



2024–2025

Whistleblowing Annual Performance Report

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1. Introduction

- 1.1 The National Whistleblowing Standards for the NHS in Scotland were introduced in 2021, requiring all NHS Boards to publish an annual report setting out their performance in handling whistleblowing concerns. The Standards apply to all services which are delivered on behalf of the NHS 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.
- 1.2 NHS Fife supports and encourages an environment where employees can feel confident to raise concerns about practices in their workplace. This Annual Report summarises and builds upon the quarterly reports provided to NHS Fife Board and includes our performance against key performance indicators (KPIs) as set out in the Standards. It also includes information about whistleblowing concerns which have been received and any associated learning actions which have been identified as a result of raising concerns.
- 1.3 Following the introduction of the Whistleblowing Standards, work has continued within NHS Fife and the Health and Social Care Partnership, including Primary Care, to embed the Standards and promote the culture of raising concerns via a dedicated Speak Up / Whistleblowing service. Plans for 2025/26 will focus on embedding the central Speak Up / Whistleblowing service, raising the profile of 'speaking up / being heard' via a dedicated communications plan, providing more outreach activity for staff across NHS Fife and reporting into the Whistleblowing Oversight Group to begin triangulation of learning from upheld / partially upheld concerns as part of organisational learning.

2. Implementation during 2024/25

- 2.1 Regular updates on speaking up and awareness raising of the Whistleblowing Standards are provided via our Chief Executive's newsletter and the weekly staff newsfeed. The dedicated Whistleblowing information in our employee app, StaffLink, has been refreshed, revised and relocated into one specific area for ease of access.
- 2.2 Publication of Independent National Whistleblowing Officer (INWO) 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, continues to be located on StaffLink and highlighted at departmental meetings.
- 2.3 Quarterly reporting has been reviewed to include progress being made on formal Whistleblowing concerns. There is additional explanation relating to senior manager approval of any extensions to prescribed timeframes for response and resolution. Information relating to actions taken following the conclusion of a formal Whistleblowing concern has been incorporated into quarterly reports.
- 2.4 Quarterly reporting includes additional information on anonymous concerns received and press articles that highlight any concerns externally, and describes learning and actions taken to implement changes.

- 2.5 A Whistleblowing Concern Activity Tracker has been created to ensure that a single point of recording on our risk management system, Datix, is maintained to enhance our governance reporting processes
- 2.6 A Whistleblowing Champion Feedback letter is in place to be sent to all people who have raised concerns under Stage 2 of the Standards. Additional feedback forms are being created in partnership with staff support services and staff-side representatives, which will offer people raising concerns, and the investigative team, 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, is encouraged to provide feedback to support with enhancing our Speak Up Culture.
- 2.7 As part of the strategic work being undertaken by the Whistleblowing Oversight Group, a 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 includes action target dates and responsible persons.
- 2.8 The key role of Confidential Contacts has been highlighted through newsfeed items to staff, with additional refresher training being undertaken by our Confidential Contacts, who provide a crucial role in helping guide staff to the most appropriate channel through which to raise concerns. Where staff do not have access to e-mail, hard-copy information is visible in their place of work and updates are printed and distributed by managers.
- 2.9 The second of a regular series of Confidential Contact Network Meetings took place in October 2024, with quarterly dates being agreed for 2024/25. The next meeting is scheduled to take place in May 2025, focusing on sharing learning experiences through anonymous case reflections.
- 2.10 A dedicated Microsoft Teams channel for Confidential Contacts has been established as a routine communication channel and central location for relevant local and national updates relating to Whistleblowing.
- 2.11 Development links have been established with key service provider leads in Fife Health & Social Care Partnership and Primary Care Services to share relevant information around the relevance and application of the National Standards for all Contractors and Primary Care employees.
- 2.12 Development links have been established with Workforce colleagues to ensure accurate Datix reporting around any Whistleblowing concerns that are raised in relation to safe staffing, referencing the Board's obligations under The Health and Care (Staffing) (Scotland) Act 2019.
- 2.13 Update training sessions about Whistleblowing and associated processes / avenues of support offered within NHS Fife have been delivered in partnership with Fife College, for HNC Healthcare students, and with General Medical Council in their updates on raising concerns.

