

PE1605/U

Petitioner Letter of 9 November 2016

Update and Comments on Responses from NHS Staff Whistleblowing Hotline Petitioner In the News

On the 14th October 2016, the BBC published an article entitled "NHS whistleblowing helpline dubbed 'completely toothless'" which invited Public Concern at Work (PCaW) to comment on the petition. The article, at www.bbc.co.uk/news/uk-scotland-scotland-politics-37607011, revealed that "A whistleblowing helpline for NHS Scotland is facing criticism following a steep decline in calls". It noted:

"A new report has found that calls to the confidential "alert line" have fallen by 75% since it was set up two years ago. Critics claim the service is "completely toothless" and staff are too frightened to raise concerns. The Scottish government said it was part of a wider package of measures to support NHS staff. They said potential whistleblowers should have the confidence to speak up without fear and know genuine concerns would be investigated properly.

PCaW, an independent charity, has been paid more than £50,000 to run the alert line for NHS Scotland since April 2014. The service was initially launched as a pilot and during its first six months it received 73 calls from concerned health workers. But, in a new review for the Scottish government, the charity revealed just 18 whistleblowers called the helpline during the six months to 31 January 2016... The data has raised further fears that some health workers are reluctant to raise concerns about unsafe working practices. "

The Chief Exec of Public Concern at Work said in the article, *"The service commissioned by NHS Scotland is substantially different to the one suggested by the petitioner. We believe that an investigatory service aimed at whistleblowing cases across the NHS could make a real difference to the experience of those raising concerns in the health sector, but this is not the service we provide to NHS Scotland or in any event. Raising concerns in any sector can present real challenges and far too often those who speak truth to power suffer as a result."*

Her comment, that "an investigatory service aimed at whistleblowing cases across the NHS could make a real difference to the experience of those raising concerns in the health sector" is substantially stronger than anything she has said in her submission to Parliament.

The BBC article picks up on the article that the NHS Scotland Chief Exec, Paul Gray, wrote in an Agenda piece for the Herald on the 26th Sept entitled "Every member of staff in Scotland's NHS should have the confidence to speak up without fear ". He observed that some staff were still afraid to blow the whistle. (Read it at http://www.heraldscotland.com/opinion/14763864.Agenda_Every_member_of_staff_in_Scotland_s_NHS_should_have_the_confidence_to_speak_up_without_fear/)

The Herald followed this up with an article headed "NHS workers are too scared to voice concerns about service". The next day the paper published my letter on the petition alongside one from Dr Jane Hamilton, the consultant who blew the whistle at St John's hospital.

On the same day, the P&J In Aberdeen revealed that the "[ARI surgeons under investigation were cleared by watchdog](#) " It noted that two of whom, who blew the whistle on unnecessary operations- had been suspended and investigated at a cost of £5M to the Health Board. They were cleared of any wrongdoing, but had resigned their posts, so there was not simply a huge financial cost, but a medical one too.

I'd also like to refer the Committee to "Whistleblowing in the Public Sector- A good practice guide for workers and employers" published by the UK's four audit authorities in Nov 2014. On p25 it says "Your employer should still accept concerns raised anonymously and give a commitment that they will be acted upon, with channels of communication, such as hotlines, provided to facilitate them." https://www.niauditoffice.gov.uk/sites/niao/files/media-files/wb_good_practice_guide.pdf

Finally – here is a 3-minute video showing how a hotline works in action from [Safecall](https://www.youtube.com/watch?v=15Q4mRNazI). View it at www.youtube.com/watch?v=15Q4mRNazI

COMMENTS ON SUBMISSIONS ON THE PETITION

I'd like to commend the supportive submissions from Dr Peter Gordon, Rab Wilson and Gary Wilson, ex-employee director of NHS Health Scotland. Comments from clinicians and those who sat on the Staff Governance Committees of NHS Boards are incredibly helpful and I'm well impressed by these brave individuals for speaking up.

I've made an observation on PCAW's submission above.

The responses from the Chief Executives of the Health Boards have been predictably negative, with few apparently having read the petition fully. NHS Grampian's Chief Exec, having just blown £5M of our cash in investigated physicians which included the Queen's Surgeon, Prof Krukowski, says "A replacement helpline which would operate often without recourse to NHS managers would be a contrary to the current way of working and not considered necessary".

