

Whistleblowing Annual Performance Report 2023/2024

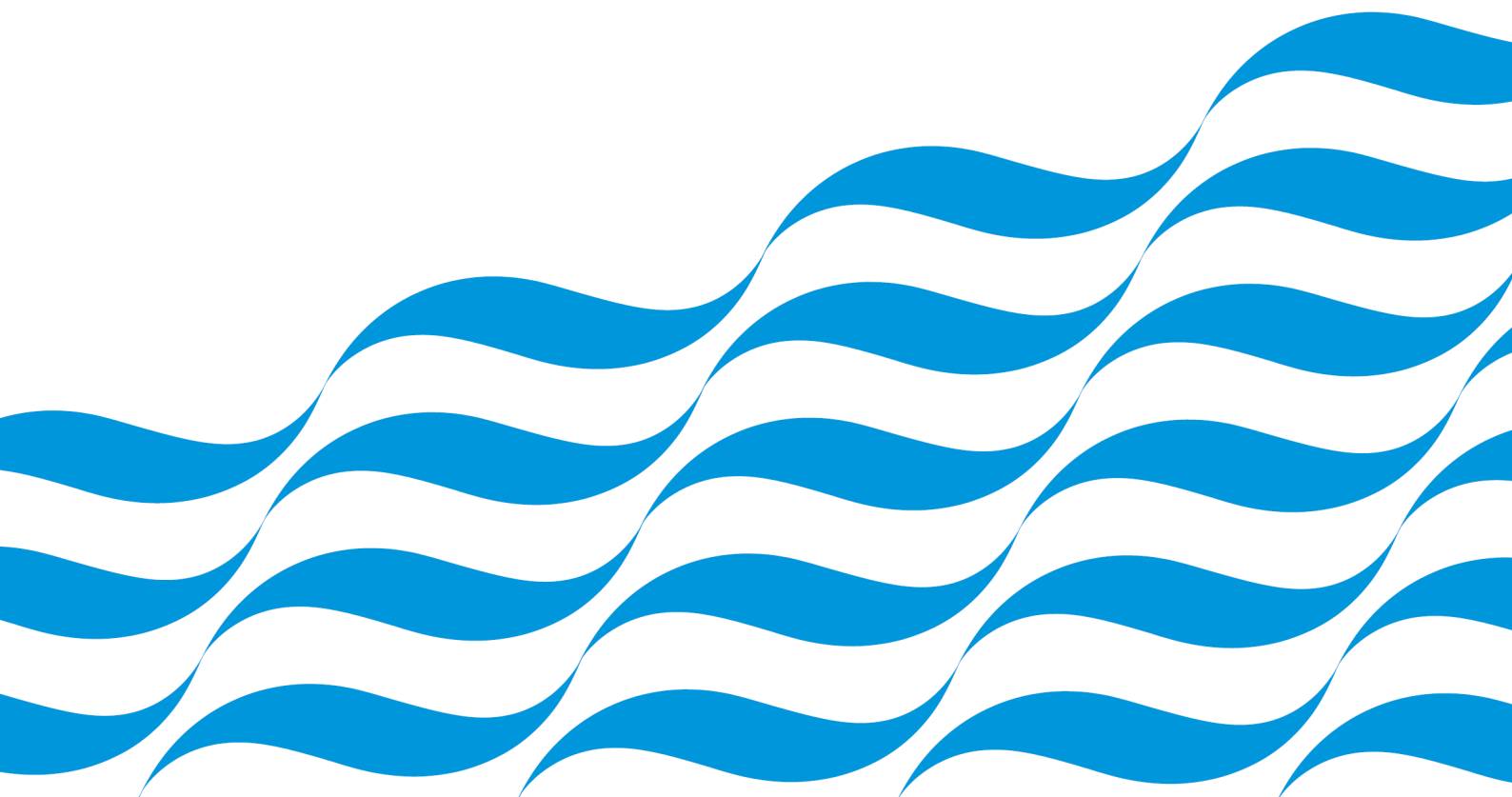


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1. Introduction

NHS Fife supports and encourages an environment where employees can feel confident to raise concerns about practices in their workplace. The National Whistleblowing Policy for NHSScotland, which was introduced in April 2021, implements the National Whistleblowing Standards that apply to all providers of NHS services in Scotland. The Standards set out the process for raising concerns and are designed to:

- support an open and learning culture;
- ensure all people providing services for or on behalf of NHS Scotland have recourse to a structured process for raising concerns; and
- provide access to an independent review by the Independent National Whistleblowing Officer (INWO) where local process has not been effective.