- 2.14 We have started a rolling programme of monthly Departmental updates about the role of the Speak Up / Whistleblowing Coordinator and the importance of supporting staff to speak up and raise concerns as part of everyday practice. Further activity is planned for 2025/26 to include Primary Care and Independent Contractors
- 2.15 In collaboration with our central Corporate Communications team, we have refreshed and updated NHS Fife Board's external website pages relating to Whistleblowing and Speaking Up, to ensure approach reach to volunteers and contractors who might not otherwise have access to internal channels of communication.
- 2.16 The Board has introduced a collaborative working agreement between NHS Fife, our Health & Social Care Partnership and our partners in Fife Council to produce a collaborative report of all Whistleblowing activity, which has been considered by the Fife Integration Joint Board (IJB).

3. Key Performance Indicators

3.1 KPI 1: Learning, changes / improvements from Whistleblowing concerns

During 2024/25 NHS Fife has undertaken a number of actions to implement improvements to our Whistleblowing procedures and our approach to capturing learning. We have:

- re-located our Whistleblowing administration responsibilities from the Workforce Directorate to the Corporate Governance function and created a dedicated confidential email and voicemail account to improve accessibility and confidentiality for all staff.
- appointed a dedicated Speak Up / Whistleblowing Coordinator in September 2024, with responsibility for the administration, coordination, management, monitoring and reporting of all Whistleblowing activity within NHS Fife. This post helps to also support investigators and provides detailed feedback to the person raising the concern, including information about outcomes and subsequent learning / actions being taken forward.
- established a Whistleblowing Oversight Group, with responsibility for strategic development and direction of all Whistleblowing activity.
- increased support for Confidential Contacts through regular refresher training, quarterly meetings and creation of a dedicated Microsoft Teams channel for communication and dissemination of key Whistleblowing updates.
- refreshed communication activity by establishing regular meetings between the Speak Up / Whistleblowing Coordinator and our central Communications team to highlight ways in which people can confidentially raise their concerns in a supported manner. This has included refreshing Whistleblowing documentation, updating and publicising the list of Confidential Contacts and linking to the wide variety of Staff Support services available across NHS Fife.

Learning from individual concerns concluded in 2024/25:

As a result of named and anonymous Whistleblowing concerns received this year, we have identified a number of opportunities for learning across the organisation. All named concerns were investigated through the Whistleblowing Standards, whilst any anonymous concerns submitted raising issues of a Whistleblowing nature were investigated as fully as possible as part of good governance processes. The concerns raised during 2024/25 related to the following themes:

- Alleged fraud
- Patient safety (medical staffing levels)
- Patient quality of care (staff attitudes and behaviour; ineffective communication preventing learning opportunities)
- Workplace culture

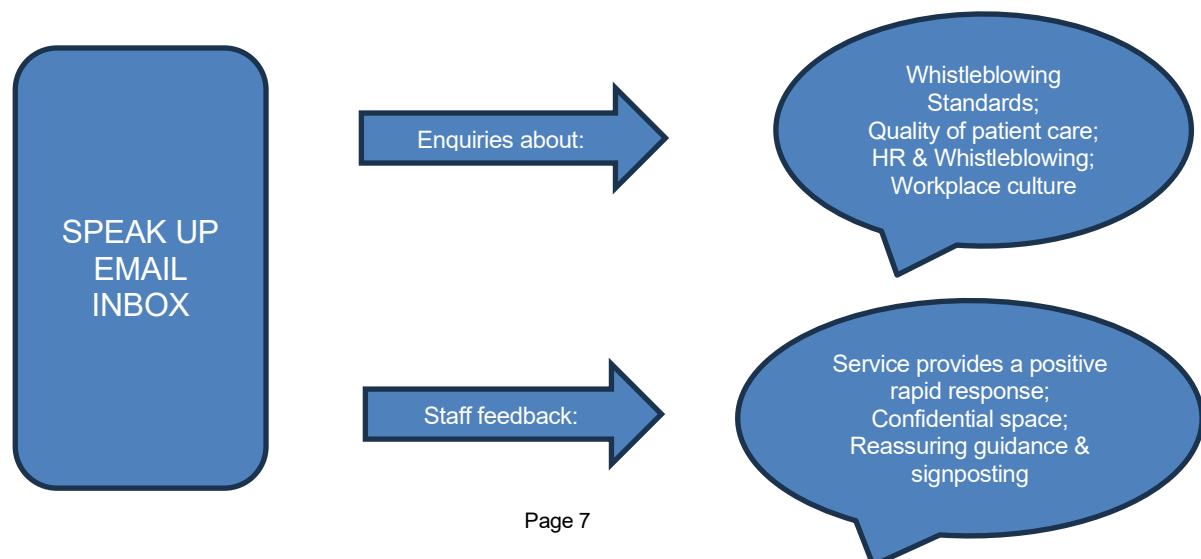
In response to the concerns raised, we have undertaken the following actions:

