWO advice and best practice sharing across the sector.
- Recent INWO updates have encouraged the use of business as usual processes for handling concerns and making sure routes for speaking up are obvious and easy to access. This remains a focus for work in both Staff and Clinical Governance activity to encourage staff to use internal routes in the first instance which will allow the most effective issue resolution.
- Working with investigators and Executive Directors, we will review learning from the process and share as appropriate across the organisation.
- Undertake a review of the existing Confidential Contacts to gain their views a year into the implementation of the standards and establish areas of improvement and the work required to increase the number of confidential contacts are appropriate.
- Develop a Standard Operating Procedure to deal with anonymous concerns.
- Consider how those who have been involved feedback their experiences and the role of the Whistleblowing Champion within that feedback process.
- We will continue to gather information on barriers to raising concerns and look at way in which these can be addressed.
- We will commence reporting of any local press coverage so we can use this to inform our practice.

1.5 Performance Information 1 April 2021 – 31 March 2022

Under the terms of the Standards, the quarterly performance report must contain information on the:

- Total number of concerns received.
- Concerns closed at stage 1 and stage 2 of the whistleblowing procedure as a percentage of all concerns closed.
- 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.
- Average time in working days for a full response to concerns at each stage of the whistleblowing procedure.
- Number and percentage of concerns at each stage which were closed in full within the set timescales of 5 and 20 working days.
- Number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1.
- Number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2.

1.6 Total Number of Whistleblowing Concerns and Anonymous Concerns

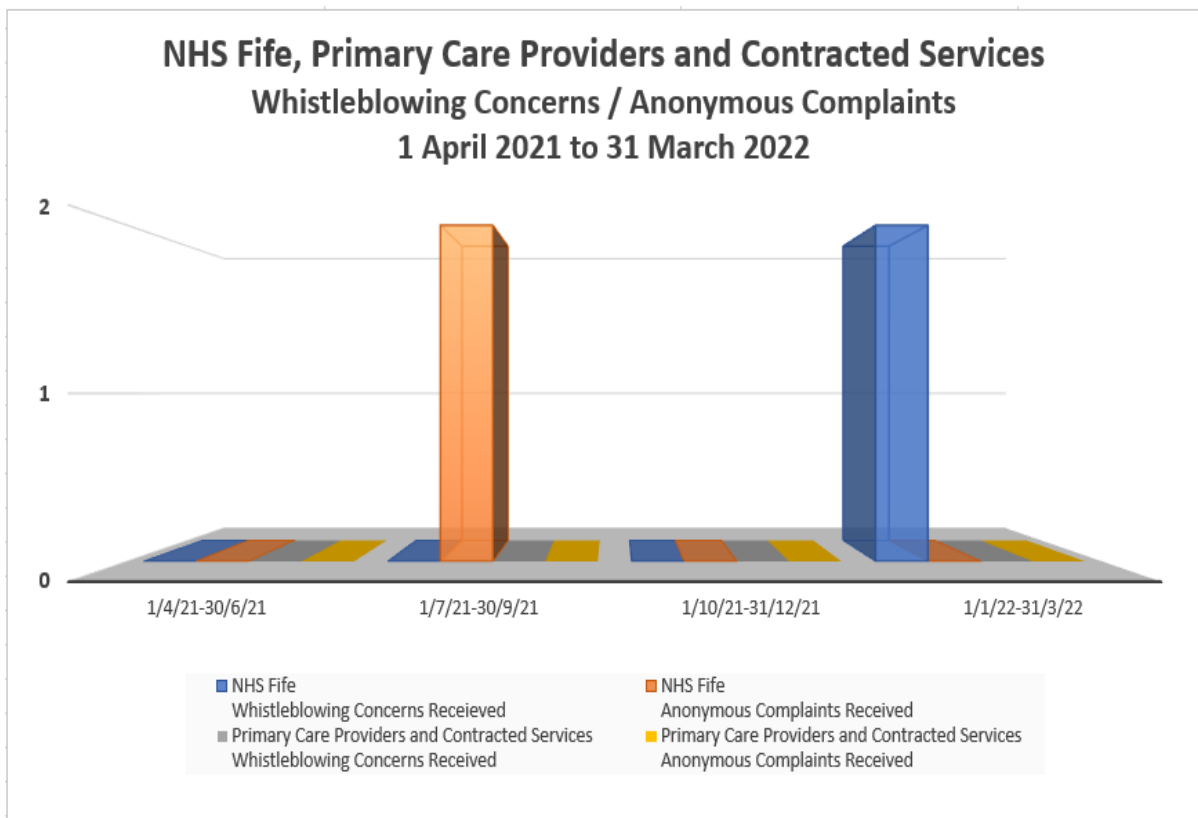
Since the implementation of the Standards (April 2021), NHS Fife have received two whistleblowing concerns during quarter four of the annual reporting period, and none from primary care providers and contracted services, as detailed in the graph below.

