

NHSScotland Confidential Alert Line

**Final evaluation of Pilot
(1 October 2013 - 31 July 2014)**

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NHSScotland Confidential Alert Line Final evaluation of Pilot (1 October 2013 – 31 July 2014)

We are pleased to provide NHSScotland with this final evaluation of the pilot as part of our contract to operate the NHSScotland Confidential Alert Line. The information provided below includes data on the three month extension to the original pilot. This report should be read in conjunction with the [six month evaluation](#).

Advice line overview

In the above period we were contacted by 61 individuals who self-identified that they work for NHSScotland. 43 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. 18 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 had 225 public interest cases from the health sector across the UK (including the above 61 cases from Scotland). It should be noted, however, that whilst 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. 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

Over the course of the pilot, advisers noted an increased willingness on the part of callers to divulge more information during the calls in relation to the nature of their concerns, and to provide a name and contact information to allow us to follow up with additional advice. Despite some confusion about the purpose of the line persisting, for example where some callers felt that the service could deal with reported cases of bullying, the ability to follow

making **whistleblowing** work

up and to have more detailed and open discussions with callers allowed for greater clarity in relation to the line's purpose and the various options available to callers.

Of the 43 public interest cases, the identity of the caller was as follows:

Anonymous	11	26%
Unknown	4	9%
Name provided	28	65%
Total	43	100%

A correct number was provided for re-contact in 25 (58%) 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	4	9%
Skilled	1	2%
Admin/Clerical	5	12%
Paramedic	2	5%
Management	0	0%
Executive	0	0%
Unknown	9	21%
Accountant	0	0%
Actuarial	0	0%
Doctor	6	14%
Dentist	0	0%
GP	0	0%
Nurse	16	37%
Pharmacist	0	0%
Social Worker	0	0%
Non-Executive Director	0	0%
Board	0	0%
TOTAL	43	100%

As was the case at the point of the six month evaluation, the information above demonstrates that nurses are the largest group to raise a concern or seek support, however, it should be noted that relatively this is roughly 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 patient safety.

Type of suspected wrongdoing	Count	Percentage
Ethical	7	16%
Financial malpractice	4	9%
Multiple	5	12%
Patient safety	20	46%
Public safety	2	5%
Unknown	2	5%
Work safety	1	2%
Other	2	5%
TOTAL	43	100%

Where callers raised concerns prior to contacting the Alert Line

Of the total 43 public cases, 31 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 31 callers who had already raised their concern before contacting the Alert Line, these were raised with:

Where raised the concern	Count	Percentage
Manager	12	39%
Senior Management/Executive	10	32%
Prescribed Regulator	0	0%
Media	0	0%
Other	3	10%
Multiple	5	16%
Unknown	1	3%
MP/MSP	0	0%
Police	0	0%
Total	31	100%

In the majority of cases callers had already raised their concern internally to their local line management, closely followed by senior management, prior to contacting the Alert Line.

Response to concern at point of contact

The table below sets out the response the 43 callers indicated they had received to their concern prior to contacting us.

Response to concern	Incident rate	Percentage
Admitted ¹	6	14%
Ignored	20	47%
Not known	1	2%
Under investigation	3	7%
Unknown/not raised at point of contact	13	30%
TOTAL	43	100%

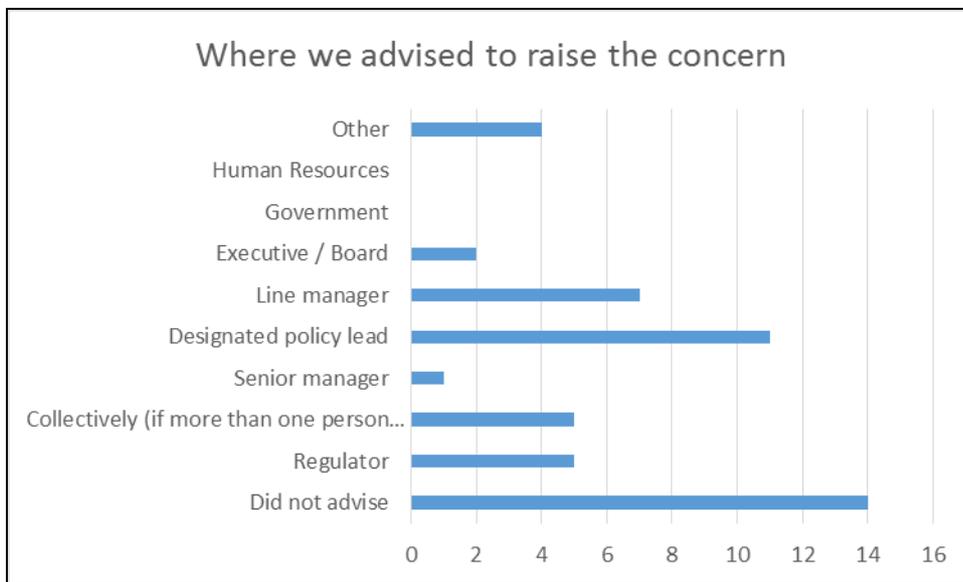
In the majority of cases callers claimed that they were ignored after they raised a concern. This is clearly troubling but also in keeping with the general trends we see on the advice line as a whole. However, it is important to recognise that a proportion of these callers may perceive their concern to have been ignored because they did not receive a satisfactory response or feedback. This highlights the important role feedback can play in perceptions of how whistleblowing is dealt with within an organisation. This is an issue we will continue to highlight with health boards generally, and via the training.

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. Additionally, data on where PCaW directly referred a concern is provided.

