

## Public Concern at Work

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05 May 2015

### **NHSScotland Confidential Alert Line Six month update (1 August 2014 – 31 January 2015)**

We are pleased to provide NHSScotland with this six month evaluation as part of our contract to operate the NHSScotland Confidential Alert Line. As part of this evaluation we will also provide NHSScotland and NHS Scotland Health Boards with information on bullying cases that have been raised via the Alert Line.

#### **Advice line overview**

In the above period we were contacted by 22 individuals who self-identified that they work for NHSScotland. 15 of these cases involved a public interest or whistleblowing concern, namely one in which the interests of others, colleagues, the public or the organisation itself were at risk. Seven cases related to private matters, namely where the issue involved an employment, HR issue or was a patient complaint about an issue affecting only the patient.

During the same time period we received 119 public interest cases from the health sector across the UK (including the above 15 cases from Scotland). It should be noted, however, that while Public Concern at Work (PCaW) is a whistleblowing charity providing a UK wide service to all whistleblowers, it does not provide a bespoke service for NHS workers from other parts of the UK.

#### **Identification**

When providing advice it is not a requirement that the caller provide the name of their employer to PCaW advice line staff. The starting point for our advisers will be what the concern is; to identify the risk; what may be preventing the individual from raising the concern; and, to assist or advise them in how best to raise the concern. The caller may not wish to provide the name of their employer. With this in mind when contacting us, staff may:

- Provide their name only
- Identify themselves as working for NHSScotland with or without their name
- Not provide any information as to their identity or their employer

Following a trend that emerged over the latter period of the initial pilot for the alert line service, the majority of individuals who contacted PCaW in the stated period identified themselves and were largely willing to leave contact information with us. While the increased willingness on the part of callers to divulge this information can be indicative of increased trust in the service, it is important to note this is not always necessarily the case. It is not a prerequisite of seeking advice from us that callers are asked for, or need to provide this information. As is the case on the PCaW advice line generally, in some cases an individual may contact us with a very specific query that we are able to deal with in the initial call. In these

making **whistleblowing** work

cases there is no case work element and so contact information will not be necessary. The individual is satisfied with the advice they have been given and is content to leave things there, but will always be informed of the name of their adviser and their ability to call back should they need further advice at a later date. As a result, it is clear that in these cases the fact that contact information was not left does not necessarily mean the individual was not content to leave information with us.

Of the 15 public interest cases, the identity of the caller was as follows:

Anonymous	6	40%
Unknown	0	0%
Name provided	9	60%
<b>Total</b>	<b>15</b>	<b>100%</b>

A correct number and/or email address was provided for re-contact in seven (47%) cases.

### Job position of the caller

In the majority of cases we were provided with enough information to identify the role of the caller.

Position	Count	Percentage
Unskilled	1	7%
Skilled	0	0%
Admin/Clerical	1	7%
Paramedic	1	7%
Management	0	0%
Executive	0	0%
Unknown	4	26%
Accountant	0	0%
Doctor	2	13%
Dentist	0	0%
GP	0	0%
Nurse	5	33%
Pharmacist	0	0%
Social Worker	0	0%
Non-Executive Director	0	0%
Board	0	0%
Other	1	7%
<b>TOTAL</b>	<b>15</b>	<b>100%</b>

Following the trend of previous reports provided in the pilot period, the information above demonstrates that nurses are the largest group to raise a concern or seek support. It should be noted, that relatively, this is representative of the workforce.

### Type of suspected wrongdoing

We provide an overview of the types of concerns that were raised during the stated period. The predominant concern was equally split between patient safety and ethical concerns which included, for example, colleagues under the influence of alcohol and breaches of data protection.

Type of suspected wrongdoing	Count	Percentage
Ethical	6	40%
Financial malpractice	0	0%
Multiple	0	0%
Patient safety	6	40%
Public safety	0	0%
Unknown	0	0%
Work safety	1	7%
Other	2	13%
<b>TOTAL</b>	<b>15</b>	<b>100%</b>

### Where callers raised concerns prior to contacting the Alert Line

Of the total 15 public cases, 12 callers had already raised their concern before contacting the Alert Line. This is in keeping with general trends we see on the advice line where the majority of callers are contacting us either because they have raised a concern and indicate they have been ignored and so are looking for other options, or, feel they have experienced victimisation as a result of raising an issue and so are seeking advice on their position in addition to receiving advice on an outstanding concern.

