*-- Explanatory note --*

*These reports for the Freedom to Speak Up Review have been written by researchers at the University of Greenwich and Middlesex University. Any queries on their content should be directed to them. The interpretations and conclusions in these reports are those of the researchers and do not necessarily reflect the views of Sir Robert Francis, chair of the Review.*

*Thematic analysis of contributions*

*This report is based on an analysis of 402 of the 612 contributions to the Review from individuals, which were received before the official deadline for contributions. All 612 contributions were analysed by the Review team.*

*Surveys.*

*The data from the staff and regulator surveys that has informed the Freedom to Speak Up Review is summarised in annex Di - iii of the Review report. For questions where respondents could select more than one option, the data has been recalculated to show it by percentage of respondents rather than percentage of responses.*

*-- End --*

Middlesex University London

The independent review into creating an open and honest reporting culture in the NHS

# QUANTITATIVE RESEARCH REPORT

# Surveys of NHS staff, trusts and stakeholders

Prepared by

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# EXECUTIVE SUMMARY

- In August and September 2014 **confidential online surveys were conducted of workers in NHS Primary and Secondary Care settings; NHS Trusts; Healthcare regulators; Professional bodies and trade unions related to health**. With the exception of the surveys of professional bodies and trade unions, the researchers believe that there was a sufficient number of respondents to provide a meaningful picture of how whistleblowing and whistleblowers are being handled in the health service.

- Although respondents were self-selecting, the proportion of responses received from staff in particular types of trust seemed comparable to the returns from the trusts themselves. In addition, **the profile of the staff respondents closely reflects that of the health service generally** in terms of gender, age, ethnic background and direct contact with patients.

- In both staff surveys about **a quarter of respondents did not know whether or not their employer had a confidential reporting/ whistleblowing procedure.**

- The survey of trusts revealed that there was a **lack of training** for both managers and potential users of procedures.

- 35% of respondents in the trust staff survey and 22% in the primary care survey stated that **they had raised a concern** about suspected wrongdoing in the NHS.

- As regards **reasons for not raising a concern**, in the trust staff survey, 18% did not trust the system, 15% feared victimisation, and 5% did not know how to raise a concern. In the primary care survey, 10% feared victimisation; 8% did not trust the system and the same percentage did not know how to raise a concern.

- 97% in the trust staff survey and 80% of primary care respondents **raised their most recent concern internally**. The norm of reporting to a line manager informally and having the Head of Department/ Senior Manager as an alternative operates in the health service.

- 11% of respondents in the trust staff survey and 42% of primary care respondents indicated that their **most recent concern was subsequently taken outside the organisation**.

- The main concerns raised were the same in both staff surveys i.e. **safety and clinical competence.**

- In both staff surveys, **an investigation** was more likely to have been carried out if a procedure was followed and least likely if the respondent did not know whether or not a procedure existed.

- In the trust staff survey, of those who knew, **68% said that wrongdoing was found to have occurred and,** of these 83% stated that it was dealt with. In the primary care survey, 75% said that wrongdoing was found to have occurred and 82% of these stated that it was dealt with.

- Although trust respondents suggest that **independent advice** is widely available, it would appear that this was not always taken by staff when they last raised a concern.

- 15% in the trust staff survey and 8% of primary care respondents said they **suffered a detriment as a result of supporting a colleague who raised a concern.** The main detriments suffered were: victimised by management; ignored by management; victimised by colleagues and ignored by colleagues.

- In the trust staff survey, **after raising a concern**, 20% indicated that they were ignored by management; 17% victimised by management and 16% praised by co-workers. Similar results emerged from the primary care survey, although here 12% were praised by management.

- After raising a concern, in the trust staff survey, 47% felt neither safe nor unsafe; 31% felt unsafe or very unsafe and 23% stated safe or very safe. Of the primary care respondents, 46% felt neither safe nor unsafe; 29% stated safe or very safe and 25% felt unsafe or very unsafe.

- In the trust staff survey, 53% said their organization would be willing or very **willing to listen to concerns** raised and 23% indicated unwilling or very unwilling. In the primary care staff survey, 67% said their organization would be willing or very willing to listen and 15% indicated unwilling or very unwilling. 61% of trust staff respondents and 75% of primary care respondents stated that they would **feel comfortable raising a concern** with senior management.

- 71% of trust staff respondents and 80% of primary care staff stated they were as likely or more **likely to raise a concern compared to 12 months ago.** Of those who had raised a concern, 72% of trust staff respondents and 78% of primary care staff stated that they were likely or highly likely to raise a concern again if serious wrongdoing was suspected.

