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NHSScotland Confidential Alert Line Six-month review (1 August 2015 – 31 January 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 and NHS Scotland Health Boards with information on bullying cases that have been raised via the Alert Line.

As discussed at recent quarterly meetings, while this report looks back at the six-month period ending 31 January 2016, it has been delayed for a three month period in order to gather feedback from those who have called the service. The outcome from this exercise is included below.

Advice line overview

In the above review period we were contacted by 25 individuals who self-identified that they work for NHSScotland. You will note that the same number of self-identified individuals also contacted us in the six month review period prior to this one (1 February 2015 - 31 July 2015), which was an increase on the 22 calls received in the six month period before that. This is a positive trend indicating that NHS Scotland staff are consistently using the Confidential Alert Line.

18 of these 25 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. 8 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.

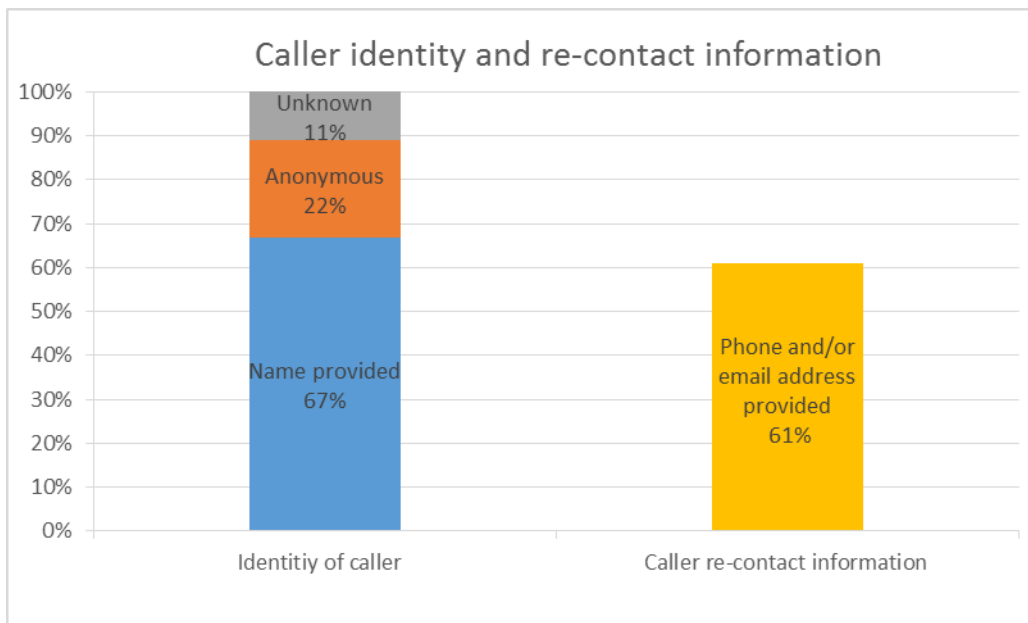
Identification

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 directly; 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

The graph below shows the percentage of callers out of the 18 public interest cases who provided identity and re-contact information:



This shows that the majority of individuals who contacted PCaW in the review period were happy to give us their names and leave their contact information. 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. If 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 that they are welcome 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. This does not necessarily mean that an individual was not content to leave information with us.

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:

	1 February 2015 – 31 July 2015		1 August 2015 – 31 January 2016 (Current review period)	
Position	Count	Percentage	Count	Percentage
Unskilled	1	6%	0	0%
Skilled	0	0%	2	11%
Admin/Clerical	0	0%	2	11%
Paramedic	0	0%	3	17%
Management	0	0%	2	11%
Executive	0	0%	0	0%
Unknown	1	6%	1	6%
Accountant	0	0%	0	0%
Doctor	7	41%	0	0%
Dentist	0	0%	1	6%
GP	0	0%	2	11%
Nurse	7	41%	5	28%
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	6%	0	0%
Total	17	100%	18	100%

Nurses were the largest groups to seek advice from the NCAL in the review period. They are also the largest group of employees in NHSScotland. In comparison to the last review period, there appears to have been an increase in the number of admin/management and skilled workers seeking advice from the NCAL and a sharp decrease in calls from doctors.