Of the callers who had already raised their concern before contacting the Alert Line, these were raised with:

Where raised the concern	Count	Percentage
Manager	4	34%
Senior Management/Executive	1	8%
Prescribed Regulator	0	0%
Media	0	0%
Other	0	0%
Multiple	1	8%
Unknown	6	50%
MP/MSP	0	0%
Police	0	0%
<b>Total</b>	<b>12</b>	<b>100%</b>

In the majority of cases where this information was shared, callers had already raised their concern internally to their local line management, prior to contacting the Alert Line.

### Response to concern at point of contact

The table below sets out the response the 12 callers indicated they received to their concern prior to contacting us.

Response to concern	Incident rate	Percentage
Admitted <sup>1</sup>	3	25%
Ignored	1	8%
Not known	2	17%
Under investigation	0	0%
Unknown	6	50%
<b>TOTAL</b>	<b>12</b>	<b>100%</b>

In the majority of cases callers claimed their concerns were admitted which is not an outcome we see frequently when looking at our own case data on the advice line. Whilst this is a positive in the sense that the concern the individual is raising has been acknowledged, it does not necessarily always mean that any action is taken in relation to it. This can occur in situations where callers are nurses and/or health care assistants raising concerns about low staffing levels and its impact on patient safety with local management who agree there is an issue but may not be able to take immediate action to remedy the situation due to resource constraints. In these cases the caller may wish to seek advice on how they can escalate the concern but are also worried about the implications of going above their manager's head when they have acknowledged the concern.

#### **Advice from Public Concern at Work**

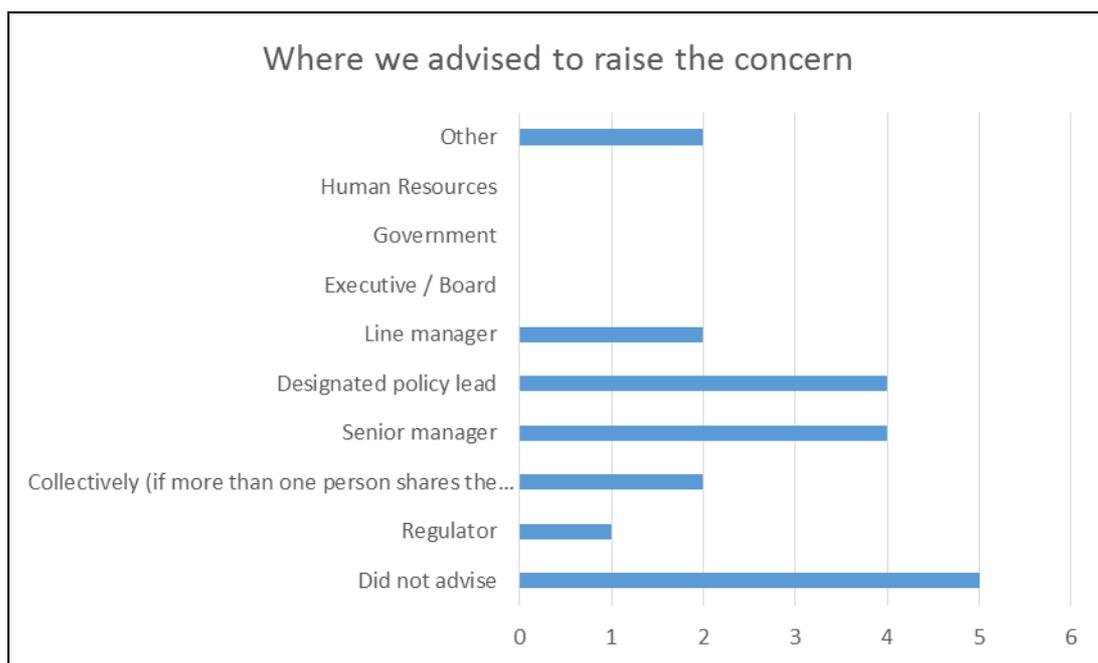
We cannot provide detail on our advice as legal professional privilege applies. We can only provide non-identifying information where this does not breach confidentiality. Set out below is data on where we advised individuals to raise a matter.

