

# **NHSScotland Confidential Alert Line**

**Six-month review  
(1 February 2017 – 31 July 2017)**

**January 2018**

## **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](mailto:whistle@pcaw.org.uk)

[www.pcaw.org.uk](http://www.pcaw.org.uk)



16 January 2018

### **NHSScotland Confidential Alert Line Six-month review (1 February 2017 – 31 July 2017)**

We are pleased to provide NHSScotland with the final 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 NHS 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 20 individuals who self-identified that they work for NHSScotland. This is a slight increase in calls compared to the previous six-month reporting period (there were 18 calls between 1 August 2016 and 31 January 2017).

17 of these 20 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. 3 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

#### **Making whistleblowing work**

Out of the 17 public interest cases 13 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 Line on Whistleblowing matters for both this six-month review period and the previous review period. These are as follows:

	<b>1 August 2016 – 31 January 2017</b>		<b>1 February 2017 – 31 July 2017 (current review period)</b>	
<b>Position</b>	<b>Count</b>	<b>Percentage</b>	<b>Count</b>	<b>Percentage</b>
Unskilled	3	20%	3	18%
Skilled	1	7%	1	6%
Admin/Clerical	1	7%	0	0%
Paramedic	0	0%	0	0%
Management	0	0%	1	6%
Executive	0	0%	0	0%
Unknown	3	20%	3	18%
Accountant	0	0%	0	0%
Doctor	1	7%	1	6%
Dentist	0	0%	0	0%
GP	0	0%	0	0%
Nurse	5	32%	4	24%
Pharmacist	0	0%	2	12%
Social Worker	0	0%	0	0%
Non-Executive Director	0	0%	0	0%
Board	0	0%	0	0%
Other	1	7%	2	12%
<b>Total</b>	<b>15</b>	<b>100%</b>	<b>17</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.

	<b>1 August 2016 – 31 January 2017</b>		<b>1 February 2017 – 31 July 2017 (current review period)</b>	
<b>Type of suspected wrongdoing</b>	<b>Count</b>	<b>Percentage</b>	<b>Count</b>	<b>Percentage</b>
Abuse of a vulnerable person	0	0%	3	18%
Ethical	3	20%	3	18%
Financial malpractice	1	7%	2	12%
Patient safety	7	46%	6	35%
Public safety	0	0%	0	0%
Unknown	0	0%	0	0%
Working Practices	0	0%	1	6%
Work safety	3	20%	2	12%
Other	1	7%	0	0%
<b>Total</b>	<b>15</b>	<b>100%</b>	<b>17</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 2015, 2016 and 2017. Unlike in the previous six month period, between February and July we advised a number of individuals who had concerns about abuse of a vulnerable person.

Of the total 17 public cases, 7 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 Line, these were raised with:

	<b>1 August 2016 – 31 January 2017</b>		<b>1 February 2017 – 31 July 2017 (Current review period)</b>	
<b>Where raised the concern</b>	<b>Count</b>	<b>Percentage</b>	<b>Count</b>	<b>Percentage</b>
Manager	5	56%	3	43%
Senior Management/Executive	2	22%	4	57%
Prescribed Regulator	1	11%	0	0%
Media	0	0%	0	0%
Multiple	1	11%	0	0%
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>9</b>	<b>100%</b>	<b>7</b>	<b>100%</b>

This reporting period showed a decrease in the number of staff who had reported their concerns before contacting the alert line compared with the previous report. Unlike the two previous six-month reports, most callers over the current period raised their concern with senior managers rather than their line manager.

### **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.

	<b>1 August 2016 – 31 January</b>		<b>1 February– 31 July 2016 2017 (Current review period)</b>	
<b>Response to concern</b>	<b>Incident rate</b>	<b>Incident rate</b>		
Admitted <sup>1</sup>	0	0%	1	14%
Denied	6	67%	1	14%
Ignored	1	11%	3	43%
Not known	0	0%	0	0%
Under investigation	2	22%	1	14%
Unknown	0	0%	0	0%
Resolved	0	0%	1	14%
<b>Total</b>	<b>9</b>	<b>100%</b>	<b>7</b>	<b>100%</b>

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

Of the 7 individuals who had already raised their concern before contacting us, 3 stated their concern had been ignored and only 1 said their concern had been denied. This is an interesting comparison with the previous 6 month report in which two thirds of individuals who had already raised concerns said they were denied. Callers can seek advice from us even where concerns are admitted, for instance if they do not know how the concern is then resolved or if they are at risk of victimisation.

### **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.

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.

- 6 cases advised to raise with the Health Board
- 6 cases advised to raise with their Union
- 5 cases advised to raise with a Senior Manager
- 2 cases advised to raise with Professional Body
- 2 cases advised to raise with their Line Manager
- 1 case advised to raise with Healthcare Improvement Scotland
- 1 case advised to engage with investigation process
- 1 case advised to raise with another Regulator

In two cases we did not provide advice as there was no further contact with the caller after the initial contact outlining the concern.

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.

In two cases we identified a relevant Health Board contact for the caller. There were no cases in which we 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.

We also encouraged an 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 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 17 public cases from NHS Scotland, 11 of these identified the organisation they worked for. Of those 11, there were 7 Health Boards or Special Health Boards identified. Due to the low numbers received for the majority of 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 relating to specific Health Boards. We were able to report 4 self-identified calls from NHS Greater Glasgow & Clyde.

## 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. 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 (2017)</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Running total</b>
Patient Safety	1	1	1	1	1	1	6
Public Safety	0	0	0	0	0	0	0
Financial Malpractice	1	0	0	0	0	1	2
Multiple	0	0	0	0	0	0	0
Ethical concerns	0	0	1	1	0	1	3
Unknown	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0
Working practices	0	0	0	1	0	0	1
Discrimination/harassment	0	0	0	0	0	0	0
Abuse of vulnerable person	0	1	0	0	1	1	3
Crime	0	0	0	0	0	0	0
Work Safety	1	0	1	0	0	0	2
<b>Total Public Interest Cases</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>4</b>	<b>17</b>
<b>TOTAL PUBLIC INTEREST CASES</b>	<b>185</b>	<b>188</b>	<b>155</b>	<b>152</b>	<b>148</b>	<b>149</b>	<b>977</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>Feb- 17</b>	<b>Mar- 17</b>	<b>Apr- 17</b>	<b>May- 17</b>	<b>Jun- 17</b>	<b>Jul- 17</b>	<b>Running total</b>
Bullying/Harassment	0	1	0	1	1	0	0
Other	0	0	0	0	0	0	0
<b>TOTAL PRIVATE</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>3</b>
Bullying/harassment as a second issue in a public case	1	0	1	1	0	0	2
<b>TOTAL BULLYING/HARASSMENT COMPLAINTS</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>6</b>

Liam Docherty  
Senior Business Support Officer  
Public Concern at Work



Scottish Government  
Riaghaltas na h-Alba  
gov.scot

© Crown copyright 2018

**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](https://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](mailto: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](http://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: 978-1-78851-560-3 (web only)

Published by The Scottish Government, January 2018

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA  
PPDAS352926 (01/18)

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