



# **Facilitator's Notes**

## **Fraud case study for Confidential Contacts**



## Overview and preparation

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This case study is designed to be used as an induction or skills refresh for a group of Confidential Contacts. There is an accompanying PowerPoint presentation for the session and two handouts that can be printed or distributed by email.

This session can be delivered by anyone with knowledge of the whistleblowing process – for example, this could include the Whistleblowing Lead or an experienced Confidential Contact.

You should allow 30 to 60 minutes to work through the case study with the group.

Please read the case study in full before facilitating the session. You will need to be familiar with the progression of the case in order to steer the discussion but it is important that members of the group have not seen the full case study before the session. The full case study can be found at [appendix one](#).

### **Use the checklist below to ensure you are ready to deliver the session:**

- Do you have the mock up voicemail handout ready to distribute?
- Have you read the facilitator's notes in full?
- Have you familiarised yourself with the case study and the questions?
- Do you have pens and paper if you are running the session in person?
- Do you have access to the [National Whistleblowing Standards](#) if the group wish to refer to them?
- Do you have the post-session handout ready to distribute?
- Do you have any relevant internal signposting information available to share with participants (e.g. details for HR, counselling services, links to policies etc.)?

During the session, the scenario will be delivered in three parts with an opportunity for discussion after each. The discussion will be focused around a set list of questions. This note includes guidance on the answers to the questions but these should be used to guide the discussion, rather than read aloud. This session is designed to be interactive with all participants actively discussing their thoughts on the scenario and the questions posed.



The aims of the case study discussion are for Confidential Contacts to:

- Explore and share their thoughts on the case study
- Think about how to prepare for and respond to contacts
- Consider what internal and external signposting options are available
- Increase their familiarity with the National Whistleblowing Standards

## Running the session

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The following section will take you through each of the slides of the PowerPoint presentation:

**Slide 1: Confidential Contact case study session** - intro slide.

**Slide 2: you have mail** - refer participants to the first handout and ask them to take a few minutes to read the voicemail text. This is an overview, which you can read or explain to the group:

*You receive a voicemail from a volunteer from the Hospital Broadcasting Service (HBS) as they saw your details on a local poster. They summarise they have concerns about how the money that is raised via fundraising is being used inappropriately and they want to speak to you about it.*

**Slide 3: discussion part one** – a list of questions is included on the slide and should be used to prompt discussion. Some answers to the questions are included below and can be used to guide and inform the discussion. The answers are not intended to be simply read to the group.

### 1. How do you respond to the whistleblower?

Confidential Contacts should ensure they have protected time available to return the whistleblower's call to discuss further. Some things to think about covering during the call:

- Check that now is a good time for a call.
- Ask if they would like to discuss now or arrange a call/meeting for later.
- Show empathy for their experience and recognise it can be difficult to raise concerns.



- Explain that their details will not be shared further, unless expressly agreed.

## 2. What are your first thoughts?

### 3. Do you need to prepare any information to pass on to the person?

Think about what you need to prepare ahead of your conversation with the whistleblower. Will you meet in person, virtually or by phone? Do you need to find out if the whistleblower needs any reasonable adjustments? Do you have a quiet space for the conversation? If you are meeting in person, do you have a box of tissues?

There are a range of simple considerations when thinking about the first meeting – what are yours?

You may also want to consider what signposting information you may need to pass on. If the HBS is a charity, they will be governed by very different rules from the NHS, and OSCR, the Scottish Charity Regulator, may have some useful information to look into ahead of the meeting.

### 4. What questions do you have for the whistleblower?

Is there anything that you particularly need to find out from the whistleblower? These questions could help you determine what signposting you need to consider and gives you the opportunity to fully understand their concerns and their preferences around confidentiality. You will have your own questions but some examples include:

- Can you explain more about the HBS and what they do?
- Would you normally be advised how the money raised is utilised in the service?
- Is there a policy in place that explains how money is used?
- Can you tell me about your concerns around confidentiality?