Two points here: firstly, by not considering how this mechanism might have saved £5M plus the careers of two medics, he appears to have learnt nothing from experience. Secondly he thinks I call for a helpline, even though the petition clearly spells out a hotline is sought and that there is a huge difference between the two.

He, like most others, haven't grasped that calls would be split into "minor" and "major", with NHS managers getting to sort the former but not the latter. Their responses suggest they are really not interested in the petition and the evidence suggesting hotlines could improve their productivity, only responding to condemn the petition because it represents a change to their way of working. They are probably not keen on engaging the non-Executive Board members with management problems. Most Chief Executives seem to want to keep Board members as far away from whistleblowers as possible, for truly their station represent the pinnacle of management within each Board. For them to expose their managers to the scrutiny of non-executives over disputes would, I imagine, seem the height of disloyalty. However, by keeping the Board away from many of the real problems the health service faces, they fail to appreciate how sunlight can be the best disinfectant.

It is unfortunate that the Salford Royal NHS Foundation Trust have not responded to Parliament's invitation to comment. I'd like to request that another effort is made to get a reply- and that the other NHS Trusts in England using a hotline are also invited (University Hospital of South Manchester NHS Foundation Trust and Camden & Islington NHS Foundation Trust).

In terms of Unison's response, my call on the i-Petitions website to union bosses calling on them to allow members to discuss whistleblowing and this petition has clearly failed- the 143 citizens who signed have failed to move them. Unison have not consulted their Scottish members prior to submitting their parliamentary response. It is therefore the view of UNISON bosses, rather than Unison members, and reflects the way in which Unison's hands are tied in all matters relating to NHS Management issues. By dint of the Partnership arrangements, they hold a position close to that of

NHS Bosses- they set up the current arrangements, after all, and seem unable to reflect upon their efficacy.

Indeed, Unison's submission is quite at odds with the position it adopted three years ago, when it was invited to comment on my petition calling for whistleblower hotlines for Scottish Councils. That submission can be found on the Parliamentary website at www.parliament.scot/S4_PublicPetitionsCommittee/General%20Documents/PE1488_D_UNISON_28_11.13.pdf Their last submission, for the exact same whistleblowing facility, stated "Unison Scotland is sympathetic to the petition's aims".

The change in attitude reflects that Unison Scotland occupies two spaces: the Unison that represents workers interests and the Unison that sits in Partnership at NHS Scotland and seeks to jointly manage the NHS. In the latter position, its judgement is apparently compromised.

It also seems that in the past three years Unison bosses have developed a disdain for commerce. They imply that "commerce" is a dirty word, in that my petition suggests that a commercial company could run the hotline. My view is that if a charity or independent body tendered for it, that would be fine. But I feel that the hotline should be provided at minimum expense, given the parlous state of NHS finances, and it may be a commercial arrangement would be the most efficient in delivering the service. The hotline needs to be able to cope with rising and falling demand, after all.

The Scottish Government says in its submission that the INO is to "provide independent and external review on the handling of whistleblowing cases in NHSScotland". But the INO will have no sense of the scale of the problem; only the most persistent of whistleblowers will get to them. Without a hotline, how will they know when the whistle is being blown and when the whistleblower has been victimised?

NHS Scotland will also have no way of assessing the scale of the problem without a hotline. In the past, they ran the staff survey, which it seems it is doing away with, having introduced the i-Matter programme instead. The new survey has eliminated any reference to bullying or wrongdoing and any free text contributions.

Edinburgh Council's submission provides information as to how an effective whistleblowing scheme could work. Before it was implemented, the Council's Chief Executive would have been saying the same as the Health Board Chief Execs- namely, no problem here, we have a policy, etc. But now, having introduced a hotline, the Council's Corporate Management Team can see the difference it makes. They say "Investigations into qualifying disclosures have resulted in a range of management action and service improvements relating to Council working practices, policies, procedures and processes in areas such as health and safety, safeguarding, and recruitment."

I think the NHS could benefit from those actions too, if it is to save the kind of cash that the Government says it needs to.

The contrast between the replies from the City of Edinburgh Council and the NHS Chief Execs could not be greater. Here is one body that has put in place effective measures to deal with staff concerns, effectively involving the governing board. And here are ten others, also in receipt of public cash, indicating no desire to bring Board members more into management matters.

It takes a leap of imagination to consider a different way of doing things.