Following the introduction of the Whistleblowing Standards, work has continued over the past three years to embed the Standards within NHS Fife and the Health and Social Care Partnership including Primary Care. Looking ahead to 2024/2025, NHS Fife will focus on improvement and learning to foster a Speak Up Culture where everyone providing services on behalf of NHS Fife is able to speak up and be heard.

2. Implementation During 2023/2024

- 2.1 Regular updates on speaking up are provided via our Chief Executive's monthly newsletter. There is also a dedicated Whistleblowing information hub in our employee app, StaffLink, which includes a list of Confidential Contacts who can help guide staff to the most appropriate channel through which to raise concerns. Where staff do not have access to e-mail, publicity information is visible in their place of work and updates are printed and distributed by managers.
- 2.2 Publication of Independent National Whistleblowing Officer materials, such as the Quick Reference Guide for Managers Receiving Concerns; Checklist for Managers Raising Concerns; and a Guide to Whistleblowing for Anyone Delivering NHS Services has been widely publicised on StaffLink and other forms of staff communication.
- 2.3 Quarterly reporting has been reviewed to include progress being made on formal Whistleblowing Concerns, explanation for any senior manager approval of any extensions to prescribed timeframes for response and resolution. Information relating to actions taken following a formal Whistleblowing Concern has been incorporated into quarterly reports.
- 2.4 Quarterly reporting includes anonymous concerns and press articles and describes learning and actions taken to implement changes.
- 2.5 The suite of Whistleblowing Guidance Materials continues to be reviewed, as required. Recently updated versions of the Frequently Asked Questions, Whistleblowing Process Evaluation Form, and Anonymous Concerns Flowchart have been made available to staff on StaffLink.

- 2.6 A Whistleblowing Terms of Reference for Commissioning Officers has been created and publicised on StaffLink. This includes information on the provision of administrative support; target completion date; allocation of management time to undertake the investigation; assurance that the Investigating Officer has completed the appropriate TURAS training modules; and the requirement to update the Board's Non-Executive Whistleblowing Champion monthly to ensure investigations are fully supported.
- 2.7 A Whistleblowing Champion Feedback letter will be sent to all people who have raised concerns under Stage 2 of the Standards. This will offer people the opportunity to provide feedback, in confidence, on their experience of Speaking Up. This information will be used to improve experience and make necessary changes to support an open and learning culture. Anyone involved in the process of raising concerns, whether under the Whistleblowing Standards or as business as usual, are encouraged to provide feedback to support with enhancing our Speak Up Culture.
- 2.8 The Whistleblowing Action Plan continues to be updated and progression is provided within the quarterly reporting through the Board's formal governance structure. The Action Plan and annual review of formal reporting now includes action target dates and Responsible Officers. The Action Plan was presented to the NHS Fife Board within the Quarter 3 Whistleblowing report, for assurance.
- 2.9 We completed a successful campaign to increase the existing pool of Confidential Contacts. Training took place during October and November 2023 and 22 trained Confidential Contacts are now operating across a range of services and areas within NHS Fife.
- 2.10 NHS Fife's Whistleblowing Confidential Contact posters have been updated, detailing the new list of Confidential Contacts, and have been circulated for display on local Notice Boards and widely publicised on StaffLink.
- 2.11 The first Confidential Contact Network Meeting took place on Tuesday 19 February 2024 and it was agreed that quarterly networking meetings would be held going forward. The next meeting is scheduled to take place in July 2024 which will include a Values-Based Reflective Practice session.
- 2.12 Service Provider Leads have been reminded that Contractors and Primary Care Contractors should have access to Confidential Contacts under the Standards.
- 2.13 Service Provider Leads have also been reminded of the requirement to develop appropriate policies to ensure that Contractors and Primary Care Contractors comply with the Standards.
- 2.14 To assist with the recording of Whistleblowing Concerns by Contractors and Primary Care Contractors, a Microsoft Word version of the Datix form has been developed and shared with Service Providers, including Primary Care, with any resultant data to be integrated into the Datix risk management system for analysis and recording purposes.

