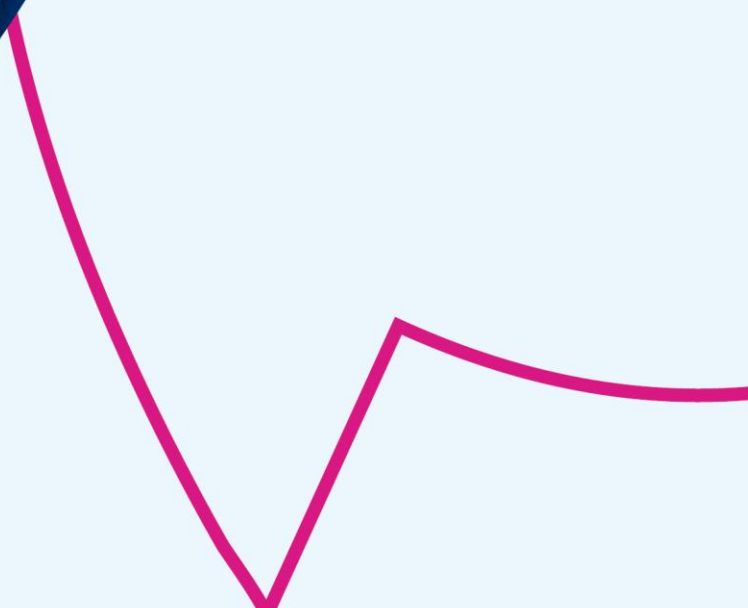




2025–2026

Whistleblowing Annual Performance Report



© NHS Fife

Published May 2026

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as NHS Fife is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>
www.nhsfife.org

Table of Contents

1. Introduction.....	9
2. Implementation during 2025/26.....	9
3. Key Performance Indicators (KPIs).....	11
3.1 KPI 1: learning, changes or improvements to services or procedures.....	11
3.2 KPI 2: experiences of people involved in the Whistleblowing procedure	13
3.3 KPI 3: levels of staff perceptions, awareness and training.....	15
3.4 KPI 4: total number of concerns received.....	17
3.5 KPI 5: concerns closed at stage 1 & stage 2.....	19
3.6 KPI 6: concerns upheld, partially upheld, and not upheld.....	19
3.7 KPI 7: the average time in working days for a full response.....	20
3.8 KPI 8: the number & percentage of concerns closed in full at stage 1 & 2	21
3.9 KPI 9: number of concerns at stage 1 with an authorised extension.....	21
3.10 KPI 10: number of concerns at stage 2 with an authorised extension...	22
4. Referrals to INWO during 2025/26.....	22
5. Future planning for 2026/27.....	22
6. Whistleblowing Champion Update.....	23
7. Whistleblowing At A Glance.....	25

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 that 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 the local process has not been effective.
- 1.2 NHS Fife supports and encourages an environment where employees can feel confident to speak up and 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 that have been received and any associated learning actions that have been identified as a result of raising concerns.
- 1.3 Following the initial introduction of the Whistleblowing Standards, work has continued within NHS Fife and Fife Health & Social Care Partnership, including Primary Care, to embed the Standards and promote the culture of raising concerns via the creation of a dedicated Speak Up / Whistleblowing service. Plans for 2026/27 will focus on achieving key deliverables as identified in the newly developed Whistleblowing annual workplan, continuing to raise the profile of 'Speaking Up / Listening' through site / departmental visits to meet and speak directly to staff, promoting the role of the Non-Executive Whistleblowing Champion and Confidential Contacts, and continuing to report into the Whistleblowing Oversight Group, to enhance triangulation of learning from upheld / partially upheld concerns as part of organisational improvement activities.

2. Implementation during 2025/26

- 2.1 NHS Fife welcomed the appointment of Joni O'Sullivan, Non-Executive Whistleblowing Champion, in September 2025, after a period of vacancy in this position. Having this Champion role in place offers greater opportunities to scrutinise, monitor and support effective delivery of our Whistleblowing processes, thereby providing independent assurance to the Board of NHS Fife's compliance with the National Standards.
- 2.2 Regular updates on Speaking Up and raising awareness of the Whistleblowing Standards have been provided via our Chief Executive's monthly newsletter and the weekly staff newsfeed. During the year, the dedicated Whistleblowing information in our employee app has been refreshed, revised and relocated into one specific area for ease of access.
- 2.3 In collaboration with our Corporate Communications & Engagement team, the NHS Fife internal "Know Who to Talk To" publicity campaign was refocused and rebranded as "Your Voice Matters". This revision aims to encourage and improve staff confidence about raising concerns, reinforcing the understanding that voices will be heard and concerns acted upon, which reflects the Board's commitment to foster a culture of active listening.