- acknowledged concerns and undertaken timely, local investigations and instructed other relevant reviews as part of Whistleblowing investigation processes;
- Via the Board's Reform, Transform, Perform (RTP) ongoing transformation programme of work, sought to address cultural workplace issues;
- Ensured key messages about workplace culture are clearly and consistently communicated across the system;
- Consistently highlighted the benefits of submitting named concerns over anonymous ones, to enable a detailed investigation of any reported issues and;
- Improved support to staff by making substantive increases to staffing levels in areas where related concerns have been upheld; assisting staff to consistently apply relevant patient safety protocols; and highlighted the importance of early escalation and mitigation processes in relation to safe staffing.

All upheld / partially upheld Whistleblowing concerns have recommendations identified and agreed by the Lead Investigator and the Commissioning Manager. A documented action plan is created and overseen by the responsible Director / Head of Service to address any shortcomings and apply the identified learning acknowledged during the investigation. An additional action we have implemented during 2024/25 is to ensure that Quarterly updates are shared between the Head of Service and Speak Up / Whistleblowing Coordinator to assess the status of actions plans, gain assurance of progress and enable reporting into the Whistleblowing Oversight Group for the purposes of organisational learning

3.2 KPI 2: Experiences of those involved in the Whistleblowing procedure

NHS Fife recognises the importance of confidentially receiving feedback from individuals who have used the Standards to raise concerns. In Quarter 3 of 2024/25, we launched a single point of contact email address and a dedicated voicemail service for staff concerns to be logged and responded to. The roll-out of this service has seen an uptake in staff contact, as reflected in this year's Whistleblowing number of concerns. This also presents an opportunity to seek feedback from those who have contacted the service seeking specific advice and support.



- *Thank you very much for taking the time to listen to our concerns and for taking the time to help us find answers.*
- *The meetings have been incredibly helpful and I do feel hopeful that my original concerns will be highlighted and addressed.*
- *I've valued the ability to speak with a Confidential Contact for support.*
- *As a Confidential Contact, it's great to be able to quickly act on the enquiry and gain extra support – it's made me feel more confident within the Confidential Contact role.*
- *It makes me feel personally valued as a student. It's easy for us to be a bit overlooked.*

To further enhance formal feedback mechanisms, the Speak Up / Whistleblowing Coordinator is collaborating with the Board's Employee Director, Staff-side and Spiritual Care colleagues to produce standard questionnaires for:

- staff raising concerns and;
- investigators / Confidential Contacts involved in concerns raised.

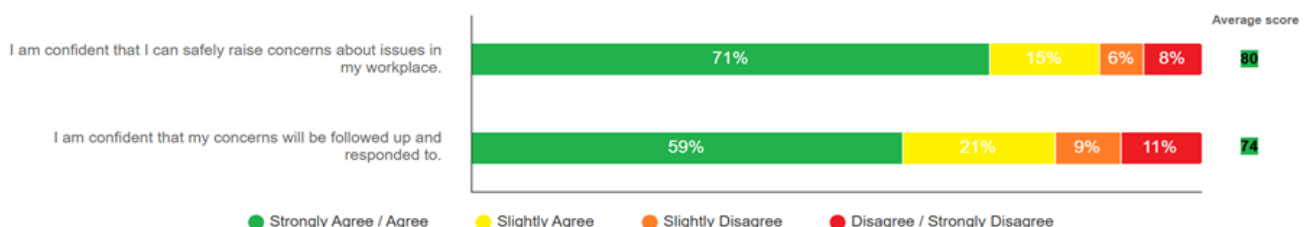
Further feedback is also available from Confidential Contacts via their meetings with staff, who are raising concerns with them directly. A dedicated referral form has been introduced this year, to ensure consistency of approach. This allows for the opportunity to refine the overall Whistleblowing contact process and ensure it meets the needs of staff and Confidential Contacts.

As part of the annual iMatter Survey, staff have been 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. An overview of the NHS Fife and H&SCP 2024/25 iMatter responses for this section of the survey is provided below:

Raising Concerns Report, NHS Fife

Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements:

Number of respondents: 7562



3.3 KPI 3 – staff perceptions, awareness and training

National Training guidance materials from INWO are promoted Board-wide, such as general information on the Whistleblowing Standards, receiving concerns, Confidential Contact training and webinars. In the reporting year refresher update training using INWO guidance and case studies has been delivered to 75% of our Confidential Contacts, with the remainder undergoing training in April 2025.