3. Key Performance Objectives

3.1 Improvements Identified from Concerns Investigated and Lessons Learned

A Whistleblowing Concern was raised within Quarter 1 of the 2023/2024 reporting period. The key themes identified were: Safe Staffing; Supervision; Care Planning; and Philosophy of Care.

The actions taken were to ensure that the Service Leadership Team supported the daily safe staffing review; implement recruitment processes to optimise recruitment to vacancies; implement NHS Education for Scotland (NES) supervision resources to support supervision delivery; undertake monthly planned supervision and record its delivery; provide ad hoc supervision to support meaningful supervisory culture and record its delivery; implement a documentation audit; and the Ward Management Team to instigate tangible actions to embed safe wards in the team culture.

The lessons identified and learned were that dynamic risk and operational challenges can impact on safe staffing; vacant Mental Health Nursing posts were impacting on staff morale and the function of the ward environment; supervisory support was sub-optimal within the staff team, impacting on staff morale and confidence in the role; there was a need to ensure all care plans evidence patient involvement in care planning; and there was also a need to strengthen person-centred culture.

3.2 Awareness and Training

National Training materials from the INWO are promoted, such as Investigation training for senior managers involved with receiving, responding to, and reporting on Whistleblowing Concerns to the Board.

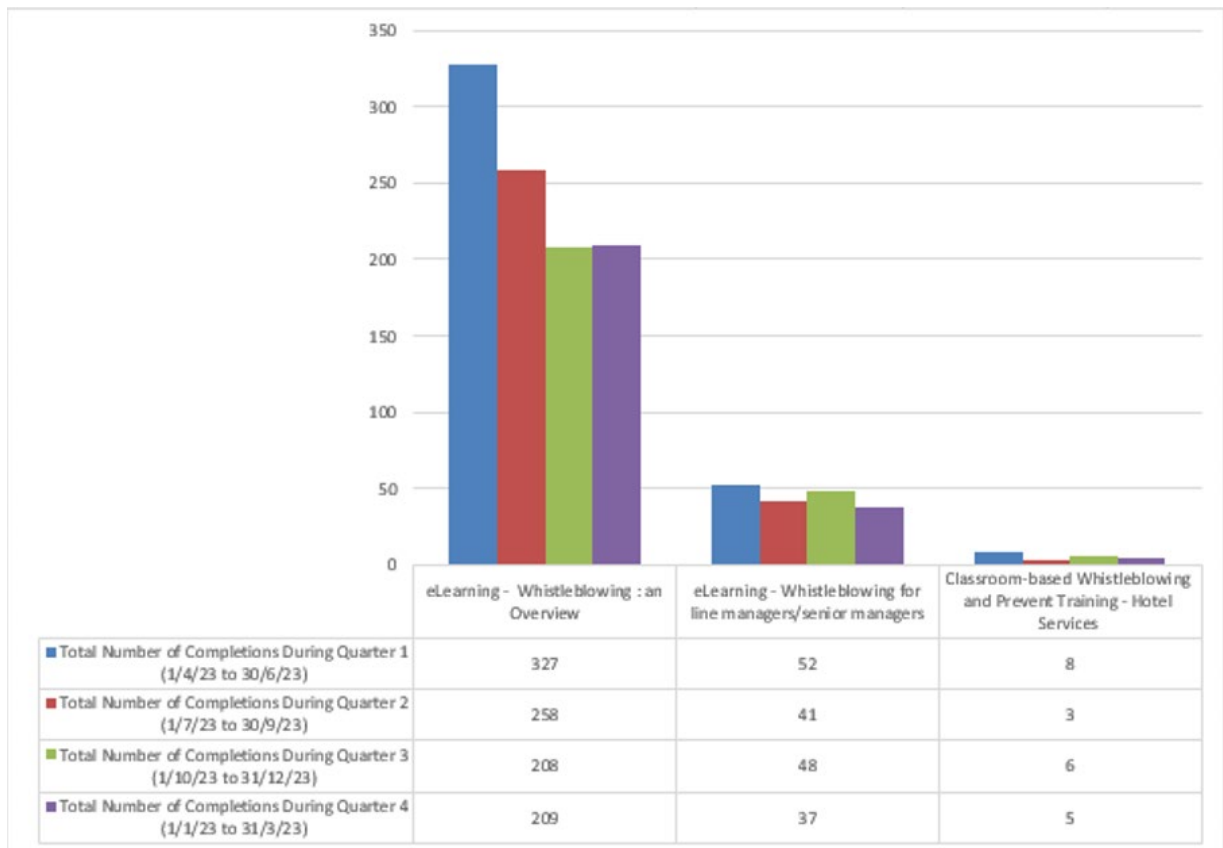
TURAS learning modules continue to be publicised on StaffLink, together with articles on how staff can raise Whistleblowing Concerns effectively within NHS Fife and within the mandatory training section of the TURAS Learn platform.