**Slide 4: what happened?** – take the group through the next part of the scenario.

There is quite a lot to read, so you could read it out while the group take notes on the key information, as this may help with the next part of the discussion. The process of taking notes could be good practice for a call or meeting with a whistleblower, where you can often be presented with a lot of information:



*[The facilitator reads the following text aloud:]*

*You call the whistleblower and explain your role as Confidential Contact and ask that they explain the situation to you.*

- The whistleblower explains that there are regular fundraisers for HBS and the money raised should go back into the voluntary services.*
- The whistleblower has no knowledge of how this money is used, and acknowledges they would not normally be informed.*
- The whistleblower highlights that, over time, they have seen new furniture across the clinical sites that would benefit staff, as opposed to patients and families.*
- The whistleblower is worried the money raised via HBS is being used incorrectly.*

*The whistleblower highlights they are one of two volunteers and want to remain anonymous. The whistleblower has asked you to raise the concern on their behalf.*

**Slide 5: what have we learned?** – this slide provides a recap of the main learning points from this scenario.

**Slide 6: what do we know so far?** – this slide outlines the main facts of the case so far.

**Slide 7: discussion part two** – further questions for discussion are outlined on the slide. As before, the questions and answers below should be used to prompt and guide discussion (rather than read aloud):

### **1. Is a volunteer able to raise a whistleblowing concern with you?**

Volunteers are eligible to raise concerns under the Standards. The Standards say that anyone who provides an NHS service can raise a concern, this includes volunteers, students and contractors. Volunteers should be able to access the advice and support of a Confidential Contact.

### **2. Is a concern about a voluntary service whistleblowing?**

The definition of whistleblowing in the Standards is:

*“When a person who delivers services or used to deliver services on behalf of a health service body, family health service provider or independent provider (as defined in section 23 of the [Scottish Public Services Ombudsman Act 2002](#)) raises a concern that relates to speaking up, in the public interest, **about an NHS service**, where an act or omission has created, or may create, a risk of harm or wrong doing.*



*This includes an issue that:*

- *has happened, is happening or is likely to happen*
- *affects the public, other staff or the NHS provider (the organisation) itself.”*

In this case, it is possible that the HBS is not considered an NHS service, particularly if it is not being delivered by the NHS. If the HBS is a charity that supports the NHS (rather than delivering health services, as some charities do), then it is unlikely that this would fall under the definition of whistleblowing. This would be a decision for the board to make.

However, it may be helpful to discuss this as a possibility with the whistleblower, to ensure they understand that the board will have to consider this issue more carefully before they can look into the concern. It may also be that OSCR, the Scottish Charities Regulator, are in a better position to assist with this concern.

### **3. Are you able to take forward an anonymous concern?**

It is not possible to [raise a concern anonymously under the Standards](#).

The problems with anonymous concerns are that they:

- Limit the organisation’s ability to investigate the concern if there are gaps in the information provided (because they can’t follow up).
- Leave the whistleblower without the protections in the Standards or the support the organisation is meant to provide.
- Mean that the whistleblower will not get feedback from the organisation about what happens.
- Do not give the whistleblower the option of requesting an independent review from the INWO after the investigation process concludes.

If someone is concerned about anonymity, it can be useful to talk to them about confidentiality. The Standards say:

*“Confidentiality must be maintained as far as possible in all aspects of the procedure for raising concerns. Staff need to know that their identity will not be shared with anyone other than the people they have agreed can know it, unless the law says that it can or must be. The name of the person raising the concern must not be routinely or automatically shared at any point, either during the investigation or afterwards. There are, however, times when information about the person raising a concern will become clear to others, or*



*when it will be necessary to share this information in order to put things right or continue with an investigation.*

*It is important that all aspects of confidentiality are discussed when the person first raises the concern”*

#### **4. Do you understand the issues being raised?**

It is important that you and the whistleblower have a shared understanding of the concerns they want to raise, so that you can signpost where appropriate and explain where other process may be suitable (e.g. if it becomes clear that the issues are about an individual employment situation). If you have been asked to forward on the concerns to the relevant person in the Board, it is especially important that what is sent on is accurate and covers all of the issues raised. You can ask the whistleblower to set out their concerns in writing or you could agree what will be forwarded on during or after your discussion.

#### **5. Do you know what the Standards say about concerns relating to fraud?**

The Standards list fraud as an example of a concern that can be raised under the whistleblowing procedure. Fraud can include theft, corruption, bribery or embezzlement.

Importantly, concerns about fraud can be raised directly with the NHS Counter Fraud Services (CFS) and this is likely to be the most appropriate route for the concern to be investigated. However, in order to access the protections under the Standards (like ongoing support from the Board and protection from detriment), a whistleblower must raise under the Standards first.

Normally, when the Board receive a concern about fraud, the concern will be referred on to the Board's fraud liaison officer who will pass the details on to the CFS.