During Speak Up Week in October 2024, we focused on an internal organisational approach to promote the following content and activities:



Data analytics provided by our Corporate Communications team showed almost 3,000 views of some of the content, however there is acknowledgement of the need for a more consistent approach to promoting the importance of Speak Up throughout the year, including across external platforms.

Following Speak Up Week, we created a short video introducing the role of the Speak Up / Whistleblowing Coordinator, which enforced the message to staff about the Whistleblowing Standards and the importance of speaking up to protect patients and staff and enhance learning.

Whistleblowing TURAS learning modules form part of the staff corporate induction programme and continue to be publicised on our internal digital platform and within the mandatory training section of the TURAS Learn platform. All members of staff are required 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 through our core training compliance reports considered by the Staff Governance Committee and the Board. We review and refine training and courses as appropriate and continue to raise awareness of Whistleblowing training during organisational learning events and through local team manager meetings.

The training undertaken per quarter between 1 April 2024 and 31 March 2025 is summarised below:

Whistleblowing Training Undertaken During 2024/25

Whistleblowing modules	Q1	Q2	Q3	Q4	Total
eLearning – Whistleblowing: an overview	213	186	179	135	713
eLearning – Whistleblowing for Line Managers/Senior Managers	44	36	20	41	141
Classroom based Prevent / Whistleblowing – hotel services	0	53	12	0	65

Total Board Completion Rates since Launch of the Standards in 2021

Turas Module	Total Staff completion
Whistleblowing Overview	6,970
Whistleblowing for line managers	530
Whistleblowing for senior managers	645
Whistleblowing / Prevent classroom training for hotel services	139

It is an expectation that all NHS Scotland employees complete this learning according to the requirements of their role. However, without role-specific information, it is difficult to determine the learning applicable to some employees. There would be benefits to providing in future a clearer definition of the roles expected to engage in the Line Manager and Senior Manager learning components, and consideration could also be given to making the components mandatory for all staff. This will be discussed as part of the 2025/2026 workplan.

3.4 KPI 4 – number of concerns received

Whistleblowing Concerns Received by Quarter During 2024/25

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

NHS Fife received five Whistleblowing concerns during 2024/25 from across Acute Services, Primary Care providers and services delegated to the Fife Health & Social Care Partnership. The reported themes of concern related to: staff conduct; workplace culture / patient safety / quality of patient care; alleged fraud and; alleged inconsistent recruitment processes. Comparison of our data from the last two years shows an

increase in the number of Whistleblowing concerns being raised, with a spike of activity in Quarter 3 and Quarter 4 of 2024/25. This may be attributable to the activities of Speak Up week and the employment of a dedicated Speak Up / Whistleblowing Coordinator at the end of Quarter 2 / beginning of Quarter 3.

Anonymous / Unnamed Concerns Received by Quarter During 2024/25

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

An anonymous concern is one that “has been shared with NHS Fife in a way that means nobody knows who provided the information”. Alternatively, someone may raise a concern with NHS Fife but not be willing to have their name or personal details recorded. This is known as an ‘unnamed concern’ (as their identity is known to another person, it is not a completely anonymous concern).

Whilst the Standards do not allow for concerns to be raised anonymously, nor can they be subsequently considered by the INWO, NHS Fife has adopted good practice and follows the National Whistleblowing Standard principles as far as is practicable to investigate any concerns raised. NHS Fife has agreed that anonymous / unnamed concerns should be recorded for management information purposes.

NHS Fife received five anonymous concerns during 2024/2025 involving services within Acute Services, Corporate areas and Fife Health & Social Care Partnership. The reported themes of concern related to: staff conduct; alleged fraud; and patient safety / quality of patient care / workplace culture. One of the anonymous concerns raised during Quarter 4 related to potential patient safety issues and additional HR-related / workforce issues. Under the Whistleblowing Standards there is a requirement to investigate any patient safety-related concerns as a matter of urgency.

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.

Primary Care and Contractors Concerns Received by Quarter During 2024/25

	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. To assist the timely reporting of any Whistleblowing concerns, additional support and regular update meetings have been established between Primary Care Manager and Speak Up / Whistleblowing Coordinator. A need has been highlighted for refresher update training

about use of the Standards within Primary Care and Independent Contractors for all staff who are delivering services on behalf of the NHS. The Primary Care Manager continues to remind all independent practices and community pharmacies that they are required to have their own procedures in place to meet the requirements of the National Whistleblowing Standards.