- As regards **measures that may make it more likely that workers would raise concern,** the views of the trusts are fairly similar to those expressed by the staff respondents. The **ability to raise a concern anonymously** was the mechanism most favoured by trusts and primary care staff respondents and the second choice for trust staff. '**An undertaking by the Trust to protect a person's identity** as the source of information about the concern' was the third choice of trust staff and primary care staff respondents. '**An independent person or organisation being authorised by the Trust to receive** information about concerns staff want to raise and believe to be serious' was the first choice of trust of trust staff  and the second choice of primary care staff respondents. **Financial rewards** were the least favoured option, being rejected by most staff respondents.

# INTRODUCTION

In the first half of 2014 the Secretary of State appointed Sir Robert Francis Q.C. to conduct an independent review into creating an open and honest reporting culture in the NHS. As part of this process researchers at Middlesex University were engaged to obtain quantitative data.

A series of surveys was developed to seek views from a range of stakeholders:
- staff working in hospitals;
- staff working in GP practices and community pharmacies;
- NHS trusts in their role as employers;
- associated organisations (regulators, professional bodies and unions).

This report sets out the key results from each of these surveys in Sections 1-6 below and Section 7 draws some conclusions. The detailed survey results are contained in Appendix 1, Appendix 2 documents the individual survey questions and Appendix 3 provides some analysis by ethnic origin.

15,120 people responded to the survey of NHS staff and 4,644 responded to the survey of those working in GP practices and community pharmacies. To our knowledge, this is the largest ever survey of staff experience and views of raising concerns in the world. 60 NHS trusts submitted responses, which amounts to a quarter of English trusts. As regards associated organisations, 15 of the 18 regulators approached responded fully or in part to the survey. However, only 6 of the 37 professional bodies contacted responded and only 3 of the 17 trade unions known to have members in the health service. It was felt that the responses from professional bodies and trade unions were insufficiently representative of such a diverse set of organisations so no further analysis was carried out.

# RESEARCH DESIGN AND METHODS

In order to avoid problems of sampling, the surveys attempted to ask all primary and secondary care staff if a whistleblowing/ confidential reporting procedure was in place. Since people were free to choose whether or not to participate, the respondents can be described as self-selecting (see below on possible bias). The questionnaires sought information about the raising of concerns both inside and outside of procedure and were divided into sections accordingly. It was decided not to include open-ended questions as processing responses would not be feasible given the timescale of the review.

## 1. The collection and storage of data

Given the size of the project, the Qualtrics software tool was used as the online method of collecting and storing data. The surveys ran at various stages between 11 August and 29th September. Covering letters were issued emphasising that the studies were being conducted

independently of both the Review and the Department of Health and that any personal information supplied would remain confidential to the research team.

## *2. Technical issues and feedback about the survey*

All the questionnaires were piloted and tested on a number of different computers and browsers to ensure they were clear, accessible, user-friendly and compatible with all computer platforms. However, within 24 hours of the trust and staff surveys going live, the researchers were notified that a single trust was having problems using Qualtrics. It emerged that the cause of the difficulty was the particular browser available within the trust and, after suitable modifications to its format, the survey became usable at this location on 13th August. This was the only technical problem brought to the attention of the researchers.

In the first week of the trust staff survey, five people (including whistleblowers) wrote to the chief researcher about the lack of opportunity afforded for comment.  Each of these was notified that, given the very short time scale available, a deliberate choice was made by the researchers not to provide open-ended questions. Correspondents were encouraged to provide further information, opinions etc by writing directly to the review team at contribute@freedomtospeakup.org.uk

## *3. The maintenance of anonymity and confidentiality*

Respondents remain anonymous as all the Qualtrics surveys were accessible through a simple hyperlink embedded in an email.  Anyone who clicked on the basic hyperlink could take part but no identifying information, such as name or email address, could be collected. Although the researchers sent emails directly to the Chief Executive/ Chair/ General Secretary of relevant Professional Bodies, Regulators and Trade Unions operating in the health service, they cannot know with any certainty which organisations responded.

Data from the surveys was initially collected using Qualtrics and only the researchers have access to this data. In terms of analysis, the downloaded data was analysed using the statistical analysis software package 'SPSS'. Again, no identifying information is provided and the research team have sole access to this information. Only aggregate data in the form presented in this report will be shared with the Review Team.

## *4. General comments about response rates*

The response rates may have been affected by a number of factors and we comment on only two of the more obvious ones here.[1] First, is the timing and duration of the research. As the surveys were conducted over the summer, it is likely that potential participants may have been on holiday for all or part of the survey period and may have been conscious of the fact that the review website allowed anyone to submit evidence directly until 10th September.[2] However, we think that the ability to make a separate submission is more likely to have affected the willingness of some trade unions, regulators and professional bodies to participate in the online surveys than trusts or staff.

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[1]  The researchers are also aware that one trust discovered that the request to participate was located in a spam filter box after the surveys were closed. It is the only problem of this nature notified to us.
[2]  Two prominent professional bodies that missed the survey deadline stated that they would be submitting written evidence directly to the review.