Type of suspected wrongdoing

Below is an overview of the types of concerns that were raised during this and the previous review period.

Type of suspected wrongdoing	1 February 2015 – 31 July 2015		1 August 2015 – 31 January 2016 (Current review period)	
	Count	Percentage	Count	Percentage
Abuse of a vulnerable person	0	0%	1	6%
Ethical	1	6%	2	11%
Financial malpractice	1	6%	0	0%
Multiple	0	0%	0	0%
Patient safety	13	76%	9	50%
Public safety	0	0%	0	0%
Unknown	0	0%	1	6%
Working Practices	0	0%	2	11%
Work safety	1	6%	1	6%
Other	1	6%	2	11%
Total	17	100%	18	100%

Patient safety once again topped the list of concerns during this review period, which also reflects the predominant concern across all of our health calls over the same period. Six of the patient safety cases involved unsafe staffing levels and poor clinical practice.

Of the total 18 public cases, 12 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 callers who had already raised their concern before contacting the Alert Line, these were raised with:

Where raised the concern	1 February 2015 – 31 July 2015		1 August 2015 – 31 January 2016 (Current review period)	
	Count	Percentage	Count	Percentage
Manager	10	62%	5	42%
Senior Management/Executive	4	25%	6	50%
Prescribed Regulator	0	0	0	0%
Media	0	0	0	0%
Multiple	2	13%	1	8%
Unknown	0	0	0	0%
MP/MSP	0	0	0	0%
Police	0	0	0	0%
Other	0	0	0	0%
Total	16	100%	12	100%

Many callers raised their concern internally first with their local line manager, which continues the trend seen in the previous review. However the majority of callers said that they had raised their concern with a senior manager or executive prior to contacting the Alert Line, which may suggest that individuals are feeling more confident about escalating their concerns using the internal procedures. This is positive and is the approach advocated in whistleblowing policies that follow the best practice model.

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 2015 – 31 July 2015		1 August 2015 – 31 January 2016 (Current review period)	
	Incident rate	Percentage	Incident rate	Percentage
Admitted ¹	3	19%	3	25%
Denied	0	0%	2	17%
Ignored	8	50%	0	0%
Not known	2	12%	0	0%
Under investigation	3	19%	5	42%
Unknown	0	0%	2	17%
Total	16	100%	12	100%

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

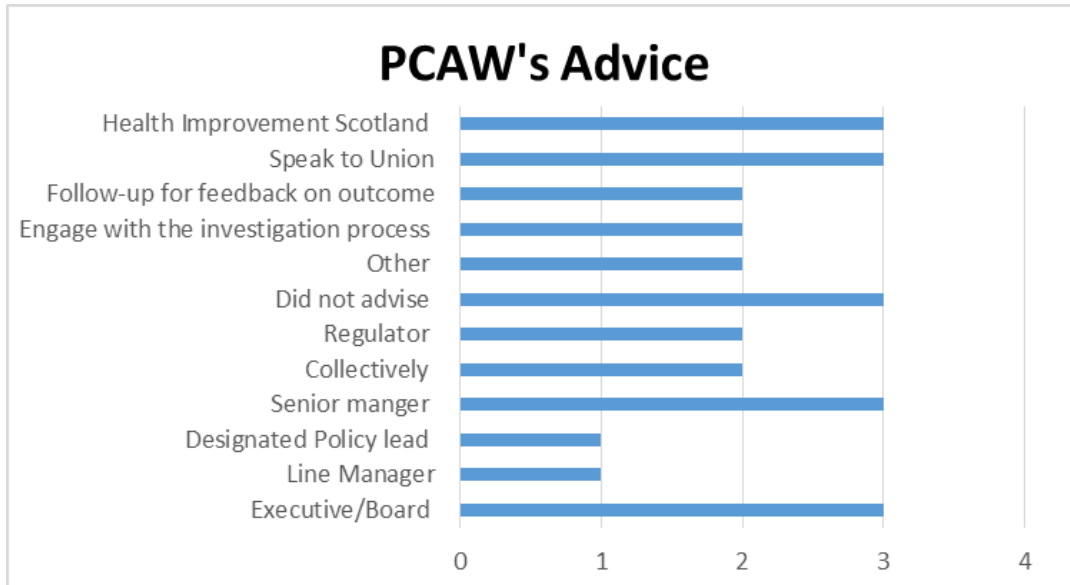
It is a welcome observation that none of the callers during this review period said that their concern had been ignored and the majority of concerns were either admitted or under investigation. This is a stark contrast with the previous review period and the same period within the health sector across England, where 17% of callers said their concern was ignored. Having regular and substantive feedback (where appropriate) on what an organisation is doing with a concern is very important and recommended by the whistleblowing code of practice, whether it is being admitted or under investigation from the organisation and can increase staff confidence in the process.