- 2.4 The format of quarterly Whistleblowing reporting has been reviewed to focus on the subject, themes and action plan updates of recent Whistleblowing cases, to provide enhanced assurance around consistent implementation of processes and to highlight areas for learning and improvement.
- 2.5 A learning action plan template has been devised to share with departments / services where whistleblowing concerns have been concluded. The initial action plan response is expected to be shared with the Speak Up / Whistleblowing Coordinator within four weeks of receipt and additional updates are requested by the Coordinator on a quarterly basis. These activities are in place to: assist feedback processes; improve consistency in reporting and sharing learning; and provide assurance of progress against specific learning improvement actions.
- 2.6 Quarterly reporting includes additional information on the overall number of concerns raised with the generic Speak Up service (Whistleblowing and non-Whistleblowing, such as those that fall under HR procedures), along with associated actions to promote appropriate resolution. It also includes reporting on social media posts that may highlight external Whistleblowing concerns not raised directly with the organisation.
- 2.7 A Whistleblowing Champion Feedback letter is sent to all people whose concerns have been investigated and closed under Stage 2 of the Standards. Whistleblowing investigation feedback continues to be sought from staff raising concerns using a variety of options, including completion of an anonymous digital online form or via confidential email / verbal feedback to the Speak Up / Whistleblowing Coordinator. Additional feedback is also sought from the Lead Investigator and Commissioning Manager for every Stage 2 investigation. All information is used to improve people's experience of the Whistleblowing process, supporting further development of NHS Fife's open and learning culture. Although not a formal requirement of the Whistleblowing process, anyone who raises concerns, whether under the Standards or via business-as-usual processes, is encouraged to provide feedback, to support enhancement of our Speak Up culture.
- 2.8 As part of the strategic work being undertaken by the Whistleblowing Oversight Group, the Group's Terms of Reference have been revised, and the Whistleblowing Action Plan continues to be updated and progressed through quarterly reporting as part of the Board's formal governance structure. The Whistleblowing Oversight Group Action Plan includes detail around specific target dates and responsible persons.
- 2.9 Our Confidential Contacts continue to provide a crucial role in listening to staff and signposting them to the most appropriate avenue for raising their concerns. This role continues to be highlighted through newsfeed items to staff and there has been a visible increase during the reporting year in the use of Confidential Contacts from staff seeking support to raise concerns. Annual refresher training has now been established and delivered using Action Learning methodology for the first time in Quarter 4 in collaboration with the Board's Learning & Development team, to facilitate a deeper level of discussion and learning.
- 2.10 A regular series of Confidential Contact Network Meetings takes place three times per year, with one meeting being in-person to facilitate more direct peer support and offer opportunity for more in-depth anonymous case reflections.

- 2.11 A guidance document for Commissioning Managers and Lead Investigators has been created and approved by the Whistleblowing Oversight Group, to provide a consistent approach to the confidential management of all Whistleblowing investigations.
- 2.12 Collaborative development work with Senior Managers in Fife Health & Social Care Partnership continues to ensure regular reporting of concerns and share information around the relevance and application of the National Standards for all Contractors and Primary Care employees.
- 2.13 Regular meetings have been established with Whistleblowing leads in Fife Council to share relevant information about practice and processes, thereby assisting with a joint approach to the management of complex cases, where concerns involving services cross-cutting both organisations may arise.
- 2.14 A request for bespoke annual Speak Up / Whistleblowing awareness training has been received by Fife College for their HNC Healthcare and Paramedic Students as part of their Professional Standards and Development module. This is delivered by the Speak Up / Whistleblowing Coordinator in collaboration with Course Lecturers and Academic Programme Leaders.
- 2.15 A bespoke programme of activity to support National Speak Up Week 2025 was created and delivered across Acute and Community sites in conjunction with our Corporate Communications & Engagement team. This activity included videos from the Non-Executive Whistleblowing Champion, Lead Executive for Whistleblowing, Speak Up / Whistleblowing Coordinator and three of our Confidential Contacts. Further promotions were undertaken through site walkarounds and pop-up stand / drop-in information sessions at our Acute and Community sites.
- 2.16 A planned programme of wider engagement activity to enhance staff support and communication has commenced through facilitation of meetings between our Non-Executive Whistleblowing Champion and staff within NHS Fife Acute Services and Fife Health & Social Care Partnership.
- 2.17 Strategic liaison has been established at a national level by our Non-Executive Whistleblowing Champion and Speak Up / Whistleblowing Coordinator attending national meetings to share best practice.