Second, both institutions and individuals were asked not only to supply factual information about their experiences but also to answer some detailed and demanding questions, some of which may have exposed them to concepts and ideas that they were unfamiliar with. For example, potential respondents were asked to consider a range of specific measures which might make them more or less likely to raise a concern in the future (see Appendix 2). Nevertheless, we believe that, with the exception of the surveys of professional bodies and trade unions, there is a sufficient number of respondents to provide a meaningful picture of how whistleblowing and whistleblowers are being handled in the health service.

## 5. Cleaning the data

The data in the NHS staff and the GP practice and community pharmacy surveys were cleaned by selecting cases that provided responses to a minimum of two questions in the whole survey. Data from respondents who answered at least one question in the Regulator and health service trusts survey were included in the analysis. None of the numeric values of the survey responses nor the skip patterns needed to be validated since this is done automatically for online surveys.

## 6. Possible bias

In large surveys of this nature it is inevitable that some potential respondents will have more interest, knowledge and experience than others. For example, those who have raised a concern (successfully or otherwise) might be more willing to participate than those who have not done so or seen others do so. Additionally, those who have had a bad experience or witnessed others being victimised may be more inclined to report than those who were satisfied with the way their concerns were handled.

As regards trusts, regulators, professional bodies and trade unions, it might be suggested that those who feel that they have procedures/policies that are consistent with good practice and working satisfactorily may be more willing to respond than those who feel less confident about the arrangements they have in place.

Lastly, it is worth noting that the proportion of responses received from staff in particular types of trust is comparable to the returns from the trusts themselves. In addition, it can be seen the profile of respondents to the staff surveys closely reflects that of the health service generally in terms of gender, age, ethnic background and direct contact with patients. However, our survey respondents seem to have longer periods of service than staff generally in the health service. This not surprising since people with lengthy service may have greater commitment to their employer as well as more experience of the raising and handling of concerns at the workplace.

# SECTION 1 - NHS TRUST STAFF SURVEY

## Aims

The survey for staff working in NHS trusts sought, among other things, to:

- obtain a profile of NHS whistleblowers in terms of their job title, length of service and gender;
- establish levels of awareness of confidential reporting/ whistleblowing procedures at work;
- examine whether or not respondents had used their employer's procedures and/or made external disclosures;
- get a sense of action taken when concerns were raised, for example, investigation and feedback;
- assess the extent of respondents' satisfaction with the way their concerns were handled, and whether they would be inclined to blow the whistle again in similar circumstances.

## Methodology & Distribution

The survey was completely anonymous. No identifying information, such as name or email address was collected. As a result it is not possible to identify which trust an individual who responded worked in or identify trends in responses from staff in particular trusts.

The distribution of this survey took place between 11th -13th August 2014. The survey ran from 11th August – 1st September 2014 and two reminder letters were sent out.

Mechanisms do not exist to communicate directly with each individual member of NHS staff.  As a result, this survey could never be a comprehensive survey of all NHS staff but instead aimed to give a flavour of the experiences and views of a sample of staff. It was necessary to use a cascade mechanism set up by NHS England to publicise the survey. NHS England arranged for the NHS Trust Development Authority & Monitor to distribute letters to the CEOs of each trust. It was then left to each CEO (or their team) to determine how best to publicise and disseminate the survey within their organisation, for example, an email to all staff, link in a bulletin, publicity on the intranet etc.
An informal telephone check suggests that this mechanism is, at best, variable, with some Trusts using multiple routes to publicise the survey, some adopting one approach and others taking no known action.

In addition to this, owing to the timescales for the review, it was necessary for the survey to take place during August. Whilst it is accepted that August is not an ideal month to conduct surveys owing to the number of people that take annual leave in this period, there has been a sufficient number of respondents to the survey to provide a meaningful picture of how whistleblowing and whistleblowers are being handled in the health service. However, it is not possible to provide a response rate for this survey as there was is no baseline figure for recipients.

# *Key messages*

- 15,120 people responded to this survey.

- The respondents appeared to have longer service than NHS staff more generally. In all other respects the respondents seemed to reflect the overall composition of NHS staff.

- The proportion of responses received from staff in particular types of trust is comparable to the returns from the trusts themselves.

- 53.4% said their organization would be willing or very willing to listen and 22.8% indicated unwilling or very unwilling to listen to concerns raised by staff.

- Three-quarters of all respondents were aware that their employer had a whistleblowing/ confidential reporting procedure. The level of staff ignorance about whistleblowing procedures is disturbing given that the results below suggest that following a procedure can have advantages for both staff and employing organisations.

- 60.9% of trust staff indicated that they would feel comfortable approaching a senior manager with a concern. Of the 93.7% that had a view, 76% stated they were as or more likely to raise a concern compared to 12 months ago.