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.

When the NCAL was first set up, PCaW agreed an information sharing protocol with Healthcare Improvement Scotland (HIS). Initially all whistleblowing concerns raised by staff out-with their Board were to be referred to HIS via PCaW. We agreed to set out the concern in writing (email) to assist HIS case workers to better understand the concern itself and to have a clear overview of the situation should the matter be passed to another person for investigation. This is particularly useful where the caller wishes to remain anonymous and the written note is the only information HIS have access to.

Our contact at HIS has advised us that the number of individuals approaching HIS directly to raise concerns (i.e. without first having contacted the NCAL) has increased as staff are now more aware of their status. It remains, however, where an individual wishes for PCaW to refer a case to HIS on their behalf, PCaW will continue to follow the protocol outlined previously, and provide a written summary. This will be recorded as a referral. If PCaW pass on contact details for HIS to a member of staff who has contacted NCAL who is happy to liaise with the regulator directly, this will also be logged as a referral. The Scottish Government should note that in the latter case there may be some discrepancy between the recorded number of referrals reported by PCaW and HIS as the individual may never actually decide to report to HIS.



The graph above reflects the various options provided to callers about where they might raise a concern and/or what they should do. In some cases, depending upon the facts, we advise there is more than one option for the caller to consider and this is reflected in the graph.

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

- the individual did not call back for advice or we were unable to contact them (i.e. because they did not provide a number or did not answer or return calls)
- the caller's concern was more of a policy issue and not wrongdoing.

Where we did advise, we mainly advised callers to escalate the concern to a senior manager, the Board or Healthcare Improvement Scotland. Although in regards to HIS we did not facilitate any direct referrals in this reporting cycle.

We also advised the individual in several cases to try to engage with the internal investigation process and follow-up with the employer about communicating the outcome. Where individuals had general employment elements to their case we advised that they engage with their union, where this was available and appropriate. In these cases as explained in previous reports we will usually advise the individual that it is best for us to feed into the situation by speaking with their union representative directly on the whistleblowing elements of their case in order to avoid cutting across the union's advice on other private employment aspects of the case.

In appropriate cases the advice line team are also keen to reassure callers that they have done the right thing by speaking up and can often reinforce this by referring the caller to the relevant Health Board whistleblowing policies (which we have access to) which sets out the organisations approach to dealing with concerns and recommended routes to escalate unresolved concerns as necessary.

Health Boards

We also provide information on the numbers of whistleblowing concerns raised in each Health Board where we have this information and the individual cannot be identified. As previously mentioned 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 have received additional calls from individuals who do not identify their Health Board.

Of the 18 public cases from NHS Scotland, 11 of these identified the Health Board they worked for. Of those 11, there were 7 Health Boards identified. Due to the low numbers received for all of those Health Boards (between 1-3 calls), where the information could potentially identify a caller, we are unable to report cases from any individual Health Board.

[We will shortly be sending each Health Board an individual report outlining data on both public and private calls received to the alert line.]

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 as shown in the following table. For comparison reasons, we have provided the number of calls to our Charity Service from the Health Sector across the UK.