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.

3.5 KPI 5 - Concerns Closed at Stage 1 and Stage 2 as a % of all concerns closed

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 that tend to be serious or complex and need a detailed examination before the organisation can provide a response, ideally within 20 working days.

Outcome of concerns closed at Stage 1 and Stage 2

Stage 1		Stage 2	
No.	%	No.	%
1	100%	1	33.3%

There were two Whistleblowing concerns raised at Stage 1 during the annual reporting period, one of which was closed after reaching a conclusion. The second concern was investigated at Stage 1, before progressing to Stage 2 at the beginning of 2025/26, to enable more thorough discussions to take place in relation to the concerns raised. Therefore, for the purposes of data reporting, the latter concern is not included in the overall percentage figures for the annual reporting period for 2024/25. It will, however, be noted in the Quarter 1 report for 2025/2026. The overall percentage of concerns closed at Stage 1 in 2024/25 is 100%. There was one Stage 2 concern closed within the annual reporting period, therefore the overall percentage is 33.3%.

3.6 KPI 6 - Concerns Upheld, Partially Upheld and Not Upheld at each stage of the WB procedure as a % of all concerns closed in full at each stage

Outcome of concerns upheld, partially upheld and not upheld at Stage 1 and Stage 2

Upheld		Partially Upheld		Not Upheld		Total
No.	%	No.	%	No.	%	

Stage 1	-	-	-	-	1	50%	1
Stage 2	-	-	1	50%	-	-	1

The outcome of the Stage 1 Whistleblowing concern received and closed within the annual reporting period was not upheld. The concern related to an allegation of unprofessional staff behaviour which was promptly investigated alongside the undertaking of a Significant Adverse Event Review (SAER), which has yet to formally conclude at the end of the annual reporting period. In full agreement with the complainant, the Stage 1 Whistleblowing concern was closed, pending the outcome and recommendations of the SAER, which will be shared with the Speak Up / Whistleblowing Coordinator and inform future learning

The Stage 2 concern which was partially upheld related to the theme of patient safety (safe staffing levels and poor communication). The outcome of the investigation acknowledged a need for Senior Managers and colleagues to provide more support for staff through increasing staffing levels, encouraging more consistent implementation of escalation / mitigation processes to manage patient safety concerns, and re-evaluating mechanisms to build confidence and improve more effective communication.

3.7 KPI 7 - The Average Time in Working Days for a Full Response to concerns at each stage of the WB procedure

Average Response Times by Division

	Acute (Working Days)	Corporate (Working Days)	HSCP (Working Days)	Total Average (Working Days)
Stage 1	55	-	-	55
Stage 2	245	-	-	245

Two concerns were closed during the 2024/25 annual reporting period. The Stage 1 concern resulted in extended timeframes being approved by the complainant and the reviewing Service Manager due to complexities of the intervening festive holidays, staff availability to attend meetings and establishment of facts alongside a Serious Adverse Event Review. The complainant was fully involved in all decision-making processes, regularly updated throughout the timeframe and agreed formal closure of the concern at 55 days.

The Stage 2 concern originally occurred in 2023/24 and was investigated and dealt with under business-as-usual procedures, prior to the case subsequently being logged as Whistleblowing. Due to it being managed locally, an administrative error prevented the concern being logged appropriately on Datix, which resulted in a lack of timely reporting and significant delay in bringing the case to a recordable conclusion (hence the significantly extended timeframe). Formal reflection on the processes used has indicated that the concern should have been reported as a Whistleblowing case on Datix at the point of first communication, to enable efficient and timely reporting, rather than being investigated and managed under business-as-usual processes. Learning

has been undertaken from this and the new dedicated central administrative resource in place to assist with Whistleblowing administration will prevent such an occurrence in future.

3.8 KPI 8 – Number and % of Concerns at each stage, which were closed in full within the set timescales of 5 and 20 working days

The number and percentage of Whistleblowing concerns closed within the set timescale by stage is detailed below:

Stage 1 (5 days)		
	Number of concerns closed in full within 5 working days	0 (0%)
Stage 2 (20 days)		
	Number of concerns closed in full within 20 working days	0 (0%)

3.9 KPI 9 – number of Concerns at Stage 1 where an Extension Was Authorised as a % of all concerns at Stage 1

Under the terms of the Standards, for Stage 1 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 and;
- informed when they can expect a response

The number of concerns closed at Stage 1 where an extension was authorised is detailed below:

Concern	Numbers received	Extension authorised	As 100% of all concerns
Stage 1	1	1	100%

3.10 KPI 10 – number of Concerns at Stage 2 where an Extension Was Authorised as a % of all concerns at Stage 2

Under the terms of the Standards, for 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;
- informed when they can expect a response, and;
- provided with a written update on the progress every 20 days.

