

Public Concern at Work

7-14 Great Dover Street

London SE1 4YR

Tel: 020 7404 6609

Fax: 020 3096 7710

Email: whistle@pcaw.org.uk

www.pcaw.org.uk



24 January 2017

NHSScotland Confidential Alert Line Six-month review (1 February – 31 July 2016)

We are pleased to provide NHSScotland with this six-month review as part of our contract to operate the NHSScotland Confidential Alert Line. As part of this evaluation we will also provide NHSScotland with a summary report on information sent to the Scotland Health Boards in relation to both whistleblowing and bullying cases that have been raised via the Alert Line.

Advice line overview

In the above review period we were contacted by 28 individuals who self-identified that they work for NHSScotland. This is a slight increase in calls compared to the previous 6 month reporting period (there were 25 calls between 1 August 2015- 31 January 2016). This is a positive trend indicating that NHS Scotland staff are consistently using the Confidential Alert Line.

20 of these 28 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.¹ Eight 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.

We have included data from our last six-month report for comparative purposes.

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

Out of the 20 public interest cases 10 provided us with their contact details.

¹ One case that was reported on in our April 2016 monthly report has been excluded from this 6 month report as it was classified 'Public-NA' which refers to a call from a member of the public as opposed to an NHS Scotland worker. As a result the cumulative Public cases total for that month and this report has been reduced by one.

Making whistleblowing work

Providing a name and/or contact information is not a prerequisite for seeking advice from PCaW. As is the case on the PCaW advice line generally, callers may choose to remain anonymous and/or not to leave contact information. In some cases this may be because the individual has contacted us with a very specific query that we were able to deal with in the initial call. In these cases there is no case work element and the individual may feel that it is not necessary to leave their name and/or contact information. 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.

Where an individual's identity has been classed as "unknown" this is likely to be cases where the adviser was unable to ask the caller for their name, where for example a call was particularly short and the adviser did not get the opportunity to do so or where the matter is relatively straightforward and the caller is content with the advice and information given in the initial call and there is no case work element as result that requires further contact. In some cases individuals may call with an initial query about the remit of the advice line or the type of work it does and in this case does not go into the substance of their concern at this point but the contact is still logged on the database. As a result, these classifications do not necessarily mean that an individual was not content to leave information with us but that they were not asked during the call.

Job position of the caller

We have provided data on the roles of the callers to the Alert Line for both this six-month review period and the previous review period. These are as follows:

Position	1 August 2015 – 31 January 2016		1 February– 31 July 2016 (Current review period)	
	Count	Percentage	Count	Percentage
Unskilled	0	0%	3	15%
Skilled	2	11%	1	5%
Admin/Clerical	2	11%	2	10%
Paramedic	3	17%	0	0%
Management	2	11%	1	5%
Executive	0	0%	0	0%
Unknown	1	6%	6	30%
Accountant	0	0%	0	0%
Doctor	0	0%	0	0%
Dentist	1	6%	0	0%
GP	2	11%	0	0%
Nurse	5	28%	6	30%
Pharmacist	0	0%	0	0%
Social Worker	0	0%	0	0%
Non-Executive Director	0	0%	0	0%
Board	0	0%	0	0%
Other	0	0%	1	5%
Total	18	100%	20	100%

Consistent with previous reports, nurses were the largest groups to seek advice from the NCAL in the review period and it should be noted that they are also the largest group of workers in NHSScotland. There was an increase in the number of calls in which the callers job description was not disclosed during the call.

Type of suspected wrongdoing

We provide below an overview of the types of concerns that were raised during this and the previous review period.

Type of suspected wrongdoing	1 August 2015 – 31 January 2016		1 February– 31 July 2016 (Current review period)	
	Count	Percentage	Count	Percentage
Abuse of a vulnerable person	1	6%	1	5%
Ethical	2	11%	4	20%
Financial malpractice	0	0%	1	5%
Multiple	0	0%	0	0%
Patient safety	9	50%	9	45%
Public safety	0	0%	0	0%
Unknown	1	6%	1	5%
Working Practices	2	11%	2	10%
Work safety	1	6%	1	5%
Other	2	11%	1	5%
Total	18	100%	20	100%

Patient safety was the predominant concern raised with the alert line which is to be expected bearing in mind the nature of the work NHSScotland workers undertake. The count for other areas of wrongdoing remained largely consistent when compared with the previous reporting period.

Of the total 20 public cases, 14 callers had already raised their concern before contacting the Alert Line. This is again in keeping with general trends we have seen in previous reports and also largely reflects the majority of calls we receive to the advice line generally. In many cases individuals are contacting us because they have already raised their concern and feel it is being ignored and would like further advice on options for escalation. Also because they feel they have experienced victimisation as a result of raising an issue and so are seeking advice on this too.