NHSSCOTLAND PUBLIC INTEREST CASES	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Total
Patient Safety	2	1	3	1	0	3	10
Public Safety	0	0	0	0	0	0	0
Financial Malpractice	0	0	0	0	0	0	0
Multiple	0	0	0	0	0	0	0
Ethical concerns	0	0	1	0	1	1	3
Unknown	0	0	0	0	1	0	1
Other	0	1	1	0	1	0	3
Discrimination/harassment	0	0	0	0	0	0	0
Abuse in Care	0	0	0	0	0	0	0
Work Safety	0	0	0	0	0	1	1
Total Public Interest Cases	2	2	5	1	3	5	18
TOTAL UK PUBLIC INTEREST CASES (INCLUDING SCOTLAND)	25	20	34	31	25	27	162

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)	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Total
Bullying/Harassment	0	0	1	2	0	1	4
Other	0	1	0	0	1	1	3
TOTAL PRIVATE	0	1	1	2	1	2	7
Bullying/harassment as a second issue in a public case	0	1	2	0	1	2	6
TOTAL BULLYING/HARASSMENT COMPLAINTS	0	1	3	2	1	3	10

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. We sought responses from callers over the period 1 August 2015 - 31 January 2016. There were 18 public cases over this time period and 8 of those left contact details. Unfortunately this exercise resulted in a low response rate and we were able to obtain feedback from only three of the eight callers in total. We provide a summary of those responses below.

Feedback on advice from PCaW

Question	Response
Was the advice clear and easy to understand?	Y=3 N=0
Was the advice helpful?	Y=2 N=1
Did you follow the advice?	Y=2 N=0 Unanswered =1 ²
Would you recommend the charity to someone who was unsure whether or how to raise a concern about malpractice?	Y=2 N=0 Unanswered =1
Did you ever raise your concern?	Y=2 N=0 Unanswered =1

Outcome for the caller and their concern

Of the respondents surveyed one said that they were dismissed for raising their concern and one said that there was no negative consequences for them.

When asked about the outcome for the concern they had raised, one respondent said their Employer denied there was a concern and another said their employer resolved the concern.

NHSScotland Whistleblowing Champions Training

Following the success of the previous training delivered to representatives from each of the Health Boards on whistleblowing, PCaW delivered two further training workshops for the new Whistleblowing Champions. The aim of these sessions was to ensure that Whistleblowing Champions are familiar with policies and support mechanisms required for an effective whistleblowing culture and tools to promote and encourage good practice.

PCaW delivered 2 centrally based training sessions in November and December 2015 in Edinburgh and Glasgow which accommodated representatives from all 22 Health Boards.

² As the caller did not think the advice was helpful, they did not wish to answer the remaining questions. Due to the fact the caller ended the call we concluded they did not wish to have further contact or follow up advice.

The content of the sessions included:

- **Introduction to whistleblowing**- the history of developments in speak up policy and the creation of the Champion role, including a session considering responsibilities and what the position entails.
- **Policy**- interplay and integration of various existing policies and procedures. Consideration of key policy messages and best practice
- **Reporting and review**- a focused session exploring methods, ideas and suggestions on reporting and review. This included attendees working together to share existing methods and innovative new ideas
- **Audit and review**- exploring the Whistleblowing Champion's oversight role and providing assurance to Board.

The sessions were interactive and included consideration of a tailored case study, open discussion and group exercises.

We provide a summary of the key themes arising from the sessions below:

- It was clear from the discussions that a network of those holding the Champion role will be a useful forum for the post holders to share experience and learn from one another. Given that this is a new role and the subject matter it relates to, it was a common theme in both sessions that a peer to peer network would be a useful forum to develop and share best practice.
- Guidance around what is expected of the champion role, perhaps with a toolkit for ensuring consistency across boards.
- Review of NHSScotland PIN policy to include guidance generally for Boards - perhaps with training packages and training notes (including what is and what is not whistleblowing) generally seemed to be something most of the delegates would welcome.
- A sense of the structure of staff that could be involved in the ownership, operation and review of the whistleblowing process, taking into account the need for named contacts to provide support to staff and the varied demographics and size of health boards across Scotland. We noted that in some Health Boards there is a huge jump from the line manager (usually step one in terms of who to approach with a concern) to those designated as senior contacts in the policy.
- To consider a template flow diagram for Boards to use when updating policy.
- To consider template process for Board reporting.
- To explore how whistleblowing fits with adverse incident reporting and datix across NHS Scotland.