Concerns cannot be raised anonymously under the Standards, nor can they be considered by the INWO. However, good practice is to follow the whistleblowing principles and investigate the concern in line with the Standards, as far as practicable.

NHS Fife has decided that anonymous concerns should be recorded for management information purposes. The definition of an anonymous concern is “a concern which has been shared with the organisation in such a way that nobody knows who provided the information”.

NHS Fife received two anonymous concerns during quarter two of the annual reporting period and none from primary care providers and contracted services, also detailed in the graph below. The anonymous concerns were received within the Acute Services Division and Health and Social Care Partnership and related to Safe Staffing Levels and Appointment Scheduling respectively.

Where appropriate, and applicable, the outcomes from the investigations into anonymous concerns are shared with the service area.



1.7 Concerns Closed at Stage 1 and Stage 2

The two whistleblowing concerns received during quarter four have not yet reached a conclusion and been closed in Datix. Both concerns are being dealt with at Stage 2 of the standards, meaning they require further investigation before a conclusion can be reached. In line with policy, both concerns have had extensions approved for investigation, see additional information at 1.11.

1.8 Concerns Upheld, Partially Upheld and Not Upheld

As previously referenced, the definition of a Stage 1 concern – Early resolution is for simple and straightforward concerns that involve little or no investigation and can be handled by providing an explanation or taking limited action, within 5 working days.

The definition of a Stage 2 concern – are concerns which tend to be serious or complex and need a detailed examination before the organisation can provide a response within 20 working days.

Since the two whistleblowing concerns received during quarter four have not yet reached a conclusion and been closed in Datix, we unable to provide this analysis, but will report this in future reporting.

1.9 The Average Time in Working Days for a Full Response

Again, since the two whistleblowing concerns received during quarter four have not yet reached a conclusion and been closed in Datix, we are unable to provide this analysis.

1.10 Number of Concerns Closed in Full Within Set Timescales

Again, since the two whistleblowing concerns received during quarter four have not yet reached a conclusion and been closed in Datix, we are unable to provide this analysis.

1.11 Concerns Where an Extension Was Authorised

Under the terms of the Standards for both Stage 1 and Stage 2 concerns there is the ability, in some instances, for example staff absence, the number of witnesses involved or difficulty in arranging meetings, to extend the timeframe in which a response is provided. The person raising the concern must be advised that additional time is required, when they can expect a response, and for Stage 2 concerns an update on the progress must be provided every 20 days.

Extensions have been approved for the two whistleblowing concerns received during quarter four. The whistleblowers have been advised of the need to extend the timescales and have been kept up-to-date with the progress of the investigation into their concerns throughout the process.

1.12 Primary Care Contractors

Primary Care Contractors (GP practices, dental practices, optometry practices and community pharmacies) are also covered by the Standards.

The Primary Care Manager wrote to all practices and community pharmacies in March 2021 advising that new National Whistleblowing Standards for the NHS in Scotland would come into force from 1 April 2021. A further letter was circulated providing an update on the requirements for local policies and information on the reporting process as we refined that for contractors.

Each contractor group were also supplied with a dedicated contact within NHS Fife who would help with raising concerns. Primary Care Contractors are required to report in line with the same key performance information as NHS i.e. quarterly reports on number of cases, cases closed etc. In instances where no concerns have been raised within either primary care or other contracted services there is no need to provide a quarterly return to the Board, but annual reports must still be submitted, setting out the concerns that have been raised over the year, or providing an explanation that there have been no concerns raised.

1.13 Learning, Changes or Improvements to Services or Procedures

One of the main aims of the whistleblowing procedure is to ensure learning from the outcome of whistleblowing concerns and to identify opportunities to improve NHS services.