3. Key Performance Indicators

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

During 2025/26 NHS Fife has undertaken a number of actions to implement improvements to our Whistleblowing procedures and our approach to capturing learning. We have:

- improved our annual refresher training for our Confidential Contacts through the development of local Action Learning Sets in collaboration with our Learning & Development team. This offers opportunities for our Confidential Contacts to deepen their learning and understanding as a result of exploring and examining the management of closed cases in strict confidence;
- continued to offer regular Confidential Contact support meetings, which provide opportunities for updates, peer reflection and group discussion;

- refocused and rebranded our internal Speaking Up initiative to reflect a new approach of 'Your Voice Matters', which aims to promote confidence in raising concerns and understanding that issues will be heard and actions taken. The Speak Up / Whistleblowing documentation has also been refreshed and refined to provide quick and easy access to key documentation for staff;
- created a Whistleblowing learning action plan template for all closed cases that enables service managers to ensure actions are captured and implemented alongside clearly defined timescales and by relevant responsible persons; and
- created additional feedback forms for Confidential Contacts, Lead Investigators, Commissioning Managers and Senior Managers receiving the outcome of Whistleblowing investigations, to help us understand what we can do better through continuous improvement.

Learning from individual concerns concluded in 2025/26:

As a result of 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 / unnamed concerns that raised issues of a Whistleblowing nature were investigated as fully as possible by the responsible service, as part of good governance processes. The concerns raised during 2025/26 related to the following themes:

- Patient safety (nursing and medical staffing levels);
- Patient quality of care (due to poor team communication and staff management);
- Workplace culture (poor leadership and management attitudes and behaviours leading to harmful working conditions, ineffective communication preventing learning opportunities, fear of detriment against raising concerns, feelings of intimidation and harassment);
- Alleged fraud;
- Unsuitable working conditions (issues relating to management of health and safety, displacement of staff as a result of raising concerns, feeling 'not listened to');
- Detriment; and
- Professional misconduct.

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

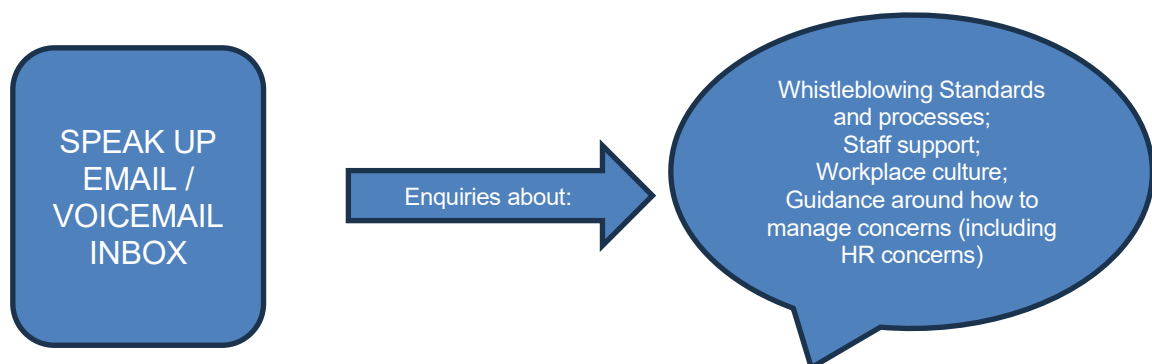
- Formally acknowledged each concern in a timely manner and in compliance with the National Whistleblowing Standards for receipt of all concerns;
- Undertaken timely, local investigations and instructed other relevant reviews in collaboration with specialist services as part of Whistleblowing investigation processes;
- Implemented external service reviews to explore behaviours and re-invigorate a more balanced approach to establishing respectful culture and team ownership;
- Reviewed team approaches to inclusive communication and more timely management of specific concerns in relation to health and safety; and
- Consistently highlighted the benefits of submitting 'named' concerns over 'anonymous / unnamed' concerns, to enable a thorough investigation, protection from detriment under the Standards and to share outcomes, findings and recommendations with the person raising concerns.

All upheld / partially upheld Whistleblowing concerns have recommendations identified by the Lead Investigator and agreed by the Commissioning Manager. A clearly

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. We continue to ensure that Quarterly updates are shared between the responsible Director / 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. In Quarter 4 of 2025/26 we have engaged with the Organisational Development team to start exploring ways of extrapolating more detail around workplace culture, so that information can be gathered and share more widely across the organisation.

