

Whistleblowing Alert and Advice Services for NHSScotland

**Six-month review
(1 August 2017 – 31 January 2018)**

July 2018

Public Concern at Work

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19 April 2018

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

Alert and Advice Line overview

In the above review period we were contacted by 28 individuals who identified to one of our advisers that they work for NHSScotland. This is an increase in calls compared to the previous six-month reporting period (there were 20 calls between 1 February 2017 and 31 July 2017).

22 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. 6 cases related to private matters, namely where the issue involved an employment or HR matter or was a patient complaint about an issue affecting only the patient.

NHSScotland workers will typically contact the Alert and Advice Line in one of two ways:

- via the dedicated Freephone number (0800 0086112) and email facility (alertline@pcaw.org.uk) for the NHSScotland Alert and Advice Line
- via PCaW general advice line number 020 7404 6609 / helpline@pcaw.co.uk (through an independent websearch)

For the purposes of the Alert and Advice Line we operate a Freephone number. We received 78 calls to the Alert and Advice Line Freephone number during the period covered. Please note these are call numbers as opposed to individual cases. This may include callers who identify as working for NHSScotland, callers who do not tell us who they work for, and multiple calls from individuals.

Identification

When providing advice it is not a requirement for the caller to provide the name of their employer to PCaW advisers. The starting point for our advisers will be what the concern is;

Making whistleblowing work

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 22 public interest cases 15 provided us with their name and/or contact details, though this 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. In cases where the individual is satisfied with the advice they have been given and is content to leave things there, they 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 and Advice Line on Whistleblowing matters for both this six-month reporting period and the previous six month period. These are as follows:ⁱ

	1 February 2017 – 31 July 2017		1 August 2017 – 31 January 2018 (current reporting period)	
Position	Count	Percentage	Count	Percentage
Unskilled	3	18%	0	0%
Skilled	1	6%	1	5%
Admin/Clerical	0	0%	1	5%
Management	1	6%	2	9%
Unknown	3	18%	0	0%
Doctor	1	6%	5	23%
Dentist	0	0%	2	9%
Nurse	4	24%	6	27%
Pharmacist	2	12%	0	0%
Engineer	0	0%	3	14%
Other	2	12%	1	5%
Unknown	0	0%	1	5%
Total	17		22	

Consistent with previous reports, nurses were the largest group to seek advice from the Alert and Advice Line in the reporting period; 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.

Please note that we classify positions as unskilled where no formal training or qualifications are required to perform the role. In an NHS context this could include support staff such as cleaners or porters. Skilled positions are those which require some formal training or qualification but which are not covered by one of our other professional categories; this could include tradespeople or drivers.

Types of concerns raised

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 February 2017 – 31 July 2017		1 August 2017 – 31 January 2018 (current reporting period)	
	Count	Percentage	Count	Percentage
Abuse of a vulnerable person	3	18%	1	3%
Ethical	3	18%	3	10%
Financial malpractice	2	12%	0	0%
Patient safety	6	35%	14	45%
Public safety	0	0%	1	3%
Working Practices	1	6%	9	29%
Work safety	2	12%	3	10%
Total	17		31	

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 2015, 2016 and 2017. We received an increase in concerns raised about working practices. This could include breaches of policies or procedures, financial mismanagement, concerns about governance or recruitment procedures, harassment or discrimination or systemic breaches of employment law, as well as other general concerns about how work is carried out.

Please note that in this report we are reporting on multiple concerns identified by individuals, meaning between 22 public cases there were 31 concerns identified by callers. In previous reports we have not reported multiple concerns and only reported on the single principal concern identified by a caller.

Of the total 22 public cases, 16 callers had already raised their concern before contacting the Alert Line. This is 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 or they feel they have experienced victimisation due to raising an issue.

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

Where raised the concern	1 February 2017 – 31 July 2017		1 August 2017 – 31 January 2018 (Current review period)	
	Count	Percentage	Count	Percentage
Manager	3	43%	7	44%
Senior Management/Executive	4	57%	6	38%
Prescribed Regulator/scrutiny body	0	0%	1	6%
Multiple	0	0%	2	13%
Total	7		16	

This reporting period showed an increase in the number of staff who had reported their concerns before contacting the alert line compared with the previous report. It is consistent with previous reporting periods that Managers and Senior Management are the most common avenues used by individuals who raise concerns before calling the Alert and Advice Line.

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 February 2017 – 31 July 2017		1 August 2017 – 31 January 2018 (Current review period)	
Response to concern	Incident rate		Incident rate	
Admitted ¹	1	14%	0	0%
Denied	1	14%	0	0%
Ignored	3	43%	9	56%
Not known	0	0%	2	13%
Under investigation	1	14%	3	19%
Unknown	0	0%	2	13%
Resolved	1	14%	0	0%
Total	7		16	

Of the 16 individuals who had already raised their concern before contacting us, over half stated their concern had been ignored. Other common responses were that concerns were being investigated or the outcome was not known to the caller (as opposed to unknown to the adviser at the end of the call). This is useful to understand the range of advice we give to callers, who may be seeking advice around progressing their concern after raising it already, whether the outcome of the concern is known or not. During an investigation we can advise and support individuals through the process, both in relation to monitoring the concern and protecting their own position in the workplace.

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.

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

The data below reflects the various options provided to callers about where they might raise a concern and/or what they should do. In some cases we provide callers with multiple options to raise concerns.

- 5 cases advised to raise with the Health Board
- 3 cases advised to raise with a Professional Body
- 3 cases advised to raise with their Union
- 1 cases advised to raise with their Line Manager
- 1 case advised to raise with a regulatory body
- 1 case advised to engage with investigation process
- 1 case advised to seek more information about the outcome
- 1 case advised to seek advice from professional indemnity insurer

In four cases we did not provide advice as there was no further contact with the caller after the initial contact outlining the concern. This may be because we are unable to make contact with the caller after the initial call or that they decided to end the call before we can offer advice.

There were no cases in which we passed the information on to a contact within a Health Board 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.

We also encouraged the individual to engage with the investigation process in one case. 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 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 22 public cases from NHS Scotland, 17 of these identified the organisation they worked for. Of those 17, there were 9 Health Boards or Special Health Boards identified. Due to the low numbers of calls received for the Health Boards listed below (between 1-5 calls), where the information could potentially identify a caller, we are unable to report on the exact number of cases from any of these Health Boards. The breakdown of self-identified calls was as follows:

NHS 24	1-5
NHS Ayrshire & Arran	1-5
NHS Fife	1-5
NHS Grampian	1-5
NHS Greater Glasgow & Clyde	1-5
NHS Highland	1-5
NHS Lanarkshire	1-5
NHS Lothian	1-5
NHS Shetland	1-5

Running Totals: Public cases

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

NHSSCOTLAND PUBLIC INTEREST CASES (2017)	Aug	Sep	Oct	Nov	Dec	Jan	Running total
Patient Safety	1	1	3	5	2	2	14
Public Safety	0	0	0	0	0	1	1
Ethical concerns	2	0	1	0	0	0	3
Working practices	0	4	1	2	2	0	9
Abuse of vulnerable person	0	0	0	0	0	1	1
Work Safety	2	1	0	0	0	0	3
Total Public Interest Cases	5	6	5	7	4	4	31

Yours sincerely,



Liam Docherty
Senior Business Support Officer
Public Concern at Work

ⁱ All percentages have been rounded to the nearest whole number meaning totals of the percentage columns may fall between 99-102%.



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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: 978-1-78781-109-6 (web only)

Published by The Scottish Government, July 2018

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS447466 (07/18)

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