All members of staff are encouraged to complete the TURAS learning programme relevant to and required for their role and we continue to monitor uptake, effectiveness, and appropriateness of training available. We review and refine training and courses, as appropriate.

We raise awareness of relevant training during all organisational learning events and managers are encouraged to ensure that their teams comply with training requirements.

Overall, compliance for the mandatory Whistleblowing TURAS modules is 50.76%. The training undertaken per quarter between 1 April 2023 and 31 March 2024 is summarised below:

Whistleblowing Training Undertaken During 2023/2024



Information outlining the Whistleblowing training requirements for all new members of staff are included within NHS Fife's Corporate Induction materials.

The existing suite of Whistleblowing materials, including managers and staff guidance, has been updated and additional supporting materials have been incorporated to help support managers and staff, which can be accessed 24/7 via StaffLink.

4. Number of Concerns Received

4.1 Whistleblowing Concerns Received by Quarter During 2023/2024

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Whistleblowing Concerns Received	1	0	0	0	1
Reviewed at Stage 1 (5 days)	0	0	0	0	0
Reviewed at Stage 2 (20 days)	1	0	0	0	1

Anonymous / Unnamed Concerns Received by Quarter During 2023/2024

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Number of Anonymous Concerns Received	0	2	2	1	5
Number of Unnamed Concerns Received	0	0	0	0	0

Whilst anonymous concerns cannot be investigated under the Standards, nor can they be considered by the INWO, NHS Fife has adopted good practice and follows the Whistleblowing Standard Principles as far as practicable in investigation of Anonymous / Unnamed Concerns.

NHS Fife has agreed that Anonymous / Unnamed 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”. Alternatively, someone may raise a concern with the organisation, but are not willing to have their name or personal details recorded. This is known as an “Unnamed Concern” (someone is aware of their identity, so it is not completely anonymous).

NHS Fife received five Anonymous Concerns during 2023/2024; two in Quarters 2, 3 and one in Quarter 4 of the annual reporting period.

All five of the Anonymous Concerns were received within the Fife Health and Social Care Partnership and related to Bullying; Alleged Bullying; Behaviours; Potential Fraud; and Alleged Culture of Bullying.

Where appropriate, and applicable, the outcomes from the investigations into Anonymous / Unnamed Concerns are shared with the service area and form part of the reporting to Executive Directors, Area Partnership Forum, Staff Governance Committee, and the Board to share lessons learned and provide assurance on actions.

Press Articles Received by Quarter During 2023/2024

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Press Articles Received and Responded To	0	0	0	0	0

Primary Care and Contractors Concerns Received by Quarter During 2023/2024

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Primary Care and Contractors Concerns Received	0	0	0	0	0

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

The Primary Care Manager continues to remind all practices and community pharmacies that they are required to have their own procedures in place that meets with the requirements of the Whistleblowing Standards.

Each contractor group is provided with dedicated support from within NHS Fife to help with any concerns regarding the delivery of an NHS Service. Primary Care Contractors and Contractors are required to report using the same key performance information as NHS Fife, 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.

4.2 Concerns Closed at Stage 1 and Stage 2

The one Whistleblowing Concern received during Quarter 1 of the annual reporting period was dealt with at Stage 2 of the Standards and reached a conclusion and was subsequently closed in Datix.