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

NHS Fife recognises the importance of confidentially receiving feedback from staff who have used the Standards to raise concerns to help us improve as a learning organisation. We have seen a significant increase in the number of staff using our easily accessible single point of contact Speak Up email / voicemail service in 2025/26, receiving a total of 28 enquiries, five of which were unnamed / anonymous and referred to the relevant service manager for investigation, thirteen were signposted to relevant avenues of support (line manager, human resources or other relevant service) and the remaining ten were processed under the National Whistleblowing Standards. Overall feedback indicates an appreciation of the rapid response to initial enquiries, provision of a safe space to confidentially share concerns, and benefits in access to a range of Confidential Contacts for signposting and further ongoing guidance. The graphics below provide more detailed activity and feedback:



Staff feedback:

- 'Clear communication and adherence to timeframes, with regular feedback'
- 'I felt supported and updated throughout'
- 'Being listened to by the Confidential Contact was very helpful and made me understand my next steps to move towards having my concerns dealt with'
- 'Very happy with support and processes, feeling listened to and confident that actions are being taken as a result of me raising my concerns'
- 'Did not feel that anything of substance has come from the investigation and felt the Confidential Contact was questioning raising of my concerns'
- 'Appreciated being able to seek out the support of a Confidential Contact to speak freely about my concerns in full confidence'
- 'Although happy with the process, I would have liked to see the outcome of referral to the professional regulatory body'
- 'Staff demonstrated a high level of professionalism, care, and impartiality. They listened attentively, responded with empathy, and ensured that I felt heard and respected throughout the process. Their approach was not only thorough but also reassuring, which made a difficult situation much easier to navigate'

In the reporting year, we have created additional feedback forms for Confidential Contacts, Lead Investigators, Commissioning Managers and Senior Managers receiving the outcome of Whistleblowing investigations to gather a wide range of feedback, which will help us continuously develop all aspects of the Whistleblowing service and associated processes.

Confidential Contact feedback:

- 'Refresher training was effective – action learning excellent to review closed cases and gain peer support during confidential discussions'
- 'Feel updated about the role and processes through regular meetings'
- 'Online resources are useful to review when contacted by a member of staff'
- 'Proactive support / guidance from the dedicated Speak Up / Whistleblowing Coordinator'

Commissioning Manager feedback:

- 'Regular updates from Speak Up / Whistleblowing Coordinator were advantageous'
- 'Would have benefited from discussing the experience with other Commissioning Managers for additional support'

Lead Investigator feedback:

- 'Well supported by Speak Up / Whistleblowing Coordinator'
- 'Improved templates and training for senior managers would be beneficial'
- 'Realistic timescales required for larger team investigations' (*relates to 20-working day advisory timescale for Stage 2 investigations*)

Service Director and Senior Manager feedback on suggested improvements following receipt of investigation report:

- 'Further clarity required on local processes and expectations'
- 'Clear guidance regarding depth and scope of response required of the report'
- 'Provision of action plan reporting template' (*this has been implemented since the feedback was received*)
- 'Aware that regular reporting updates would be requested on a quarterly basis'
- 'Would appreciate further local training for managers in addition to the existing TURAS modules, including how to respond to Whistleblowing concerns'
- 'Improved guidance around how to deal with emerging HR issues as a result of Whistleblowing investigations'

In accordance with the National Whistleblowing Standards, at the conclusion of any Stage 2 Whistleblowing Concern, staff are informed in the final investigation outcome letter that they can provide feedback by confidentially speaking to the Board's Non-Executive Whistleblowing Champion, who was appointed in September 2025. Since that appointment, we have had one closed Whistleblowing case that resulted in the member of staff contacting and providing feedback to our Whistleblowing Champion about their experience in raising concerns. All feedback provides us with rich

information that helps inform us about the support processes we have in place for staff raising concerns, our Confidential Contacts who respond to staff and the investigation team who are at the forefront of formally exploring concerns raised. This evidence offers us opportunities to celebrate successes and identify areas for continual improvement.

As part of the annual NHS Scotland 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 Fife Health & Social Care Partnership 2025/26 iMatter responses for this section of the survey is provided below:

