

## Public Concern at Work

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### NHSScotland Confidential Alert Line Six-month review (1 August 2016 – 31 January 2017)

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 18 individuals who self-identified that they work for NHSScotland. This is a decrease in calls compared to the previous six-month reporting period (there were 28 calls between 1 February and 31 July 2016).

15 of these 18 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. Three 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 15 public interest cases 9 provided us with their contact details.

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

#### **Making whistleblowing work**

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.

### Job position of the caller

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

Position	1 February– 31 July 2016		1 August 2016 – 31 January 2017 (Current review period)	
	Count	Percentage	Count	Percentage
Unskilled	3	15%	3	20%
Skilled	1	5%	1	7%
Admin/Clerical	2	10%	1	7%
Paramedic	0	0%	0	0%
Management	1	5%	0	0%
Executive	0	0%	0	0%
Unknown	6	30%	3	20%
Accountant	0	0%	0	0%
Doctor	0	0%	1	7%
Dentist	0	0%	0	0%
GP	0	0%	0	0%
Nurse	6	30%	5	32%
Pharmacist	0	0%	0	0%
Social Worker	0	0%	0	0%
Non-Executive Director	0	0%	0	0%
Board	0	0%	0	0%
Other	1	5%	1	7%
<b>Total</b>	<b>20</b>	<b>100%</b>	<b>15</b>	<b>100%</b>

Consistent with previous reports, nurses were the largest group 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. Overall, the percentages regarding the job position of the caller was consistent with the previous six-month report.

### Type of suspected wrongdoing

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

	1 February– 31 July 2016		1 August 2016 – 31 January 2017 (Current review period)	
Type of suspected wrongdoing	Count	Percentage	Count	Percentage
Abuse of a vulnerable person	1	5%	0	0%
Ethical	4	20%	3	20%
Financial malpractice	1	5%	1	7%
Multiple	0	0%	0	0%
Patient safety	9	45%	7	46%
Public safety	0	0%	0	0%
Unknown	1	5%	0	0%
Working Practices	2	10%	0	0%
Work safety	1	5%	3	20%
Other	1	5%	1	7%
<b>Total</b>	<b>20</b>	<b>100%</b>	<b>15</b>	<b>100%</b>

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. This has been a consistent trend across the six-month reports provided in both 2015 and 2016.

Of the total 15 public cases, 9 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 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. Alternatively, because they feel they have experienced victimisation due to raising an issue.

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

	1 February– 31 July 2016		1 August 2016 – 31 January 2017 (Current review period)	
Where raised the concern	Count	Percentage	Count	Percentage
Manager	7	50%	5	56%
Senior Management/Executive	5	36%	2	22%
Prescribed Regulator	1	7%	1	11%
Media	0	0%	0	0%
Multiple	1	7%	1	11%
Unknown	0	0%	0	0%

MP/MSP	0	0%	0	0%
Police	0	0%	0	0%
Other	0	0%	0	0%
<b>Total</b>	<b>14</b>	<b>100%</b>	<b>9</b>	<b>100%</b>

In keeping with the previous six-month report, most callers raised their concern with their line manager before contacting the alert line. This reporting period showed a decrease in the number of staff who had reported their concern to a senior manager when compared with the previous report.

### 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.

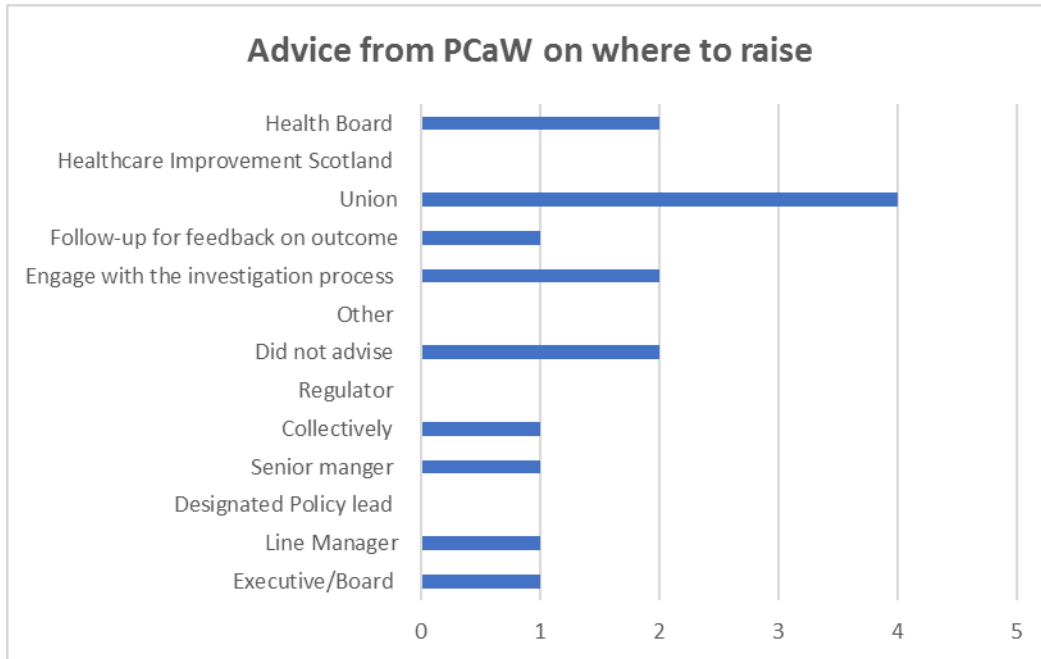
Response to concern	1 February– 31 July 2016		1 August 2016 – 31 January 2017 (Current review period)	
	Incident rate	Incident rate	Incident rate	Incident rate
Admitted <sup>1</sup>	0	0%	0	0%
Denied	4	29%	6	67%
Ignored	4	29%	1	11%
Not known	1	6%	0	0%
Under investigation	5	36%	2	22%
Unknown	0	0%	0	0%
<b>Total</b>	<b>14</b>	<b>100%</b>	<b>9</b>	<b>100%</b>

Of the 9 individuals who had already raised their concern before contacting us, 6 stated their concerns were denied. This is consistent with the advice PCaW provides whistleblowers as if a concern is denied the individual is more likely to go on to seek advice about the response they have received and/or how they might challenge or escalate the matter for further consideration.