Whistleblowing Concerns Closed by Stage as a Percentage of all Whistleblowing Concerns Closed

Stage 1 Concerns	
0	Total number of Stage 1 Concerns received
N/A	Percentage of Stage 1 Concerns that were closed
N/A	Percentage of Stage 1 Concerns closed within five working days target
Stage 2 Concerns	
1	Total number of Stage 2 Concerns received
100%	Percentage of Stage 2 Concerns that were closed
0%	Percentage of Stage 2 Concerns closed within twenty working days target

4.3 Concerns Upheld, Partially Upheld and Not Upheld

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: Investigation is for concerns which tend to be serious or complex and need a detailed examination before the organisation can provide a response, ideally within 20 working days.

The Whistleblowing Concern received during Quarter 1 of the 2023/2024 reporting cycle was Partially Upheld at Stage 2 of the Whistleblowing procedure, as detailed below:

Outcome of all Whistleblowing Concerns Closed

	Not Upheld		Partially Upheld		Fully Upheld		Total
	No.	%	No.	%	No.	%	
Stage 1	-	-	-	-	-	-	0
Stage 2	-	-	1	100%	-	-	1

4.4 The Average Time in Working Days for a Full Response

The average time, in working days, by Division to provide a full response to Whistleblowing Concerns raised at each stage of the Whistleblowing procedure is detailed below:

Average Response Times by Division

	Acute (Working Days)	Corporate (Working Days)	HSCP (Working Days)	Total Average (Working Days)
Stage 1	-	-	-	-
Stage 2	-	-	112	112

4.5 Number of Concerns Closed in Full Within Set Timescales

The number (and percentage) of Whistleblowing Concerns at each stage which were closed in full within the set timescales of 5 and 20 working days are detailed below:

Total (and Percentage) of Whistleblowing Concerns Closed within the Set Timescale, by Quarter

		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Stage 1 (5 days)	Average time in working days for responses	-	-	-	-
	No of cases closed at Stage 1 within timescale	-	-	-	-
	Percentage of cases closed at Stage 1 within timescale	-	-	-	-
	No of Stage 1 cases extended	-	-	-	-
		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Stage 2 (20 days)	Average time in working days for responses	112	-	-	-
	No of cases closed at Stage 1 within timescale	0	-	-	-

		Quarter 1	Quarter 2	Quarter 3	Quarter 4
	Percentage of cases closed at Stage 1 within timescale	0%	-	-	-
	No of Stage 1 cases extended	1	-	-	-

4.6 Concerns Where an Extension Was Authorised

Under the terms of the Standards, for both Stage 1 and Stage 2 Whistleblowing 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.

An extension was approved for the Stage 2 Whistleblowing Concern received during Quarter 1 of the reporting cycle due to the complexities of the investigation and the number of witness interviews, authorised by the Head of Complex & Clinical Care Services. The Whistleblower was advised of the need to extend the timescales and was kept up-to-date with the progress of the investigation into their concerns throughout.

The number of Whistleblowing Concerns at Stage 1 and Stage 2 where an extension was authorised as a percentage of all concerns received is detailed below:

Whistleblowing Concerns Closed where an Extension was Authorised

	Number Received	Extension Authorised	As Percentage of All Concerns
Stage 1	-	-	-
Stage 2	1	1	100%

4.7 Independent National Whistleblowing Officer Referrals and Investigations

There were no referrals escalated to INWO during 2023/2024.



Whistleblowing 2023-2024

At a glance

Concerns received



1 whistleblowing concern raised
resulting in one closed concern being partially upheld.



5 anonymous and unnamed concerns.



No press articles were received.



Whistleblowing Training

Whistleblowing training was provided to over **1000** staff and **178** managers.



Whistleblowing Champion

A Whistleblowing Terms of Reference for Commissioning Officers has been developed to include the requirement to update the Whistleblowing Champion on a monthly basis to ensure investigations are fully supported.



Confidential Contacts

The campaign to increase the existing pool of Confidential Contacts is complete. There are now 22 trained Confidential Contacts available to provide support to staff.