- 35.4% stated that they had raised a concern about suspected wrongdoing in the NHS.

- 15.3% said they suffered a detriment as a result of supporting a colleague who raised a concern. The most common detriment alleged was victimisation by management (56.3%)

  Of those who raised a concern, 36.5% stated that they used their employer's procedure. Whether respondents followed the employer's procedure or not, the most frequently reported concerns were: safety concerns, harassment/bullying, clinical competence and mismanagement.

- 96.6% of respondents indicated that they raised their concern internally.

- The main reasons given for taking a concern outside of the trust were lack of confidence in the internal procedure (66%) and worry about the potential career impact (45.4%).

- Of those who knew the outcome of an investigation, 68.1% indicated that wrongdoing was found to have occurred and in 82.5% of these cases it was stated that it was dealt with.

- 41.8% said that they would be highly likely to raise a concern again is they suspected serious wrongdoing in their trust.

- In terms of measures that would make it more likely that staff would raise a concern in the future, the following views were expressed. Overall 71.2% thought 'an independent person or organisation being authorised by the trust to receive information about concerns staff want to raise and believe to be serious' was likely or very likely to encourage whistleblowing.

Anonymity got 69% likely or very likely support. 'An undertaking by the trust to protect a person's identity as the source of information about the concern' received an overall likely or very likely score of 63.5% and 'a duty on the trust to report to a regulator a concern that has been raised if the trust has rejected the basis for the concern or taken no action on it within a specified period' achieved an overall very likely or likely score of 62.9%. Financial rewards recorded an overall likely or very likely score of 7.8%.

## *General comments on responses to survey questions*

The full survey results are contained in Appendix 1 and the references below to figures relate to those detailed in that document. Appendix 1 displays results by type of trust but **in this section we only comment on the type of trust providing responses where there are different results which merit attention**. It should also be borne in mind throughout that only 1.4% of respondents were from ambulance trusts and 8.7% were from mental health and learning disability trusts. The references to question numbers below relate to those identified in Appendix 2.

# *Main Findings*

## **Profile of respondents**

### *Gender [Question1, figure 3.1]*
15,092 of 15,120 respondents answered this question.

| What gender are you? | Number of respondents | % |
|---|---:|---:|
| Male | 3485 | 23.1 |
| Female | 11607 | 76.9 |
| **Total** | 15092 | 100.0 |

Single Response Table

Over three -quarters of the respondents to this survey were female (76.9%). This closely reflects the gender distribution of the health service generally where 78% of staff are female.

### *Ethnic background of respondent [Question 2, figure 3.2]*
15,006 of 15,120 respondents answered this question.

| Ethnic background | Number of respondents | % |
|---|---:|---:|
| White British | 12654 | 84.3 |
| White Irish | 284 | 1.9 |
| Any other White background | 593 | 4.0 |
| Mixed - White and Black Caribbean | 37 | 0.2 |
| Mixed - White and Black African | 22 | 0.1 |
| Mixed - White and Asian | 64 | 0.4 |
| Any other mixed background | 73 | 0.5 |
| Asian or Asian British - Indian | 484 | 3.2 |
| Asian or Asian British - Pakistani | 88 | 0.6 |
| Asian or Asian British - Bangladeshi | 22 | 0.1 |
| Any other Asian background | 144 | 1.0 |
| Black or Black British - Caribbean | 129 | 0.9 |
| Black or Black British - African | 175 | 1.2 |
| Any other Black background | 15 | 0.1 |
| Chinese | 53 | 0.4 |
| Any other ethnic group | 169 | 1.1 |
| **Total** | **15006** | **100.0** |

Single Response Table

It can be seen that 84.3% of respondents to this survey are White British. In the NHS generally [3] 82% are White British and 9% are Asian/Asian British.

*Age of respondent [Q3, figure 3.3]*

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| Age | Number of respondents | % |
|---|---|---|
| 16-20 | 98 | 0.7 |
| 21-30 | 1791 | 11.9 |
| 31-40 | 2813 | 18.8 |
| 41-50 | 4683 | 31.2 |
| 51-65 | 5480 | 36.5 |
| 66+ | 134 | 0.9 |
| **Total** | **14999** | **100.0** |

Single Response Table

In this survey 12.6% were aged 30 or under and 68.6% were 41+. In the NHS generally, 13% are under 30 years and 67% are 41+;

*Employment status of respondent [Q4, figure 3.4]*

There were 15,247 responses to this question.

| Employment Status | Number of responses | % |
|---|---|---|
| Employed by an NHS Trust | 14661 | 98.1 |
| Employed by an NHS contractor (e.g. GP practice) | 154 | 1.0 |
| Self-employed (e.g. GP) | 110 | 0.7 |
| A trainee | 116 | 0.8 |
| A student | 67 | 0.4 |
| Other | 139 | 0.9 |
| **Total no. of respondents** | **14949** | |

Multiple response table.