Managers must record all whistleblowing concerns, in a systematic way so that the concerns data can be analysed to identify themes, trends and patterns and to prepare management reports. By recording and using concerns information in this way, the root causes of concerns can be identified and addressed, such as through service improvements or training opportunities.

A focus on the lessons learned will demonstrate that concerns are taken seriously and that staff are treated well through the process.

Due to the low number of concerns received learning, changes or improvements to services are limited, as there is a requirement in the Standards to maintain anonymity. However, learning from concerns is being recorded and shared with relevant management teams and service areas, as appropriate.

System-wide learning, changes or improvements to services can be limited by the need to maintain confidentiality of individual Whistleblowers. For each complaint that is upheld or partially upheld, it is proposed that a documented action plan is put in place to address any shortcomings or apply the identified learning. The action plan is agreed and overseen by the Executive Director responsible for commissioning the investigation under the standards.

It is recognised that there is a need to capture both local and system-wide learning from investigations and processes are being put in place to record this.

Part of the work referred to in section 1.4 is on-going work to allow future learning to be captured. This will include any local or system wide learning identified during the investigation, and the Executive Director commissioning the investigation will also document any additional learning they have identified and agree/advise how best this will be shared and the appropriate forums for sharing.

1.14 Experience of Individuals Raising Concerns

All those who raise concerns are given the opportunity to feedback on their experience of using the Whistleblowing procedure in order that we can learn and make any improvements in our processes as appropriate.

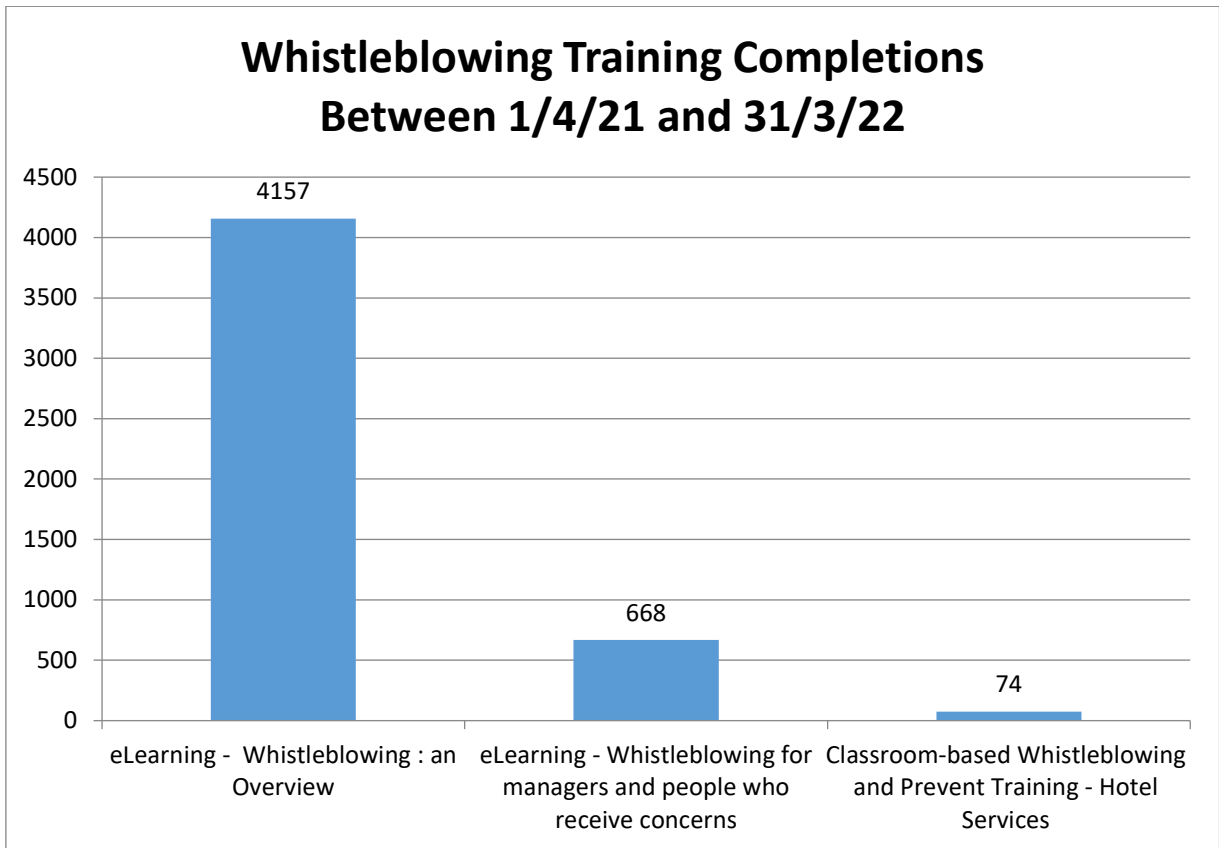
Those raising concerns at Stage 2 will be offered a follow up conversation with the Non Executive Whistleblowing Champion, should they wish to discuss their experience of the process.