Whistleblowing materials

The suite of Whistleblowing Materials have been reviewed and updated and are available on StaffLink to support managers and staff.

5. Learning, Changes or Improvements to Services or Procedures

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 Action Plan will demonstrate that concerns are taken seriously and that staff are treated well through the process.

An update on the learning, changes and improvements to services in relation to the one Whistleblowing Concern received during Quarter 1 of 2023/2024 is detailed within Section 3.1.

For the Whistleblowing Concern that has been received, a documented Action Plan has been put in place to address any shortcomings or apply the identified learning acknowledged during the investigation. The Action Plan is agreed and overseen by the Head of Service responsible for commissioning the investigation under the Standards and they will have the opportunity to agree and advise how best this will be shared.

All recommendations identified from the investigations received to date have resulted in improvements being made within the respective areas of the Board. Any learning identified has also been considered when actioning improvements being made, as detailed within Section 3.1 of this report.

6. Experience of Individuals Raising Concerns

All those who raise concerns or are involved in the Whistleblowing process should be given the opportunity to feedback on their experience of using the Board's Whistleblowing procedures in order that we can learn and make any improvements in our processes, without compromising confidentiality.

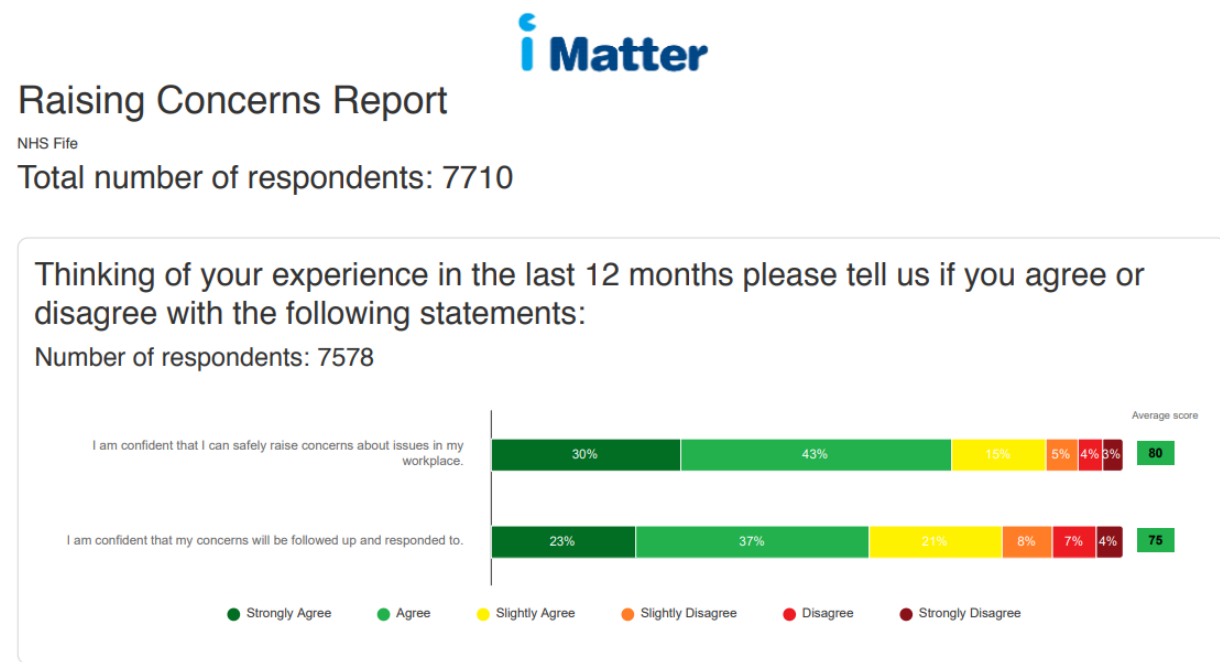
Whilst no formal feedback has been received from those members of staff who have raised concerns during 2023/2024, we recognise and encourage the importance of receiving feedback from individuals who have used the standards. To support this going forward, a questionnaire is now available to gather this information voluntarily, along with the offer to speak to the Whistleblowing Champion at the outcome of a Stage 2 investigation, for staff to share their thoughts on the process.