98.1% indicated that they were employed by a Trust.

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[3] The data about the NHS generally is based on the Annual NHS Staff Census of all staff at 30th September 2013 and respondents to the 2013 NHS staff survey

*Type of Trust worked for [Q8, figure 3.8]*

| Type of trust | Number of respondents | % |
|---|---:|---:|
| Acute (specialist) | 3499 | 24.4 |
| Acute (non-specialist) | 5810 | 40.6 |
| Ambulance | 196 | 1.4 |
| Community | 1932 | 13.5 |
| Mental health and learning disability | 1244 | 8.7 |
| Other | 837 | 5.8 |
| Don't know | 802 | 5.6 |
| **Total** | **14320** | **100.0** |

Single Response Table

65% worked for the two types of acute trust. It is worth noting that the proportion of responses received from staff in particular types of trust is comparable to the returns from the trusts themselves (see Section 3, figure 2.1 below).

*Occupational Group [Q5, figure 3.5]*

| Occupational Group | Number of respondents | % |
|---|---:|---:|
| Allied Health Professionals / Healthcare / Scientists/ Scientific and Technical | 3355 | 23.3 |
| Medical and Dental | 1065 | 7.4 |
| Ambulance (operational) | 163 | 1.1 |
| Public Health | 73 | .5 |
| Commissioning | 27 | .2 |
| Registered Nurses and Midwives | 4245 | 29.4 |
| Nursing or Healthcare Assistants | 529 | 3.7 |
| Social Care | 51 | .4 |
| Wider Healthcare Team | 3828 | 26.5 |
| General Management | 522 | 3.6 |
| Other Occupational Group | 566 | 3.9 |
| **TOTAL** | **14424** | **100.0** |

Single Response Table

It can be seen that the two largest groups are registered nurses and midwives (29.4%) and "wider healthcare team" (26.5%).

*Length of Service [Q7, figure 3.7]*

| Length of service | Number of respondents | % |
|---|---|---|
| Less than 1 year | 452 | 3.1 |
| 1 year but less than 2 years | 437 | 3.0 |
| 2 years but less than 5 years | 1310 | 9.1 |
| 5 years but less than 10 years | 2536 | 17.6 |
| 10 years but less than 15 years | 2737 | 19.0 |
| 15+ years | 6950 | 48.1 |
| Don't know | 17 | 0.1 |
| **Total** | **14439** | **100.0** |

Single Response Table

The respondents in this survey have longer service than in the health service generally. 6.1% have less than two years' service, 84.7% have 5 years and over and 48.1% have15 years and over.  In the health service overall, 15% have under 2 years' service, 63% over 5 years and 25% over 15 years.

*Direct Contact with Patients [Q6, figure 3.6]*

| Direct Contact with Patients | Number of respondents | % |
|---|---|---|
| Yes | 10890 | 75.1 |
| No | 3614 | 24.9 |
| **Total** | 14504 | 100.0 |

Single Response Table

It can be seen that 75.1% of staff had such contact. This is virtually identical to the figure in the NHS generally where 74% of staff stated that they have frequent or occasional direct contact with patients.

# Raising Concerns

*Listening to concerns [Q14, figure 3.19]*

| To what extent do you feel your organisation listens to concerns raised by staff? | Number of respondents | % |
|---|---:|---:|
| Very willing to listen | 1507 | 11.3 |
| Willing to listen | 5630 | 42.1 |
| Neither willing or unwilling to listen | 3187 | 23.8 |
| Unwilling to listen | 2063 | 15.4 |
| Very unwilling to listen | 992 | 7.4 |
| **Total** | 13379 | 100 |

Single Response Table

It can be seen that 53.4% said their organization would be willing or very willing to listen and 22.8% indicated unwilling or very unwilling. Those working in mental health and learning disability trusts and ambulance trusts were more likely to state that their organization was unwilling or very unwilling to listen.

Cross tabulations and chi square analysis indicate that there is a significant relationship between staff perceptions of the extent to which their organisation listens to concerns raised by staff and:
- staff who feel comfortable approaching a senior manager in their organisation to raise a concern ($p < .001$).
- whether staff are more or less likely to raise a concern if they had one compared to 12 months ago ($p < .001$).

*Employer procedures [Q10, Figure 3.13]*

| Awareness of whether trust has a procedure | Number of respondents | % |
|---|---:|---:|
| Yes | 10282 | 75.0 |
| No | 164 | 1.2 |
| Don't know | 3264 | 23.8 |
| **Total** | 13710 | 100 |

Single Response Table

Three-quarters of all respondents were aware that their employer had whistleblowing/confidential reporting procedure. Those employed in community trusts and mental health and learning disability trusts were slightly more aware than others. The level of staff ignorance about whistleblowing procedures is disturbing given that the results below suggest that following a procedure can have advantages (in terms of safety, satisfaction etc) for both staff and employing organisations.