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

	1 August 2015 – 31 January 2016		1 February– 31 July 2016 (Current review period)	
Where raised the concern	Count	Percentage	Count	Percentage
Manager	5	42%	7	50%
Senior Management/Executive	6	50%	5	36%
Prescribed Regulator	0	0%	1	7%
Media	0	0%	0	0%
Multiple	1	8%	1	7%
Unknown	0	0%	0	0%
MP/MSP	0	0%	0	0%
Police	0	0%	0	0%
Other	0	0%	0	0%
Total	12	100%	14	100%

The majority of callers raised their concern with their line manager before contacting the alert line and this reporting period showed a slight increase in staff reporting in this way. In keeping with previous reports, most staff chose to raise their concern with their line manager or senior management. With a smaller percentage raising their concern via multiple channels or with a prescribed regulator. Our experience and research has shown that individuals are overwhelmingly more likely to raise concerns internally.²

Response to concern at point of contact

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

	1 August 2015 – 31 January 2016		1 February– 31 July 2016 (Current review period)	
Response to concern	Incident rate	Percentage	Incident rate	Percentage
Admitted ³	3	25%	0	0%
Denied	2	17%	4	29%
Ignored	0	0%	4	29%
Not known	0	0%	1	6%
Under investigation	5	42%	5	36%
Unknown	2	17%	0	0%
Total	12	100%	14	100%

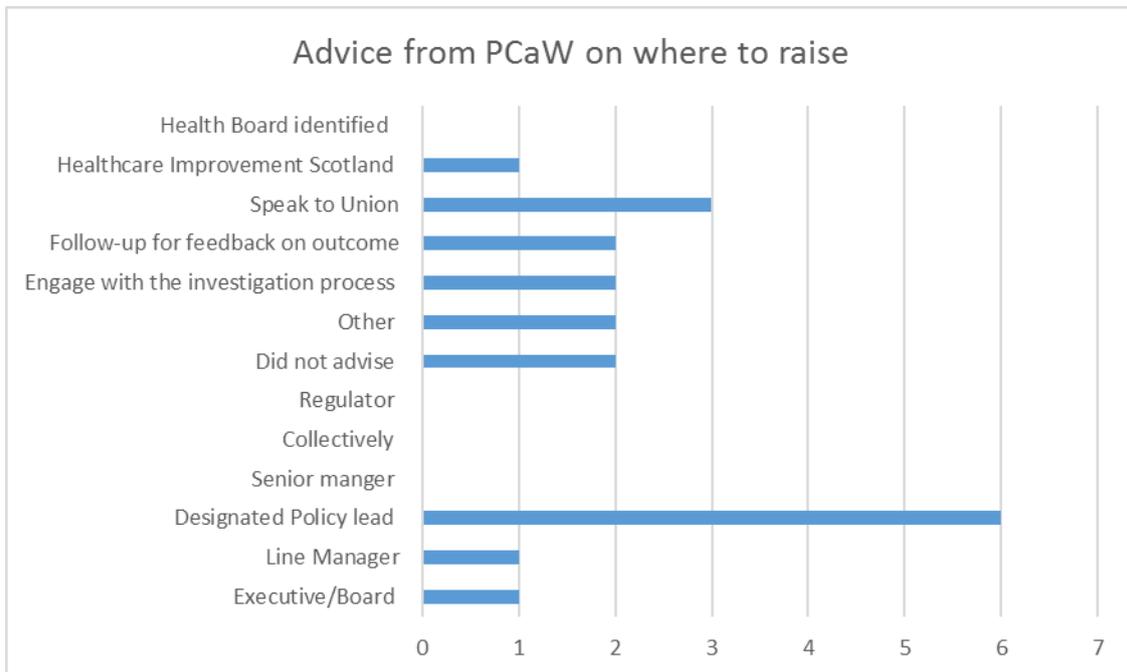
² Our research with the University of Greenwich '[The Inside Story](#)' found that 82% of the cases reviewed had raised their concerns internally.

³ Admitted would apply where the organisation accepted that the concern was valid, i.e. accepted immediately or after an investigation.

There was a rise in the number of individuals who reported that they did not know the outcome of the concern. This reflects a situation where the matter may have been investigated but the outcome has not been shared with the whistleblower. This is to be distinguished from 'unknown' cases where the outcome was not shared with the adviser in the call.

Advice from Public Concern at Work

We cannot provide specific detail about the advice given by us on the advice line 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.



The graph above reflects the various options provided to callers about where they might raise a concern and/or what they should do.