Raising Concerns Report, NHS Fife



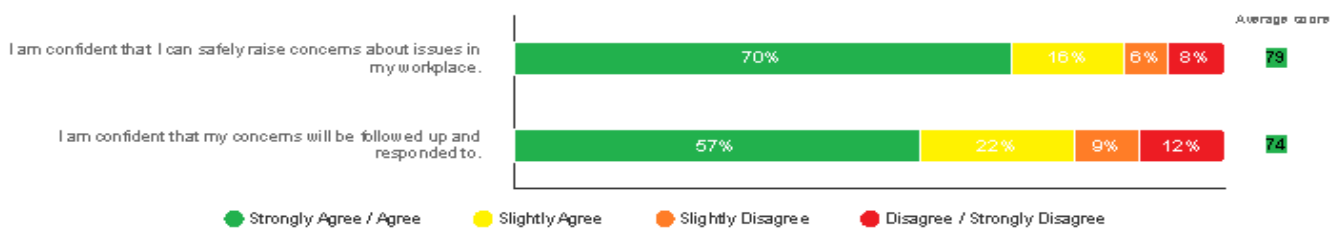
Raising Concerns Report

NHS Fife

Total number of respondents: 7305

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

Number of respondents: 7197



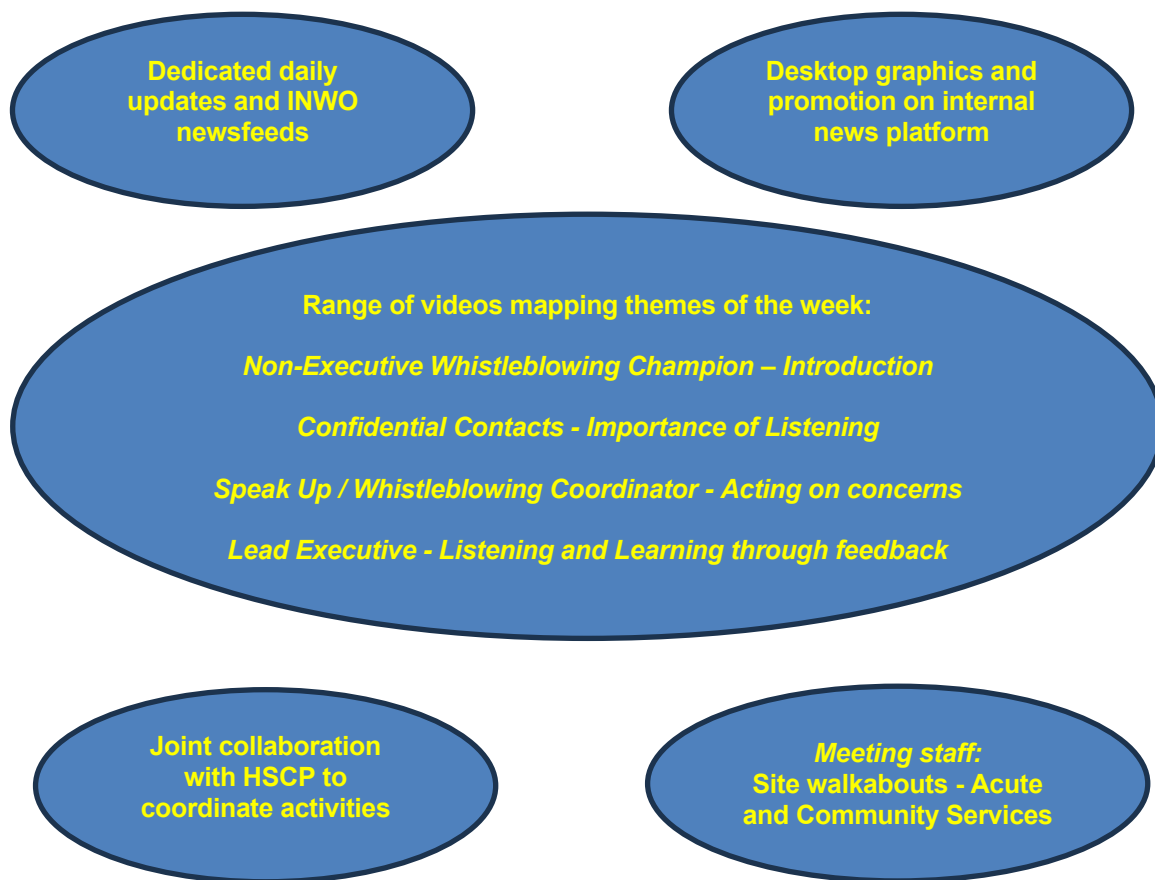
3.3 KPI 3 – staff perceptions, awareness and training

National Training guidance materials from the INWO are promoted Board-wide, such as general information on the Whistleblowing Standards, Confidential Contact training, webinars and annual Speak Up Week activity. In the reporting year, refresher update training, using newly devised Action Learning Sets to review anonymised case studies, has been delivered to 82% of our Confidential Contacts, with the remainder undertaking the same training in Quarter 1 of 2026/27.

During Speak Up Week in September / October 2025, a range of staff activities were delivered, highlighting the importance of speaking up to raise a concern and the different types of support available to staff. In conjunction with our Corporate Communications & Engagement team, NHS Fife and Fife Health & Social Care Partnership created a bespoke programme of activity across Acute and Community sites to address the themes of the INWO 2025/26 campaign: *Listen, Act and Build Trust*.