*Raising concerns with a senior manager? [Q13, figure 3.18]*

| Whether would feel comfortable approaching a senior manager | Number of respondents | % |
|---|---:|---:|
| Yes | 8207 | 60.9 |
| No | 5276 | 39.1 |
| **Total** | 13483 | 100 |

Single Response Table

Overall 60.9% of trust staff indicated that they would feel comfortable approaching a senior manager to raise a concern. It is worth noting that those working in ambulance trusts and mental health and learning disability trusts were less likely to feel comfortable.

Cross tabulations and chi square analysis indicate that there is a significant relationship between staff who have/have not suffered a detriment as a result of supporting a colleague who raised a concern and whether they feel comfortable approaching a senior manager in their organisation to raise a concern.

*Likelihood of raising concerns [Q16, figure 3.21]*

| Whether more or less likely to raise a concern than 12 months ago | Number of respondents | % |
|---|---:|---:|
| More likely | 3301 | 24.9 |
| As likely | 6129 | 46.3 |
| Less likely | 2984 | 22.5 |
| Don't know | 834 | 6.3 |
| **Total** | 13248 | 100 |

Single Response Table

Of the 93.7% that had a view, 76% stated they were as or more likely to raise a concern compared to 12 months ago. However, a greater proportion of staff from ambulance and mental health and learning disability trusts state that they would be 'less likely' to raise a concern than 'more likely'.

Cross tabulations and chi square analysis confirm that there is a significant relationship between staff who have/have not suffered a detriment as a result of supporting a colleague who raised a concern and whether they are more or less likely to raise a concern if they had one compared to 12 months ago ($p < .001$).

*Personal experience of raising concerns [Q9, figure3.10]*

| Whether ever raised a concern about suspected wrongdoing | Number of respondents | % |
|---|---|---|
| Yes | 5020 | 35.4 |
| No | 9174 | 64.6 |
| **Total** | 14194 | 100 |

Single Response Table

Overall 35.4% stated that they had raised a concern about suspected wrongdoing in the NHS. However, a greater proportion of staff from mental health and learning disability trusts indicate that they have raised a concern (45.1%).

*Whether suffered a detriment after supporting a colleague who have raised concerns [Q12, figure 3.16]*

| Whether ever suffered a detriment as a result of supporting a colleague who raised a concern | Number of respondents | % |
|---|---|---|
| Yes | 2068 | 15.3 |
| No | 11448 | 84.7 |
| **Total** | 13516 | 100 |

Single Response Table

Overall 15.3% said they suffered a detriment as a result of supporting a colleague who raised a concern. However, the figure was considerably higher in mental health and disability trusts (21.8%).

*Detriment suffered after supporting a colleague who have raised concerns [Q12a, figure 3.17]*

2042 of the 2068 respondents who suffered a detriment answered this question. It can be seen that some offered more than one type of response.

| Type of detriment suffered | Number of responses | % |
|---|---|---|
| Ignored by colleagues | 518 | 25.4 |
| Ignored by management | 984 | 48.2 |
| Victimised by colleagues | 522 | 25.6 |
| Victimised by management | 1150 | 56.3 |
| Other | 268 | 13.1 |
| **Total no. of respondents** | **2042** | |

Multiple Response Table

The most common detriment alleged was victimisation by management (56.3%) and this was most prevalent in ambulance trusts (66.7%). Respondents in these trusts were also the ones most likely to be victimised by colleagues.

*Sharing best practice [Q15, figure3.20]*

| Whether organisation encourages the sharing of best practice | Number of respondents | % |
|---|---|---|
| Yes | 7595 | 57.1 |
| No | 2414 | 18.1 |
| Don't know | 3301 | 24.8 |
| **Total** | 13310 | 100 |

Single Response Table

Overall 57.1% answered yes but the figure for ambulance trusts was 45.5%

# Staff who had not raised concerns

*Reason for not raising a concern about suspected wrongdoing in the health service [Q9b, figure 3.12]*

8851 respondents of the 9174 who had not raised a concern responded to this question

| If you have never raised a concern about suspected wrong doing, is it because…. | Number of respondents | % |
|---|---|---|
| You have never had any concern | 5001 | 56.5 |
| You had a concern but you didn't know how to raise it | 470 | 5.3 |
| You had a concern but you didn't trust the system | 1581 | 17.9 |
| You had a concern but you feared being victimised | 1315 | 14.8 |
| Other | 484 | 5.5 |
| **Total** | 8851 | 100 |

Single Response Table

It can be seen that overall 17.9% did not trust the system. However, the figure for respondents in ambulance trusts was 28.6% and in mental health and learning disability trusts it was 22.5%.