In two cases we did not provide advice for one of the following reasons:

- the individual wanted to be provided with contact details for counter fraud and did not require advice
- the caller did not leave contact details and arranged to call back for advice but did not get back in touch

In the majority of cases, where we did provide advice, we advised the caller to raise their concern with a designated lead via their Health Board's whistleblowing policy. Considering that the majority of individuals who had raised their concern prior to contacting us, this advice makes sense as the next logical place a member of staff might go if they feel their concern needs to be escalated and is unsure of who to approach. Recommending that an individual seek out their whistleblowing policy at this point also allows them to familiarise

themselves with policy statements on support and protection available to them when raising a concern and an indication of how the organisation will deal with the information provided.

We also encouraged the caller to continue to liaise with their union in four of the cases. Where the individual already has union involvement by the time they contact us, advisers are keen to avoid cutting across the advice and support the union have been providing up until their contact with us. In many cases the union will be a vital resource for individuals for support and representation on the ground as the situation may have developed beyond the initial whistleblowing concern to include issues with their personal position. As such, the best way for us to feed into these situations is to offer to liaise directly with the union representative, with the individuals consent, in order to ensure a joined up approach.

In two of the cases we made a direct referral of the concern on the callers behalf with their consent to do so. In one of the cases the concern was passed on to a policy contact at a Health Board and in another we made a referral to Healthcare Improvement Scotland.

Health Boards

We also provide information on the numbers of whistleblowing concerns and complaints of bullying raised in each Health Board during this reporting period where we have this information and the individual cannot be identified. It is not a requirement for an individual to provide the name of the Health Board they are employed by in order to obtain our advice and as such these figures should be seen as indicative only as we may have received additional calls from individuals who do not identify their Health Board.

Of the 20 public cases from NHS Scotland, 15 of these identified the Health Board they worked for. Of those 15, there were 5 Health Boards identified. There were 6 concerns raised with the advice line from staff of NHS Greater Glasgow & Clyde and 4 concerns raised from staff of NHS Forth Valley. Due to the low numbers received for all other Health Boards (between 0-3 calls), where the information could potentially identify a caller, we are unable to report cases from any other individual Health Board.

Bullying/Harassment reports to individual Health Boards

We 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 individual workplace bullying cases that do not have a whistleblowing element, as these are contractual (private) issues, 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.

Running Totals: Public cases The running totals of the number of public interest cases received to the advice line for NHSScotland during this six-month period are shown in the following table:

NHSSCOTLAND PUBLIC INTEREST CASES	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Running total
Patient Safety	0	4	1	1	0	3	9
Public Safety	0	0	0	0	0	0	0
Financial Malpractice	0	1	0	0	0	1	2
Multiple	0	0	0	0	0	0	0
Ethical concerns	1	2	0	0	0	2	5
Unknown	0	0	0	0	0	0	0
Other	1	0	0	0	0	0	1
Discrimination/harassment	0	0	0	0	0	0	0
Abuse in Care	0	0	0	1	0	0	1
Work Safety	0	0	1	0	1	0	2
Total Public Interest Cases	2	7	2	2	1	6	20
TOTAL UK PUBLIC INTEREST CASES (INCLUDING SCOTLAND)	26	24	22	16	24	28	140

Running Totals: Private Cases (Contractual Matters)

We have included an updated table showing the private cases received by the Alert Line in the stated period:

NHSSCOTLAND PRIVATE CASES (i.e. Contractual Matters)	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Running total
Bullying/Harassment	0	1	1	3	0	0	5
Other	1	1	0	1	0	0	3
TOTAL PRIVATE	1	2	1	4	0	0	8
Bullying/harassment as a second issue in a public case	0	0	1	0	1	0	2
TOTAL BULLYING/HARASSMENT COMPLAINTS	0	1	2	3	1	0	7

We also provide the number of cases where the individual has complained of bullying or harassment of another or themselves. Please note that this may occur in a private case as a single issue. It may also be identified as a second issue in a public case, if unrelated to the public concern. Please note that if bullying or harassment has led to a patient safety issue it will be classed as patient safety in the above public cases.

Feedback

We were asked by the Scottish Government to include results on a feedback exercise of callers who contacted the Alert Line over the reporting period. There were 20 public cases

over this time period and of those four were eligible for feedback.⁴ Unfortunately this exercise resulted in a low response rate and we were able to obtain feedback from only two of the four callers in total.

Of the feedback we obtained one of the individuals had positive comments to make on the advice line and the other was negative.

The positive feedback we received was that the advice was clear and easy to understand, they followed the advice they were given and would recommend the charity to someone else who was unsure about how to raise a concern in the workplace. They also felt that we could do more work to educate unions on whistleblowing as they tended to have less experience in this area and were often a first port of call for people with a concern.

The negative comments we received were that the individual did not feel we offered enough advice in their situation and was unsatisfied with the level of follow up in their case.

Owing to the very low response rate we would suggest that the extent to which these responses can be seen to be representative is limited.