In preparation for Speak Up Week, communications activities took place on the internal staff communication platform, followed by daily activity during the week relating to each of the campaign themes. Activities were also highlighted in the all-staff

Weekly Update newsletter and the monthly Chief Executive newsletter. A summary is given below:



Data analytics provided by our Corporate Communications & Engagement team indicated good engagement from staff in the bespoke material produced, particularly in relation to the range of videos produced, with over 3,000 staff views across the week. There were also four new enquires to the Speak Up service as a direct result of Speak Up week activity / promotion. This response reinforced the commitment to ensure consistent promotion of the importance of Speaking Up throughout the year. A rolling programme of monthly visits to a wide range of departments, services and wards with the Non-Executive Whistleblowing Champion, Speak Up / Whistleblowing Coordinator and Executive / Non-Executive Directors commenced in March 2026, facilitated and encouraged by Service Directors and Senior Managers.

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 Whistleblowing Overview module on TURAS learning, with Managers and Senior Managers expected to undertake the additional modules relevant to their role. We continue to monitor uptake, effectiveness and appropriateness of training available through our core training compliance reports which are considered bi-monthly by the Staff Governance Committee, with escalation if required to 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. During 2025/26, the revised in-person core staff induction programme offers a supporting 'Marketplace' activity,

where key services attend to promote their services. The Speak Up / Whistleblowing Coordinator attends these weekly sessions to support the information provided by the Chief Executive and Directors around the importance that NHS Fife places on supporting staff to Speak Up and raise concerns to improve our overall service delivery.

The training undertaken per quarter between 1 April 2025 and 31 March 2026 is summarised below:

Whistleblowing Training Undertaken During 2025/26

Whistleblowing modules	Q1	Q2	Q3	Q4	Total
eLearning – Whistleblowing: an overview	151	152	257	164	724
eLearning – Whistleblowing for Line Managers/Senior Managers	18	38	49	33	138

Total Board Completion Rates since Launch of the Standards in 2021

Turas Module	Total Staff completion
Whistleblowing Overview	7683
Whistleblowing for line managers	615
Whistleblowing for senior managers	636

It is an expectation that all NHS Scotland employees complete the Whistleblowing learning according to the requirements of their specific role. However, without role-specific information linked to numbers completing training, it is difficult to determine the uptake of learning applicable to the managerial responsibilities of staff. The new 2026/27 Whistleblowing workplan will consider how to meaningfully evaluate training data in collaboration with our Learning & Development team.

3.4 KPI 4 – number of concerns received

Whistleblowing Concerns Received by Quarter During 2025/26

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Whistleblowing Concerns Received	4	2	2	3	11
Reviewed at Stage 1 (5 days)	1	0	1	1	3
Reviewed at Stage 2 (20 days)	3	2	1	2	8

NHS Fife received a total of eleven Whistleblowing concerns during 2025/26 from across Acute Services, Primary Care providers and services delegated to the Fife Health & Social Care Partnership. The reported themes of concern related to quality of patient care / patient safety / unsuitable workplace conditions / workplace culture and alleged fraud. Comparison of our data from the last three years shows a general

increase in the number of Whistleblowing concerns being raised, with a spike of activity in Quarter 1 and Quarter 4 of 2025/26, the latter may be attributable to the activities of Speak Up week.

Anonymous / Unnamed Concerns Received by Quarter During 2025/26

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

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 the individual's 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 anonymously. NHS Fife has agreed that anonymous / unnamed concerns should all be recorded by the Speak Up / Whistleblowing service for management information purposes.

NHS Fife received six anonymous concerns during 2025/2026 from across Acute Services, Corporate Services and Fife Health & Social Care Partnership. This is an increase of one concern in comparison with last year's data. One of these concerns was raised by an ex-employee who had recently left the organisation, and another was found to be of a vexatious nature when investigated by the Service Manager / Director. The reported themes of concern related to: staff conduct; alleged fraud; and patient safety / quality of patient care / workplace culture leading to unsuitable working conditions. The concern relating to potential patient safety was immediately referred to the relevant Service Director and investigated as a matter of urgency with the responsible Senior Manager, as expected under the National Whistleblowing Standards.

Where appropriate and applicable, the outcomes from investigations into anonymous or unnamed concerns are shared with the Speak Up / Whistleblowing Coordinator and form part of the reporting to the Executive Leadership Team, Area Partnership Forum, Staff Governance Committee and the Board, to share lessons learned and provide assurance on actions.

Primary Care and Independent Contractors Concerns Received by Quarter During 2025/26

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Primary Care and Independent Contractors Concerns Received	2	0	0	3	5

Primary Care and Independent Contractors (GP practices, dental practices, optometry practices and community pharmacies) who deliver services on behalf of the NHS are also covered by the Standards. Although Whistleblowing concerns have previously been raised within Primary Care, there had been minimal understanding from Independent Contractors of the need to report such activity and therefore formal reporting to the central Speak Up / Whistleblowing service commenced in Quarter 4, noting the number and stage of investigation / outcome for any whistleblowing concerns. There were three concerns received in the quarter, two from General Practice and one from Dentistry services. These concerns relating to poor practice and fair warning (inappropriate accessing of personal records) and were resolved at Stage 1 under local resolution processes. Of the overall number of anonymous / unnamed concerns received in 2025/26, two were raised within Primary Care services.