During this period there were no referrals made to an external regulator by PCaW on the caller's behalf. We were also not required to pass on a caller's concern to any internal contacts within their Health Board. There was one case where the offer to do this was made but not taken up by the individual. We see this as a positive trend that may reflect an increased willingness on the part of individuals to raise a concern internally themselves. This could indicate both increased confidence in the advice given, as the first step on a call will always be to explore internal options for raising a concern, and in internal systems. It is important to acknowledge that PCaW are complementary to the Health Board's internal whistleblowing processes. It is much more effective for an individual to raise their concern directly and work with the Board in any resulting investigation.

Following the training sessions run by PCaW with representatives from the various Health Boards earlier this year, it will be interesting to see if this trend continues as the Boards take back learning points to improve and strengthen internal arrangements.

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<sup>1</sup> Admitted would apply where the organisation accepted that the concern was valid, i.e. accepted immediately or after an investigation.



The graph above reflects the various options provided to callers about where they might raise a concern. In some cases, depending upon the nature of the concern, we might provide advice on more than one option for the caller to consider and this is reflected in the graph. Moreover, we will often advise callers to raise the concern collectively if there are colleagues who share their concern. In cases where this is possible, callers are advised to consider this as an option as it provides safety in numbers and adds weight to the concern.

In 5 cases we did not provide advice. This is due to one of the following reasons:

- the individual was unwilling to provide sufficient information
- the individual had already raised the concern to the appropriate place
- the individual did not call back for advice and we were unable to contact them (i.e. because they did not provide a number or did not answer our return calls)
- the caller contacted us on behalf of a relative, in which case we asked them to pass on our number so we could speak to the concerned individual directly

Where we did advise, we advised the majority of callers to raise their concern to the relevant policy contacts and senior management. This follows the earlier finding that the majority of individuals had already attempted to raise a concern with their local line management by the point of contacting the Alert Line and our advisers were considering options for escalating the concern. We have been provided with the whistleblowing policies of all NHSScotland Health Boards which means advisers are able to share this as an option more quickly and efficiently. This in turn has led to greater lines of communication between advisers and lead contacts within Health Boards. This enables advisers to seek initial information about how a concern might be handled and to obtain the relevant contact for a caller. We anticipate this is a trend that will continue over the course of the contract and will be facilitated further by the training sessions conducted by PCaW earlier this year and at the end of 2014, enabling Health Boards to be more familiar with the service and how it operates.

Cases placed in the 'Other' category included concerns we advised could be raised with a union and in one case, a university as it involved a student on a placement.

**Whistleblowing cases by Health Board**

We also provide information on numbers of whistleblowing concerns direct to each Health Board where we have this information. It is not a requirement for an individual to provide this information in order to obtain advice and as such these figures should be seen as indicative only as we have received additional calls from individuals who do not identify their Health Board.

Of those who identified their Health Board, we received calls reporting whistleblowing concerns in 4 Health Boards. Due to the low numbers received for 3 of those Health Boards (between 0-3 calls), where the information could potentially identify a caller, we can only report on whistleblowing data from one Health Board. 6 public cases from the total 15 public cases to the Alert Line were about NHS Greater Glasgow and Clyde, however, it should be noted that the Health Board is representative of approximately one third of NHSScotland workforce.

We also provide updated running totals for the number of public Health cases received to the advice line during the first 6 months. Additional cases were added to the database after the monthly reports had been sent. To clarify, these changes are to the total public interest cases (including Scotland) to the advice line and do not affect the numbers reported for NHSScotland specific cases.

<b>NHSSCOTLAND PUBLIC INTEREST CASES</b>	<b>Aug-14</b>	<b>Sep-14</b>	<b>Oct-14</b>	<b>Nov-14</b>	<b>Dec-14</b>	<b>Jan-15</b>	<b>Running total</b>
Patient Safety	1	0	0	2	3	0	6
Public Safety	0	0	0	0	0	0	0
Financial Malpractice	0	0	0	0	0	0	0
Multiple	1	1	0	0	0	0	2
Ethical concerns	0	1	3	0	0	1	5
Unknown	0	0	0	0	0	0	0
Other	0	0	1	0	0	0	1
Discrimination/harassment	0	0	0	0	0	0	0
Abuse in Care	0	0	0	0	0	0	0
Work Safety	0	1	0	0	0	0	1
<b>Total Public Interest Cases</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>15</b>
<b>TOTAL UK PUBLIC INTEREST CASES (INCLUDING SCOTLAND)</b>	<b>17</b>	<b>14</b>	<b>26</b>	<b>28</b>	<b>24</b>	<b>13</b>	<b>122</b>

**Feedback**

We were asked by the Scottish Government to include results on a feedback exercise of callers who contacted the Alert Line in the six month period. We attempted to contact those who had left contact details with us but received a very low response rate. As a result, we have not reported on these figures as

the response rate fell within a range that may risk identification of an individual. As stated above, all information is only provided in a way that ensures it does not risk breaching the high levels of confidentiality we owe the caller.