The number of concerns closed at Stage 2 where an extension was authorised is detailed below:

Concern	Numbers received	Extension authorised	As 100% of all concerns
Stage 2	1	1	100%

4. Independent National Whistleblowing Officer Referrals and Investigations

There were no referrals escalated to INWO during 2024/25.

5. Future Planning for 2025/26

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

- Development of a user-friendly infographic 'Speak Up so we can Listen and Learn' will be created to use on promotional materials, at learning events and Speak Up Week engagement events;
- Continued monthly engagement with our Corporate Communications team to create a rolling programme of coverage to raise the profile of Speaking Up / Whistleblowing;
- Review of guidance on the role of Confidential Contacts;
- Creation of feedback surveys to understand the experiences of staff, Confidential Contacts, lead investigators and commissioning managers involved in Speaking Up / Whistleblowing processes;
- Continual review of investigative team debriefs following individual Whistleblowing cases, to aid learning and understanding;
- Exploring ways of sharing learning from all Whistleblowing concerns more widely across the organisation through close working with our Whistleblowing Oversight Group and our Organisational Learning Group;
- Exploring the use of digital technology to capture themes of learning and the experience of those involved in a concern, using common reporting processes between departments;
- Continual monitoring and review of Speaking Up Guidance and informational materials;
- Continual liaison with Workforce colleagues to ensure accurate data reporting around any Whistleblowing concerns that are raised in relation to 'safe staffing' and;
- Provision of more outreach site visits from the Speak Up / Whistleblowing Coordinator, to develop staff relations, reach wider groups of particularly patient-facing staff and promote the culture of Speaking Up as part of everyday working practices.

6. Whistleblowing Champion Statement

Kirstie Macdonald, the Board's Non-Executive Whistleblowing Champion since 2021, stood down from her post in December 2024, three months prior to the end of her term, due to her external work commitments. We are grateful to Ms Macdonald for her guidance, commitment, dedication and objective viewpoint in promoting the importance of Whistleblowing and Speaking Up across the organisation during her time in post. At the time of writing, the Scottish Government's Public Appointments team is currently actively recruiting to this post, with a new appointee expected to start in August 2025. Given these circumstances, it is not possible to include a statement from the Whistleblowing Champion in this year's report. Whilst NHS Fife has been without a Non-Executive Whistleblowing Champion, assurance has been available to the Board via the roles of the Employee Director and Chair of the Staff Governance Committee, who regularly review Whistleblowing performance data, and via the Board Chair, who has reported directly on Fife's activities to Scottish Government.

The areas for developments highlighted by the Whistleblowing Champion in last year's report have been updated to indicate progress in delivery as follows:

Area for development	Status
Launch of a new Whistleblowing Oversight Group	Completed
Improved reporting to include feedback from anyone involved in any part of the concerns process	Underway
Improved tracking of concerns and triangulation with Quality & Patient Safety data	To be taken forward in 2025/26
Review of Governance arrangements to move Whistleblowing oversight and administration away from the Workforce Directorate	Completed
Increased support for Confidential Contacts	Completed
Renewed communication on all channels through which people can raise concerns and how people will be supported	Completed



Whistleblowing 2024-2025

At a glance

“my meetings have been incredibly helpful and I feel very hopeful that my concerns will be highlighted and addressed”

– staff member

“It was great to be able to act quickly on the enquiry...this experience has made me feel more confident with the Confidential Contact role”

– confidential contact

“...makes me personally feel valued as a student. It’s easy for us students to feel a bit overlooked in placements as we’re not qualified”

– student nurse following introductory Whistleblowing information session

778

Staff completed Whistleblowing training in 2024-25

141

managers and senior managers completed Whistleblowing training in 2024-25

86%

of staff said they were confident they could safely raise concerns about issues in their workplace



Whistleblowing concerns received: **5**

1 closed at Stage 1 (100%)

1 closed at Stage 2 (33.3%)

	Stage 1	Stage 2
Upheld	0	0
Partially upheld	0	1
Not upheld	1	0



Average timescales (working days)

Stage 1 – **55**

Stage 2 – **245**

100%

of Stage 1 cases granted an extension

100%

of Stage 2 cases granted an extension

21

trained confidential contacts

18

confidential contacts undertook refresher training