### 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.

<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 and/or what they should do.

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

- We were unable to make further contact with the caller after the initial conversation outlining the concern
- the caller was already receiving helpful support from their union

In the majority of cases, where we did provide advice, we advised the caller to speak to their union. If a caller is a member of a union, advisers will often suggest the individual makes contact with the union in relation to their concern. This is because whilst we can provide substantive advice, the union can also offer vital support and representation on the ground, such as attending any relevant meetings in relation to the concern. They are also a vital resource for individuals who may need to access legal representation in considering whether or not to pursue a legal claim. Where a union is supporting an individual in raising their concerns advisers routinely offer to speak directly to a representative if they have any questions about the whistleblowing aspects of their member's situation. Liaising with a representative directly is the best way for us to contribute our perspective on the situation whilst also being mindful not to cut across any strategy the union may have already formulated.

In two cases we identified a relevant Health Board contact for the caller and in one of the cases, passed the information on to that contact on the individual's behalf. We will only make such direct referrals where we have the individual's express consent to do so. This type of request is usually made when an individual is worried about their position and would prefer for us to contact the Health Board. This arrangement allows us to have an open channel of communication with the whistleblower should the Health Board require further information and to provide feedback on outcomes.

We also encouraged individuals to engage with the investigation process in two cases. This can occur where an individual has already raised their concern internally and has been told there is an investigation ongoing

but is unclear on the process or might be seeking advice on escalating the matter prematurely. In some cases, this can be triggered by a lack of clarity provided to the whistleblower about the next steps for investigation and/or where the individual feels that the initial recipient of the information did not appear to take the concern very seriously. Where the individual is informed the matter will be looked into we encourage them to feed into that process in order to ensure the organisation has all of the relevant information. It is best to wait until there is some feedback on outcomes before escalating the matter as to do so too early may undermine the ability of line management to investigate issues and may lead to additional senior resources being diverted to a matter that is already being considered elsewhere in the organisation.

### **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. This information is sent to Health Boards directly by way of a short 6 monthly report. 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 15 public cases from NHS Scotland, 9 of these identified the organisation they worked for. Of those 9, there were 8 Health Boards or Special Health Boards identified. Due to the low numbers received for all Health Boards (between 0-3 calls), where the information could potentially identify a caller, we are unable to report on the exact number of cases from any of the individual Health Boards.

### **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:

<b>NHSSCOTLAND PUBLIC INTEREST CASES</b>	<b>Aug-16</b>	<b>Sep-16</b>	<b>Oct-16</b>	<b>Nov-16</b>	<b>Dec-16</b>	<b>Jan-17</b>	<b>Running total</b>
Patient Safety	1	2	3	0	0	1	7
Public Safety	0	0	0	0	0	0	0
Financial Malpractice	0	0	1	0	0	0	1
Multiple	0	0	0	0	0	0	0
Ethical concerns	0	2	1	0	0	0	3
Unknown	0	0	0	0	0	0	0
Other	0	1	0	0	0	0	1
Working practices	0	0	0	0	0	0	0
Discrimination/harassment	0	0	0	0	0	0	0
Abuse in Care	0	0	0	0	0	0	0
Crime	0	0	0	0	0	0	0
Work Safety	0	2	0	1	0	0	3
<b>Total Public Interest Cases</b>	<b>1</b>	<b>7</b>	<b>5</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>15</b>
<b>TOTAL UK PUBLIC INTEREST CASES (INCLUDING SCOTLAND)</b>	<b>137</b>	<b>138</b>	<b>143</b>	<b>176</b>	<b>120</b>	<b>163</b>	<b>877</b>

#### 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:

<b>NHSSCOTLAND PRIVATE CASES (i.e. Contractual Matters)</b>	<b>Aug-16</b>	<b>Sep-16</b>	<b>Oct-16</b>	<b>Nov-16</b>	<b>Dec-16</b>	<b>Jan-17</b>	<b>Running total</b>
Bullying/Harassment	0	0	0	0	0	1	0
Other	2	0	0	0	0	0	0
<b>TOTAL PRIVATE</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>3</b>
Bullying/harassment as a second issue in a public case	1	1	0	0	0	1	3
<b>TOTAL BULLYING/HARASSMENT COMPLAINTS</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>3</b>

#### NHSScotland Training

As part of the training budget allocated to the NCAL, I attended two roundtable sessions for the Whistleblowing Champions in mid-February which were arranged by the Scottish Government to provide an

update on key policy development issues (such as the proposed National Officer role, the duty of candour and progress with i-matters); to enable peer to peer discussion around the opportunities and challenges surrounding the Champion role; and for PCaW to provide an update on challenges presented by whistleblowing generally, as well as an update on issues arising in other sectors, such as financial services and in the NHS in England for example. These sessions were lively and generated much discussion with the value of peer to peer discussions very much appreciated by those attending.

We are about to run three further face to face training sessions in early April, designed for designated officers as well as for those whistleblowing champions who have not yet attended a session, or who would like an update.

We trust that this short report is useful to you and colleagues and 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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