1.15 Level of Awareness and Training

Managers and staff guidance have been produced and have been widely publicised. Softer skills and investigation training for those who may be involved in taking or investigating whistleblowing concerns remains under review for work in 2022 / 2023.

We will continue to monitor uptake, effectiveness and appropriateness of training and will review and refine, as required. Communications continue to promote raising concerns in NHS Fife and how this can be done. Through our communications on whistleblowing and how staff can raise concerns in general, we continue to promote the TURAS learning modules.

The training data is summarised below; the data shows all the training that was undertaken between 1 April 2021 and 31 March 2022.



1.16 Whistleblowing Themes, Trends and Patterns During 2021 / 2022

Analysis of the concerns raised by key themes is provided below.

Theme	Quarter 1 1 April 2021 to 30 June 2021	Theme	Quarter 2 1 July 2021 to 30 September 2021
	Nil	Safe Staffing Levels	1
		Appointment Scheduling	1

Theme	Quarter 3 1 October 2021 to 31 December 2021	Theme	Quarter 4 1 January 2022 to 31 March 2022
	Nil	Adult Protection, Other Clinical Events, Patient Information (Records / Documentation / Tests / Results)	1
		Adult Protection	1

1.17 Whistleblowing Concerns and Anonymous Concerns Raised by Division During 2021 / 2022

Division	Quarter 1		Quarter 2	
	Whistleblowing Concerns	Anonymous Concerns	Whistleblowing Concerns	Anonymous Concerns
Acute Services Division				1
Health and Social Care Partnership				1
Corporate Directorates				

Division	Quarter 3		Quarter 4	
	Whistleblowing Concerns	Anonymous Concerns	Whistleblowing Concerns	Anonymous Concerns
Acute Services Division				
Health and Social Care Partnership			2	
Corporate Directorates				

1.18 Comments from Whistleblowing Champion

Ms Kirstie MacDonald is the Whistleblowing Champion and is a Non Executive Member of the NHS Fife Board. Ms MacDonald has offered the following comments relating to whistleblowing work and the implementation of the National Whistleblowing Standards (the Standards) during 2021 / 2022.

The Standards introduced in April 2021 provide a clear framework through which to raise serious concerns, with access to an ombudsman, for any person providing NHS services. The process should be used where other day-to-day routes have failed to provide resolution.

The Standards are part of the greater remit to ensure an open, responsive and learning culture and this is the responsibility of all Board members and senior managers. I am assured that at Board level there is an environment of listening and openness and this needs to trickle down into all NHS Fife services.

NHS Fife quickly implemented all recommendations relating to the new Standards and I would like to acknowledge the great efforts of the lead officer (Head of Workforce Resourcing and Relations) and the Confidential Contact team and thank them for their commitment in what have been very challenging times.

The emergent nature of the processes mean that it is difficult to ascertain how effective these have been, but such an assessment along with Internal Audit feedback will be addressed in future reports, along with lesson learnt in the implementation of the Standards and indeed from cases investigated.

Looking to the year 2022 / 2023 other important developments will include:

- *Supporting Confidential Contacts to ensure availability.*
- *Publication of a single source of information for staff on ALL routes for raising concerns.*
- *Sharing learning and describing improvement work from concerns raised.*

- *Developing a means by which we can analyse staff concerns alongside patient concerns to identify themes and improvement opportunities.*
- *Review of the schedule of reporting to improve timeliness.*