# Staff who had raised concerns

## Use of employer procedures [Q11, figure 3.14]

3741 of the 5020 respondents who had raised a concern about wrongdoing answered this question.

| Whether staff used the employer's procedure | Number of respondents | % |
|---|---|---|
| Yes | 1367 | 36.5 |
| No | 2374 | 63.5 |
| **Total** | 3741 | 100 |

Single Response Table

Overall 36.5% used their employer's procedure. Those working in community trusts (39.9%) and acute trusts (specialist) (38.8%) were most likely to have used the employer's procedure and those in ambulance trusts (22.9%) were least likely.

## Reason for not using the employer's procedure when raising a concern [Q11a, figure 3.15]

2357 respondents of the 2374 that did not use the employer's procedure answered this question.

| Reason for not using the employer's procedure when raised a concern | Number of respondents | % |
|---|---|---|
| Did not know how to use the procedure | 286 | 12.1 |
| Had a reason not to use the procedure | 786 | 33.3 |
| Some other reason | 1285 | 54.5 |
| Total | 2357 | 100 |

Single Response Table

Overall 12.1% stated that they did not know how to use the procedure but 15.7% of those working in acute trusts (specialist) gave this reason.

## Topic of Concern [Q9a, figure 3.11]

| Have you ever raised a concern about the following? | Number of respondents who indicated 'yes' | % | Total no. of respondents |
|---|---|---|---|
| A failure to comply with any legal obligation | 1537 | 33.6 | 4575 |
| A danger to the health & safety of any individual | 3207 | 68.1 | 4706 |
| Environmental damage | 622 | 13.8 | 4508 |
| A criminal offence | 635 | 14.0 | 4522 |
| A miscarriage of justice | 403 | 8.9 | 4508 |
| The deliberate concealment of information about any of the above | 948 | 20.9 | 4544 |

Single Response Table

The most common type of concern raised (irrespective of the type of trust) related to a danger to the health and safety of an individual (68.1%).Staff working in ambulance trusts were most likely to report this type of concern (84%). Other common types of concern raised were a failure to comply with a legal obligation (33.6% overall but 50% in ambulance trusts) and the deliberate concealment of information (20.9% overall but 27.6% in mental health and learning disability trusts).


*Type of concern reported [AQ1 and equivalent from B & C, figure 3.22]*

Of the 5020 respondents who had raised a concern, 4512 answered this question and provided 11,666 different responses.

| What type of concern have you reported? | Total number of responses | | Staff who have raised concerns | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | Using the trust procedure | | Not using the trust procedure | | Whose trusts did not (reportedly) have a procedure | |
| | No. | % | No. | % | No. | % | No. | % |
| Safety concerns | 2539 | 56.3 | 752 | 56.9 | 1266 | 56.4 | 521 | 55.0 |
| Financial irregularities | 478 | 10.6 | 161 | 12.2 | 237 | 10.6 | 80 | 8.4 |
| Harassment/ bullying | 1942 | 43.0 | 619 | 46.9 | 914 | 40.7 | 409 | 43.2 |
| Discrimination | 657 | 14.6 | 222 | 16.8 | 288 | 12.8 | 147 | 15.5 |
| Malpractice | 929 | 20.6 | 314 | 23.8 | 418 | 18.6 | 197 | 20.8 |
| Environmental matters | 552 | 12.2 | 175 | 13.2 | 282 | 12.6 | 95 | 10.0 |
| Computer misuse | 319 | 7.1 | 105 | 7.9 | 164 | 7.3 | 50 | 5.3 |
| Alcohol/ drug misuse | 325 | 7.2 | 105 | 7.9 | 162 | 7.2 | 58 | 6.1 |
| Mismanagement | 1326 | 29.4 | 420 | 31.8 | 616 | 27.5 | 290 | 30.6 |
| Clinical competence | 1870 | 41.4 | 600 | 45.4 | 912 | 40.6 | 358 | 37.8 |
| Other | 729 | 16.2 | 190 | 14.4 | 375 | 16.7 | 164 | 17.3 |
| **Total no. of respondents** | **4512** | **100** | **1321** | **100** | **2244** | **100** | **947** | **100** |

Multiple Response Table


It can be seen from the above table that whether respondents followed the employer's procedure or not, the most frequently reported concerns were: safety concerns (56.3%), harassment/bullying (43%), clinical competence (41.4%) and mismanagement (29.4%).