At first contact, a member of the advice team will take all relevant details the caller is willing to provide. If they are confident as to the right advice, the advisor will communicate this in the first call and no further contact may be required. In the majority of cases, due to complexity, it is likely that an advisor will wish to discuss the case with senior colleagues to ensure we provide appropriate, focussed advice. Due to the increased willingness of individuals to leave contact information with us as the pilot progressed, we were able to re-contact individuals and explore the various options available in more detail.

¹ 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 facts, 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 14 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)

Where we did advise, we advised the majority of callers to raise their concern to the relevant policy contacts, details of which are held by Public Concern at Work, and provided in each Health Board's local whistleblowing policy. This reflects a change from the six month report where the predominant place callers were advised to raise a concern was with a regulator. The change is mainly due to an increased willingness to provide information, such as which Health Board the caller worked for. It could also reflect increased confidence to raise matters internally and the more detailed and up to date information on internal contacts provided by Health Board's during the pilot period. The latter enables advisers to speak to a contact about a concern in order to give the caller more confidence about how the matter will be handled. The choice of a policy lead also makes sense, bearing in mind, the majority of callers had already raised their concern with line or senior management before contacting us.

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.

Of the 43 public cases, Public Concern at Work offered to refer 10 cases directly to the appropriate place on behalf of the caller. The outcome of this offer is as follows:

- 3 cases were referred to the Designated Policy Lead;
- 2 cases were referred to the Regulator and
- 5 cases did not accept the offer for PCaW to directly refer their case to the appropriate place.

We encourage individuals to raise the concern themselves. This makes it easier for the recipient of the information to ask further questions and provide feedback to the individual. Furthermore, if an individual does not identify themselves it is not possible for the organisation to protect them or for the individual to prove that any subsequent poor treatment was because they raised a concern, (as the organisation either does not know, or can say that they did not know the identity of the individual who raised the concern. Where appropriate we will report a concern on the caller's behalf, but this can only be done if the individual gives their consent or requests this.

In the majority of cases the offer for us to refer a case on behalf of a caller was not accepted. This is in keeping with an increasing willingness for callers to disclose more information to us. This allows us to explore options for raising the concern and for advisers to be able to offer contact information so that the caller can raise the concern themselves.

During the duration of the full pilot period (02 April 2013 to 31 July 2014) we referred 6 concerns to the regulator Healthcare Improvement Scotland for more thorough consideration. Two of these cases, which were linked, were subsequently investigated. The outcome report of this investigation and its recommendations can be accessed at: http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/confidential_alert_line/nhs_tayside_review_jul_14.aspx

Feedback

In this evaluation we provide a summary of responses to a feedback exercise carried out with callers to the Alert Line. The data for NHSScotland was extracted from the wider feedback exercise carried out by PCaW in relation to all public cases we have advised on, are classified as complete and where we have contact details. If we have not been able to contact a caller to provide advice, they are not included in the survey. Three attempts are made to contact a caller at varying times of the day, and on different days in order to try and maximise our response rate. The feedback exercise aims to gain an insight into callers' experience of the service and advice they received in addition to seeking information on the outcome of the concern they raised and for the individuals themselves. It also provides an opportunity for respondents to seek further advice on their situation if necessary.

During the full pilot period (02 April 2013 – 31 July 2014) there were 116 public cases received from employees who identified themselves as working for NHSScotland. Eight individuals employed by NHSScotland responded to the survey. This represents 7 % of NHSScotland workers who used the service.

Question	Yes	No
Was the advice clear and easy to understand?	7	1
Was the advice helpful?	6	2
Did you follow the advice?	7	1
Would you recommend the charity?	8	0
Did you raise your concern?	7	1

Final response of the employer to the concern raised.

What was the response of your employer?	
An investigation took place	3
The concern was ignored	0
The employer denied there was a problem	2
The caller didn't know what had happened	2
The concern was resolved	1

The predominant response in these cases was that the concern was investigated by the employer, however, 2 respondents were unaware of their employer's response to the concern. As mentioned above, if feedback on how a concern is handled is not given, this can lead to the impression that the concern has been ignored.

Final outcome for the whistleblower

What happened after you raised your concern?	
Victimised/disciplined by management	3
Bullied by co-workers	0
Resigned	2
The workplace improved	1
No consequences	1
Dismissed	1
The individual was thanked	0

Whilst we recognise the low level of feedback provided, of the 8 cases that did respond, 3 indicated that they were victimised by their management for having raised a concern. Victimisation is commonly cited as a major deterrent in staff feeling able to raise concerns in the workplace.

Our feedback survey also includes an opportunity for respondents to make open-ended comments about our service in general and any recommendations they may have. These wider comments included one suggestion that there should be a reporting body that can follow up on concerns and the one other comment to say that they were "glad that I was supported in my problems" by the advice service.

Public Concern at Work's overall comments/observations on the full pilot period (02 April 2013 – 31 July 2014):

- In comparison to the first six months of the pilot, there was an increased level of engagement from callers latterly. This is encouraging and ensures that we are able to ascertain higher quality information and assist callers more effectively.
- Improved relationships with Board policy leads has also assisted. We hope to continue to develop this relationship as part of training in November 2014 and February 2015. The training will also further develop awareness and understanding of the complexities of whistleblowing at a senior level.
- Training will also cover how best to communicate good messages to staff via various different mediums and the management line. This should further invigorate promotion of the line in each Board. Numbers of calls have dropped in the second half of the pilot, however, there is further national promotional work planned for Spring 2015.

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

Kind regards,



Francesca West
Director of Policy



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