Recommended workplans for NHSScotland in 2017

So far over the course of our work with NHSScotland our communications and training has been focussed at senior levels within Health Boards. This has been a successful approach in ensuring those with designated responsibility under the policies in their area are properly informed of how the NCAL fits in with existing internal reporting structures and of the significant legislative and policy changes in the health sector over the last two years. For 2017 and the next phase of the contract we propose that, with our role at the senior level firmly embedded, the focus is changed to target staff at the frontline level to ensure they remain aware of the service and how it works. The following recommendations are therefore proposed with this focus in mind.

Communications

We are keen to use the remaining communications budget under the contract to promote the NCAL and increase awareness of the range of support and advice it can provide for NHSScotland staff.

NCAL Video

One option for NHSScotland to consider is the creation of a short video of approximately 3 minutes in length providing an overview of the service which could be a more dynamic and memorable way of promoting the line.

⁴ By eligible for feedback we mean that these callers had received substantive advice from us, their cases had completed and they had left contact details.

Context: The film is an opportunity to illustrate the type of concerns that can be raised to the line and the various ways in which the NCAL can help individuals with both their concerns and personal position. The film can focus on a couple of scenarios that NHSScotland staff may find themselves in and can be drawn from real cases from the NCAL.

Target Audience: All NHSScotland staff

Purpose: To promote the use of the NCAL as a resource available to staff who witness risk or wrongdoing in the workplace and the various way in which it can provide advice and support in these situations. The film can also highlight how the line works alongside existing reporting arrangements. It will also highlight the importance of speaking up and encourage staff to do so.

Use: The film would be disseminated by Health Boards and used in staff training. We would liaise with the Scottish Government to explore existing promotion methods and what might be most effective. It could also be showcased in training sessions/briefings run by PCaW (see below for more information on proposed training options).

PCaW would outsource the production of these films whilst liaising closely with the Scottish Government to agree content. We already have connections with three production companies with ample experience of producing films for the health sector. We would also be happy to liaise with the Scottish Government if you already have established links with similar providers. NHSScotland could also consider inviting prominent stakeholders to feature in the films such as whistleblowing champions and the Independent National Officer (subject to the post being established in time for the film). We would propose that the work for the film commences in Q1 of 2017. A similar approach is being explored in England by Health Education England as a more dynamic way of communicating these messages with staff.

Student professionals' roundtables

We have discussed the possibility of holding a series of roundtables to address the complexities that apply in relation to student healthcare professionals and the difficulties these individuals face trying to negotiate the various organisations involved with their placements and the additional issues with their legal protection that leaves them particularly vulnerable if they are victimised for raising concerns. The roundtables would include representatives from NHSScotland Health Boards, universities, the deanery (or relevant equivalent) and student nurses and doctors. Given that this subject presents significant issues for the sector, the roundtables would provide an open forum for key stakeholders to discuss the issues and how they might best be addressed. We would propose two sessions for these purposes.

Training

Over the course of our work with NHSScotland so far we have provided a series of training events for both representatives of the Health Boards and more recently the newly appointed

Whistleblowing Champions. These sessions have worked well and received positive feedback.

Whistleblowing champion roundtables

We are pleased to know that we will be included in the next round table discussions facilitated by NHSScotland for each of the Board appointed whistleblowing champions. These sessions are a good opportunity to refresh messaging around the whistleblowing arrangements throughout the sector and to reflect on good practice generally.

Whistleblowing roadshow

In place of further formal training we propose running a roadshow which targets various locations within the Health Boards presenting short briefings to staff in an effort to raise awareness of the importance of speaking up in the workplace and of the NCAL as a resource available to all NHSScotland staff. If the option to develop a film is taken up this could be shown to staff as part of the briefings and would serve as an additional forum to showcase the film and ensure it is reaching frontline staff. The roundtables outlined above could also form part of the roadshow. We would be keen to liaise with the Scottish Government in order to decide which locations might work best and to scope suitable venues. Under the current budget we could run a series of eight briefing sessions.

E-learning

We could also work with NHSScotland to produce content for some staff-wide e-learning. This has proved to be an effective tool when seeking to raise awareness and improve knowledge and understanding of the complex issue of whistleblowing when seeking to train large numbers of frontline staff based in various (and in some cases remote) locations. We would be happy to co-develop an e-learning package that explores what is meant by the term whistleblowing and also tackles some of the more sensitive areas such as confidentiality, the difference between whistleblowing and grievance issues and the importance of speaking up in the workplace.

Please do not hesitate to contact me should you wish to discuss any of the above.

Kind regards,

Cathy James
Chief Executive



Scottish Government
Riaghaltas na h-Alba
gov.scot

© Crown copyright 2017

OGL

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3 or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

This publication is available at www.gov.scot

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

ISBN: 978-1-78652-734-9 (web only)

Published by The Scottish Government, January 2017

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS261187 (01/17)

W W W . G O V . S C O T