We received positive feedback from attendees for both sessions. Following the training, there is some important follow up work to be undertaken to ensure that the subtleties of the whistleblowing champion role are not lost. As a starting point we would recommend re-circulating the parameters of the role which was included in the delegate packs. It was clear from the sessions that despite the clarity in the role description, there is nevertheless some confusion and the role will take a while to embed.

We sent through a number of our standard documents to help with this work including a diagnostic tool to help managers assess the severity of a concern and whether there is a need to escalate, model training notes and a model whistleblowing survey.

Update on PCaW's work in the Health sector in England and Northern Ireland

As you are no doubt aware much work is being undertaken in the health sector in England following the Freedom to Speak Up report by Sir Robert Francis. We are involved in various aspects of the practical implementation of the recommendations in the review including advising and training NHS England and Public Health England on their policy roll out, advising on the national integrated policy recommended in the FTSU report and working with individual trusts to help them operationalise the reforms.

The e-learning package that we are developing for Health Education England (HEE) is likely to be rolled out in July this year. Training of Local Freedom to Speak Up Guardians is also taking place over June and July network and conference. We are keen to work with the new National whistleblowing officer soon to be appointed by the Care Quality Commission in order to ensure that the training options are integrated with any other initiatives arising as a result of the proposed reforms.

We are in the process of considering the development of guidance and supporting documents to help managers who undertake the training envisioned by the FTSU report. In particular help for managers to consider the formal and informal elements of an organisations whistleblowing arrangements, when to formalise a concern and when to escalate the issue as well as consideration of the formal reporting process which will feed into the Management Information collected by each organisation.

For information we are also in discussions with the regulator for Health and Social Care in Northern Ireland (RQIA) in relation to a review of the sector's whistleblowing arrangements being undertaken in the upcoming 5 months.

We would be pleased to discuss this review with you and hope it is a useful overview of the Alert Line and how it works in practice.

Recommended workplans for NHSScotland in 2016

Training

- We would suggest exploring options for additional training for the NHS Health Boards and scheduling this in for September/October. We successfully completed sessions with Health Board representatives and a session specific to the new Whistleblowing Champion role. The next phase of training could be further detailed training or could be training aimed at training senior managers, who may then roll this out to line managers. Our research into 1,000 cases on our advice line, [The Inside Story](#), found that the large majority of whistleblowers raise concerns at line management level. It is therefore important to ensure that individuals at this level also have confidence identifying and handling whistleblowing concerns. We have a number of options the Scottish government could consider in terms of providing this training:
 - Train the trainer: we run a set of face to face sessions with local HR trainers providing them with the tools, knowledge and materials to deliver their own sessions to managers in house to cascade learning. This options benefits from organising fewer sessions as we will not be attempting to train managers directly but a targeted set of trainers from each locality.
 - Another possibility is a more detailed investigation and handling training, looking more closely at how to deal with difficult conversations and resolving issues in the workplace. This could either be aimed at Whistleblowing Champions or designated contacts in policies.

- E-learning: we can work with NHSScotland to develop an e-learning programme for staff and/or managers that can include a general introduction to whistleblowing and why it is important, the role and responsibilities of a manager and assistance in handling a concern. The benefit of this option is that the training can be rolled out quickly and easily to a much larger pool of staff. You can also track understanding and completion rates.

Communications

- Planning for further communications is underway with a number of channels being explored, including: conferences, advertising through appropriate publications, targeted articles, re-issuing managers briefings and payslips.

Francesca West
Deputy Chief Executive



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