Quarterly update meetings between the Primary Care Manager and Speak Up / Whistleblowing Coordinator assist in the timely reporting of any Whistleblowing concerns within Primary Care services, including Independent Contractors / Practices. The addition of a refresher update about the National Standards as part of GP protected learning time has been well-received in 2025/26. The Primary Care Manager continues to remind all independent practices and community pharmacies that they are required to have their own comparative procedures in place to meet the requirements of the National Whistleblowing Standards.

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.	%
3	27%	8	73%

A total of 11 concerns were closed during 2025/26, three of which had initially been raised in the previous reporting year. Three of the concerns reported in the current year were closed at Stage 1, with the remaining eight being closed at Stage 2. Two of the eight concerns originated as a Stage 1 investigation, progressing to Stage 2 as permitted under the Standards, to enable more thorough discussions to take place in relation to the concerns raised.

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	2	67%	0	0	1	33%	3
Stage 2	1	13%	7	87%	0	0%	8

The outcomes of the Stage 1 Whistleblowing concerns noted above indicate that two concerns were upheld and one was not upheld. The first concern that was upheld related to an allegation of fraud, which was referred to and dealt with by the Board's Fraud Liaison Officer, with external guidance from NSS Counter Fraud Services. The second concern related to issues around patient safety and quality of care delivery as a result of insufficient nurse staffing. This was immediately received and acknowledged by senior Nursing Management, with plans to develop local escalation tools and review capacity and flow within the clinical area. The Stage 1 concern that was not upheld related to an allegation of fraud, which was unable to be substantiated following referral to the Fraud Liaison Office and Counter Fraud Services. All outcomes were clearly communicated to the members of staff raising the concerns to facilitate discussion and clear understanding of rationale around decision-making. Information about NHS Fife Staff Support services were also provided to enable ongoing support as needed.

The outcomes of the various Stage 2 investigations noted above resulted in one concern being fully upheld and eight being partially upheld. The concern that was fully upheld related to a range of issues including patient safety and care delivery and poor leadership and management resulting in poor working conditions. These findings have been accepted by the receiving service with significant improvement plans in place, which are being supported and monitored on an ongoing basis by senior Directors, through regular reporting into Fife Board Clinical Governance reporting structures.

The Stage 2 concerns that were partially upheld were complex in nature and included a range of concerns that were addressed individually as required by the specific case. The key outcomes noted across most of these concerns related to requirements for improved leadership and management skills from senior staff, more open and effective communication to build staff confidence, improvements in workplace culture to prevent feelings of intimidation, bullying and harassment, and reducing the fear of detriment in relation to raising concerns. All cases have associated action plans in place that have either been completed or are still ongoing at the time of reporting.

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

Stage 1		Stage 2	
Average working days	27	Average working days	126

The advisory response time for Stage 1 investigations under the National Standards is five working days with the aim of achieving early resolution under business-as-usual processes. Our overall response time of 27 working days for Stage 1 investigations was influenced by two of the investigations requiring referral onto specialist fraud services for further review, thus requiring approved timeline extensions as permitted under the National Standards.

All concerns investigated under Stage 2 during 2024-25 were complex in nature and required timeline extension approvals from the Commissioning Manager in agreement with the members of staff raising the concern. It is noted that the average timescale of 126 days for completion of Stage 2 investigations considerably exceeds the advisory target of 20 working days as identified in the Standards, however this is due to a range of variables that are captured within the central confidential records for individual cases. The non-achievement of the advisory timescale for these complex Stage 2 investigations is an issue mirrored across other NHS Scotland Boards, being reported by Whistleblowing Coordinators and Whistleblowing Champions to the Independent National Whistleblowing Officer (INWO). As part of our data analysis for 2026/27, we intend to undertake individual reviews of all closed cases to understand when, where and why the key delays were experienced, to help us create actions to improve the overall responses for 2026/27. In all cases, every member of staff raising a concern was fully informed and involved with each timeline extension request and approval in writing as expected by the Standards. For those cases that exceed the timeline considerably, an offer of an in-person meeting is made by the Speak Up / Whistleblowing Coordinator to ensure they feel fully supported during this challenging process.

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	1 (33%)
Stage 2 (20 days)		
	Number of concerns closed in full within 20 working days	1 (13%)

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	3	2	67%

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	8	7	88%

4. Independent National Whistleblowing Officer Referrals and Investigations

There were no referrals escalated to or investigations instigated by the INWO during 2025/26.