**Slide 8: what happened?** – take the group through the next part of the scenario.

As before, there is quite a lot to read, so you can give the group the option to take notes of the key information as you read it out if they like. This could be good practice for a call or meeting with a whistleblower, where you can often be presented with a lot of information:



*[The facilitator reads the following text aloud]*

*You let the whistleblower know that volunteers are entitled to raise whistleblowing concerns under the Standards. The Standards cover anyone delivering an NHS service.*

*You explain the difference between confidentiality and anonymity under the Standards and that in order to access the support and protections outlined in the Standards, the person must put their name to the concern. You explain and reinforce the importance of confidentiality and how it should be maintained by the Board. Only the people who the whistleblower agrees can know their identity will be entitled to know it. You explain that if the person decides to submit the concern, the email will only be shared with the Whistleblowing Lead and that you will make it very clear that there are concerns around confidentiality.*

*You explain that, concerns relating to fraud may be handled slightly differently by the Board. The whistleblower can claim the protection of the Standards by raising it as a whistleblowing concern but the Board may then refer it to the Fraud Liaison Officer to progress. You also say that, if the concerns relate to the way a voluntary service is using the money, rather than the NHS, neither the Standards nor Counter Fraud Service may be appropriate. You say that the Board will need to consider this further when they receive the concern.*

*You say that you know this is a little complicated, so you share the relevant sections of the Standards (covering fraud) and let the whistleblower take some time to think about what they would like to do. You explain to the whistleblower that it would be helpful to receive their concerns in writing if they wish to take it forward, highlighting the time period that the concerns came to light.*

*The whistleblower emails the next day to say that they are anxious about raising it but have decided to proceed with your support. They submit a written concern to you and you note that you will share the concern with the Whistleblowing Lead to action.*

*You refer the concern to the Whistleblowing Lead highlighting the whistleblower's concerns about confidentiality.*

**Slide 9: what have we learned?** – this slide provides a recap of the main learning points from this scenario.

**Slide 10: what has been agreed?** – this slide includes the main actions/next steps that have been agreed between the whistleblower and the Confidential Contact.

**Slide 11: discussion part three** – further questions for discussion are outlined on the slide. This section is an open discussion and opportunity for Confidential Contacts to reflect on what they have learned and what, if anything, they need to do next (e.g. find more information about support options):





- Are you confident that you can provide advice on concerns about fraud?
- Were you comfortable discussing confidentiality vs anonymity?
- Is there anything that you would do differently if presented again with a similar case?

**Slide 12: thank you** – this slide thanks participants and prompts them to refer to a post-session handout with takeaway points and links to helpful information. The handout is available as a separate document for facilitators to distribute.



## Appendix One

### Fraud – full case study

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#### *Part one*

You receive a voicemail from a volunteer from the Hospital Broadcasting Service (HBS) as they saw your details on a local poster. They summarise they have concerns about how the money that is raised via fundraising is being used inappropriately and they want to speak to you about it.

#### *Part two*

You call the whistleblower and explain your role as Confidential Contact and ask that they explain the situation to you.

- The whistleblower explains that there are regular fundraisers for HBS and the money raised should go back into the voluntary services.
- The whistleblower has no knowledge of how this money is used, and acknowledges they would not normally be informed.
- The whistleblower highlights that, over time, they have seen new furniture across the clinical sites that would benefit staff, as opposed to patients and families.
- The whistleblower is worried the money raised via HBS is being used incorrectly.

The whistleblower highlights they are one of two volunteers and want to remain anonymous. The whistleblower has asked you to raise the concern on their behalf.

#### *Part three*

You let the whistleblower know that volunteers are entitled to raise whistleblowing concerns under the Standards. The Standards cover anyone delivering an NHS service.

You explain the difference between confidentiality and anonymity under the Standards and that in order to access the support and protections outlined in the Standards, the person must put their name to the concern. You explain and reinforce the importance of confidentiality and how it should be maintained by the Board. Only the people who the whistleblower agrees can know their identity will be entitled to know it. You explain that if the person decides to submit the concern, the email will



only be shared with the Whistleblowing Lead and that you will make it very clear that there are concerns around confidentiality.

You explain that, concerns relating to fraud may be handled slightly differently by the Board. The whistleblower can claim the protection of the Standards by raising it as a whistleblowing concern but the Board may then refer it to the Fraud Liaison Officer to progress. You also say that, if the concerns relate to the way a voluntary service is using the money, rather than the NHS, neither the Standards nor Counter Fraud Service may be appropriate. You say that the Board will need to consider this further when they receive the concern.

You say that you know this is a little complicated, so you share the relevant sections of the Standards (covering fraud) and let the whistleblower take some time to think about what they would like to do. You explain to the whistleblower that it would be helpful to receive their concerns in writing if they wish to take it forward, highlighting the time period that the concerns came to light.

The whistleblower emails the next day to say that they are anxious about raising it but have decided to proceed with your support. They submit a written concern to you and you note that you will share the concern with the Whistleblowing Lead to action.

You refer the concern to the Whistleblowing Lead highlighting the whistleblower's concerns about confidentiality.