

Come to the NHS WHISTLEBLOWER BLAST at Holyrood to support “A SAFER WAY TO REPORT NHS MISMANAGEMENT AND BULLYING”

It will make the NHS **SAFER** and **MORE EFFICIENT**. The 2016 petition seeking an independent whistle-blowing hotline with investigatory teeth [is now supported](#) by the Scottish Parliament but [rejected](#) by Government.

The hotline would allow hospital and care staff to report not just negligence, malpractice and ill treatment of a patient, but management instructions which are contradictory to safe and effective person-centred care. Also, the bullying by managers and colleagues that 15% of staff complain about. It will allow poor decisions that reduce efficiency to be challenged and will save money.

To convince the Government that change is needed, a special **WHISTLEBLOWER BLAST** event is being organised at **MacDonald Hotel, Holyrood** on **Wednesday 19th June** from **6-8pm**. Whistleblowers from Boards across Scotland will speak about their experiences and call for change. For the first time ever, doctors, nurses, ex-NHS Board members who have suffered victimisation will issue a joint call for action to MSPs and the press.

These include:

- Dr Jane Hamilton “It cost me my job, reputation and family life but I’d be an NHS whistleblower again”. This top doctor from the Mother and Baby Unit at St John’s Hospital in Livingston suffered an eight-year nightmare in a case that cost the NHS an estimated £1M
- Dr Sukhomoy Das, a stroke physician who established case law in [Das v Ayrshire NHS UKEAT](#) of 10% likelihood employability, so demonstrating effective blacklisting and the inadequacy of Public Interest Disclosure Act (PIDA); he blew the whistle on unsafe practises and was blacklisted as a result
- Rab Wilson, ex-nurse from NHS Ayrshire who in 2012 exposed a cover-up at the health board involving 56 so-called critical incidents and at least 40 deaths.
 - and some, such as Gary Wilson, ex-Employee Director of NHS Health Scotland, who have never had their tales covered in the press will speak. Gary was bullied out of his job after raising concerns such as serious bullying, breaches of due process, irregular financial decisions and pointing out that staff were not being listened to about relocation plans.

A full list can be found at www.kidsnotsuits.com/whistleblower-blast

The **hotline they will call for** will have investigatory teeth and would replace the existing useless helpline which has been branded “a waste of time” by campaigners. [Dr Kim Holt of Patients First has [said in the Scotsman](#) “We have tried it out a few times. The people who called found it was hopeless. They’re being told ‘tell your manager, speak to your union’. They don’t have any power, so all they can do is advise you.”]

End the fear. No NHS managers would see staff reports– just **Regional Health Board members**. If they failed to act, the case would be taken to the newly-established Independent National Whistleblower Officer. Whistleblowers jobs and careers would be safe, their identity secure. This is the mechanism whereby hospital workers could let those at the top learn as to what is really going on. NHS blunders compensation costs are huge. The hotline could be run by Safecall (who run Edinburgh Council’s hotline) or any another of the 5 UK providers. Cost? Less than £150,000 pa for 160,000 Scottish NHS staff. Saving? £Millions. It will make hospitals safer and more efficient.

The [2016 Parliamentary Petition calling for an NHS whistleblower hotline](#) was signed by MSPs (Alison Johnstone, Andy Wightman, Jeremy Balfour, Kezia Dugdale), and over one hundred doctors, nurses and activists. Local branches of Unite and GMB unions voted in favour too.



The hotline would run along the same lines as that of Edinburgh City Council, who have been running a hotline since 2014, having considered and rejected the helpline that the NHS use. The Council hotline grows ever more popular with staff, with [use doubling in the space of the past 12 months](#). It’s first [annual report concluded](#) “Many of the recommendations that have resulted from investigations have led to amendments to policy, improvements to procedures and processes, the development and sharing of best practice and improved service delivery.” The Scottish NHS would benefit from exactly the same.