5. Future Planning for 2026/27

NHS Fife is committed to ongoing learning and improvement, and we plan to continue to enhance our Whistleblowing arrangements in the year ahead with the following workstreams:

- further improving visibility of Confidential Contact information by introducing staff photos and biographies, explaining more about the role and why those holding the position have come forward voluntarily to support staff;
- achieving key deliverables as set out in the newly developed Annual Whistleblowing Workplan;
- developing a local guide for Managers receiving Whistleblowing concerns and reviewing associated training;

- collaborating with Organisational Development colleagues to create action learning plan templates and identifying key areas for wider organisational learning;
- exploring how to develop best practice in confidentially sharing outcomes and improvements across the organisation as a result of closed Whistleblowing cases;
- exploring ways of sharing learning from all Whistleblowing concerns more widely across the organisation through close working with our Whistleblowing Oversight Group and Organisational Development;
- continuing to undertake regular site and department visits with the Non-Executive Whistleblowing Champion, supported by other Executive and Non-Executive Directors, to promote the culture of Speaking Up as part of everyday working practices;
- continually liaising with Workforce colleagues to ensure accurate data reporting around any Whistleblowing concerns that are raised in relation to 'safe staffing';
- 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;
- monitoring and reviewing Speaking Up Guidance and informational materials, to ensure clarity and accessibility;
- undertaking collaborative activity with other NHS Boards to share and develop best practice;
- continuing to participate in National Whistleblowing practitioner and professional meetings and associated conferences to receive relevant updates and share common learning;
- continuing close working with our Corporate Communication & Engagement team through quarterly meetings to promote Speaking Up and Whistleblowing; and
- developing clear actions to share detailed learning from closed cases with the Whistleblowing Oversight Group.

6. Whistleblowing Champion Statement

Joni O'Sullivan is NHS Fife's Non-Executive Whistleblowing Champion. She writes:

I was delighted to join NHS Fife in September 2025 as the Whistleblowing Champion and I am pleased to report that the Board continues to make progress in improving its Whistleblowing process. NHS Fife strives to be a learning organisation, with speaking up a crucial part of that. Leaders promote an open culture and take feedback seriously, with a genuine appetite to listen, learn and improve.

The number of concerns raised within NHS Fife is higher than in previous years. I view this as a positive, suggesting the recent work undertaken to increase awareness of Whistleblowing and confidence in the process has had an impact. NHS Fife continues to work hard on supporting staff involved in Whistleblowing. Of particular note this year has been improved training for our Confidential Contacts and new guidance for Commissioning Managers and Lead Investigators. Feedback is actively sought from those involved and improvements made where possible. Whilst there is a desire to improve our timescales on Whistleblowing investigations at both Stage 1 and Stage 2, I also recognise that the investigations are often complex and require a robust investigation making the targets of 5 and 20 days ambitious.

For the year ahead, a detailed workplan is in place to help guide our priorities. This will also help me to provide the scrutiny and assurance necessary for the Board in relation to our compliance with the Whistleblowing Standards. For 2026/27, further work is needed on improving our triangulation with quality and patient safety data. As the number of cases grow, we want to improve how we identify themes and share that learning effectively across the whole organisation. Additionally, we want to improve quality and consistency of action plans, particularly around workplace culture, continue with our communication efforts and dial-up our support for line managers. Since joining NHS Fife, I have made it a priority to meet as many staff as possible, out and about on wards and our sites, and that will remain a focus area for me personally over the year ahead.

I am very grateful for the hard work of our Speak Up / Whistleblowing Coordinator, our Confidential Contacts and our Whistleblowing Oversight Group and I am assured that NHS Fife takes its responsibilities under the Whistleblowing Standards seriously.



Whistleblowing 2025-2026

At a glance

“Staff listened attentively, responded with empathy, and ensured that I felt heard and respected throughout the process”

– staff member

“I appreciated being able to seek out the support of a confidential contact to speak freely about my concerns in full confidence”

– staff member

“Action learning is excellent to review closed cases and gain peer support during confidential discussions”

– confidential contact

724 Staff completed Whistleblowing training in 2025-26

138 managers and senior managers completed Whistleblowing training in 2025-26

79% of staff said they were confident they could safely raise concerns about issues in their workplace



Whistleblowing concerns received: **11**

3 closed at Stage 1 (27%)

8 closed at Stage 2 (73%)

	Stage 1	Stage 2
Upheld	2	1
Partially upheld	0	7
Not upheld	1	0



Average timescales (working days)

Stage 1 – **27 days**

Stage 2 – **126 days**

67%

of Stage 1 cases granted an extension

88%

of Stage 2 cases granted an extension

16

trained confidential contacts

13

confidential contacts undertook refresher training