We propose to include a full feedback review in the next 6 month report which will provide a larger sample size of individuals to contact and hopefully provide a more representative set of results.

### **Bullying reports**

It was agreed in the contract that we would provide data on bullying complaints from identified Health Boards both to the Health Boards directly and NHSScotland on a six monthly basis.

Due to the low rates of bullying complaints received we do not have substantive numbers to report on as reporting on low numbers from specified Health Boards may risk breaching confidentiality of callers. We have indicated this to each Health Board we have data for. It is important to note that PCaW do not substantively advise on workplace bullying but have agreed to pass on data received to the relevant Boards in order to help with a targeted focus on tackling bullying within NHSScotland.

When the Line was first launched there was a degree of confusion about the remit of the Alert Line. We have worked hard with the Scottish Government to clarify the purpose of the service. The low rate of bullying complaints coming through in the first part of the new contract may well be indicative of an increased level of understanding of the service, which is to be encouraged. We hope this will persist due to the upcoming communications exercise and the training conducted earlier this year with representatives from each Board.

We have also include an updated table showing the private cases received by the Alert Line. One case was re-classified as a bullying and harassment issue which was originally classified as 'Other' in the August monthly report. This was the first month that advisers were asked to track this additional category which led to an error in categorisation. This has been amended and a clearer system is now in place to make it easier for advisers to ensure this data is captured correctly, as evidenced by the accuracy of reporting that has followed.

<b>NHSSCOTLAND PRIVATE CASES (i.e. Contractual Matters)</b>	<b>Aug-14</b>	<b>Sep-14</b>	<b>Oct-14</b>	<b>Nov-14</b>	<b>Dec-14</b>	<b>Jan-15</b>	<b>Running total</b>
Bullying/Harassment	1	0	1	1	1	0	4
Other	0	1	1	1	0	0	3
<b>TOTAL PRIVATE</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>7</b>
Bullying/harassment as a second issue in a (whistleblowing)public case	0	1	1	0	0	0	2
<b>TOTAL BULLYING/HARASSMENT COMPLAINTS</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>6</b>

### **NHSScotland Training**

We undertook bespoke training workshops on 5 occasions across NHSScotland in November 2014 and in February 2015. The sessions were well attended and had positive feedback from attendees. The sessions involved an explanation of the importance of whistleblowing and the operation of the alert line, a summary of the law, workshop sessions on policy messaging and case studies as well as key issues for the handling of staff raising concerns and a workshop on audit and review.

### **Public Concern at Work's overall comments/observations on the six month review period (01 August 2014 – 31 January 2015):**

- Majority of callers provided contact information when contacting the Alert Line
- There is increased awareness and understanding of the service the Alert Line provide which has made calls easier for advisers to handle and for individuals to feel confident they have contacted the right place for advice on their concern
- The training sessions carried out earlier this year have been successful with a good participation rate amongst the participating Health Boards. We anticipate our increasing communications with Health Boards will afford PCaW greater opportunity to strengthen whistleblowing arrangements internally which will help staff to feel more confident about raising a concern within their own workplace
- There is increased willingness for callers to raise concerns themselves with relevant contacts highlighted by advice line staff, as opposed to asking for referrals to be made on their behalf. This may indicate growing confidence in both the advice provided by the Alert Line and internal whistleblowing contacts

We hope you find this report a useful overview of the Alert Line. Please do not hesitate to contact me should you wish to discuss any of the above.

Kind regards,



**Cathy James**  
Chief Executive



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Any enquiries regarding this publication should be sent to us at  
The Scottish Government  
St Andrew's House  
Edinburgh  
EH1 3DG

ISBN: 978-1-78652-099-9 (web only)

Published by The Scottish Government, March 2016

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA  
PPDAS67193 (03/16)

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