The Whistleblowing Champion has shared some informal feedback received via a Confidential Contact from a staff member involved in raising a recent concern. The staff member indicated that their interaction and support received from a Confidential Contact was very helpful, and their feedback has provided assurance that the Board's Whistleblowing processes overall helped identify issues to be addressed and was likely to improve oversight and patient care in the service in question. However, the staff member also indicated that, for them, the process was extremely stressful and ultimately resulted in them choosing to leave the Board to take up employment elsewhere. The honest and open reflection of those

directly impacted by concerns raised during the Whistleblowing process helps the Board identify areas where further improvement may be needed.

As part of the iMatter Survey, for the first-time staff were asked if they were confident that they could safely raise concerns about issues within their workplace and if they were confident that these would be followed up and responded to. Work continues through the local operational group and Chief Executive newsletters to promote speaking up across the Board.

An overview of the NHS Fife and H&SCP iMatter Raising Concerns responses are provided below, for information:



7. Future Planning for 2024/2025

NHS Fife is committed to on-going learning and improvement, and we will make several enhancements to our Whistleblowing arrangements in the year ahead, as follows:

- A new Whistleblowing Oversight Group and Decision-Making Team is to be established, with broad representation from across a range of professional services, including the Board's Whistleblowing Champion, to drive forward improvements in our processes and ensure implementation of INWO best practice and guidance.
- Whistleblowing responsibility will move from Director of Workforce to the Board's Chief Executive, as per good practice from the INWO.
- Plans for a dedicated staff resource, in the form of a Speak Up Co-Ordinator, to enhance our outreach work across the organisation, support training and provide administrative support for Whistleblowing reporting and tracking of concerns.
- A process for Confidential Contacts to capture activity to allow the Board to understand themes of staff contact and experiences with this group.
- A Whistleblowing Activity Tracker to ensure that a single point of recording on Datix is maintained is currently being considered to enhance our Governance reporting processes.
- The provision of recording Anonymous Concerns in Datix and any adjustments required to support this change is to be considered to aid reporting.
- Continual monitoring and review of Speaking Up Guidance and informational materials.
- Focussed work to gather feedback from those involved in Speaking Up processes.
- Review of internal systems and build on digital solutions to capture the experiences of those involved and data reporting.
- Communications Strategy will include introduction of a user-friendly infographic on the many ways to speak up in NHS Fife and Speak Up week engagement events.

8. Whistleblowing Champion Statement

Ms Kirstie Macdonald was appointed by Scottish Government in 2021 as Whistleblowing Champion and 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 during 2023/2024.

The Standards provide a clear framework through which anyone providing NHS services may raise concerns where other day-to-day routes have failed to provide resolution. This includes access to an independent ombudsman.

The Standards are part of the greater remit to ensure an open, responsive and learning culture – this is the responsibility of all Board members and senior managers. There is evidence at Board level that leaders are responsive to concerns and lead by example to promote a Speak Up Culture. I am assured that at Board level there is an environment of listening and openness. Feedback from those involved in concerns and from Internal Audit have identified key areas for improvement, which have been acknowledged and agreed by the leadership team. This year many more staff in NHS Fife have kindly agreed to act as Confidential Contacts. The Board is grateful to the commitment Confidential Contacts have made to supporting colleagues. Further work needs to be carried out at pace to implement recommendations and to ensure everyone knows how to raise concerns, that there are no barriers to speaking up for certain groups and that nobody feels that they will suffer any form of detriment when Speaking Up. This is all the more important during this period of reform and transformation.

I am pleased to report that NHS Fife and Fife Council have carried out extensive work to ensure a robust shared process and reporting for concerns raised within the Health & Social Care Partnership.

Looking to the year 2024/2025, important developments will include:

- *Improved tracking of concerns and triangulation with Quality and Patient Safety;*
- *Improved reporting to include feedback from anyone involved in any part of the concerns process;*
- *Review of Governance arrangements to move Whistleblowing oversight away from the Workforce Directorate;*
- *Renewed communication on all channels through which people can raise concerns and how people will be supported;*
- *Increased support for Confidential Contacts; and*
- *Launch of a new Whistleblowing Oversight Group.*