*Frequency of raising concerns [AQ2, figure 3.23]*

Of the 5020 respondents who had raised a concern 4512 answered this question.

| Number of occasions during last 5 years that staff raised a concern | Total number of staff | | Staff who have raised concerns | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | Using the trust procedure | | Not using the trust procedure | | Whose trusts did not (reportedly) have a procedure | |
| | No. | % | No. | % | No. | % | No. | % |
| 0 occasions | 318 | 7.1 | 61 | 4.6 | 200 | 8.9 | 57 | 6 |
| 1 | 1169 | 25.9 | 380 | 28.8 | 553 | 24.7 | 236 | 24.8 |
| 2-3 | 1881 | 41.7 | 556 | 42.2 | 938 | 41.8 | 387 | 40.7 |
| 4-8 | 706 | 15.7 | 219 | 16.6 | 329 | 14.7 | 158 | 16.6 |
| 9-19 | 170 | 3.8 | 46 | 3.5 | 90 | 4 | 34 | 3.6 |
| 20+ | 132 | 2.9 | 33 | 2.5 | 66 | 2.9 | 33 | 3.5 |
| Don't know | 136 | 3 | 23 | 1.7 | 67 | 3 | 46 | 4.8 |
| **Total** | 4512 | 100 | 1318 | 100 | 2243 | 100 | 951 | 100 |

Single Response Table

Overall 2-3 occasions was mentioned most frequently (41.7%); 1 occasion = 25.9% and 4 occasions or more = 22.4%.

*Whether advice taken before raising concerns? [AQ3, figure 3.24]*

Of the 5020 respondents who had raised a concern 4490 answered this question.

| Whether advice obtained on last occasion a concern was raised. | Total number of staff | | Staff who have raised concerns | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | Using the trust procedure | | Not using the trust procedure | | Whose trusts did not (reportedly) have a procedure | |
| | No. | % | No. | % | No. | % | No. | % |
| Yes | 1997 | 44.5 | 736 | 56 | 909 | 40.7 | 352 | 37.2 |
| No | 2493 | 55.5 | 578 | 44 | 1322 | 59.3 | 593 | 62.8 |
| **Total** | 4490 | 100 | 1314 | 100 | 2231 | 100 | 945 | 100 |

Single Response Table

Overall 44.5% indicated that they obtained advice. It can be seen from the above table that those who used the trust's procedure were most likely to have taken advice (56%) and those who were unaware of such a procedure were least likely to have done so (37.2%). Those working in mental health and learning disability trusts were most likely to have taken advice and those in ambulance trusts were least likely.

### Source of advice [AQ3a, figure 3.25]

The 1989 staff who indicated from whom they obtained advice on the last occasion a concern was raised provided 3030 responses to this question.

| From whom staff took advice on last occasion a concern was raised. | Total number of responses | | Staff who have raised concerns | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | Using the trust procedure | | Not using the trust procedure | | Whose trusts did not (reportedly) have a procedure | |
| | No. | % | No. | % | No. | % | No. | % |
| Work colleague | 1402 | 70.5 | 502 | 68.5 | 655 | 72.5 | 245 | 69.6 |
| Internal helpline | 93 | 4.7 | 51 | 7.0 | 26 | 2.9 | 16 | 4.5 |
| External helpline | 79 | 4.0 | 38 | 5.2 | 28 | 3.1 | 13 | 3.7 |
| Trade union | 560 | 28.2 | 226 | 30.8 | 240 | 26.5 | 94 | 26.7 |
| Professional body | 336 | 16.9 | 141 | 19.2 | 138 | 15.3 | 57 | 16.2 |
| Friend/relative | 234 | 11.8 | 73 | 10.0 | 118 | 13.1 | 43 | 12.2 |
| Lawyer | 82 | 4.1 | 32 | 4.4 | 35 | 3.9 | 15 | 4.3 |
| Public Concern at Work | 44 | 2.2 | 21 | 2.9 | 15 | 1.7 | 8 | 2.3 |
| Other | 200 | 10.1 | 88 | 12.0 | 83 | 9.2 | 29 | 8.2 |
| **Total no. of respondents** | **1989** | **100** | **733** | **100** | **904** | **100** | **352** | **100** |

Multiple Response Table

It can be seen from the above table that advice was most likely to be obtained from a work colleague (70.5%), a trade union (28.2%) or a professional body (16.9%).

**Whether trust staff raised their concern internally [AQ4 and equivalent from B and C],Figure 3.26:**

Of the 3160 respondents who answered this question, 96.6% indicated that they raised their concern internally.

| TYPE OF TRUST | USED /DID NOT USE /UNSURE OF EMPLOYER'S PROCEDURE | YES | | NO | | TOTAL | |
|---|---|---|---|---|---|---|---|
| | | N* | % | N | % | N | % |
| ACUTE (SPECIALIST) | Did not use procedure | 476 | 96.4 | 18 | 3.6 | 494 | 22.3 |
| | Raised concern but not aware of /unsure about a procedure | 265 | 94.3 | 16 | 5.7 | 281 | 29.9 |
| | **OVERALL TOTAL** | **741** | **95.6** | **34** | **4.4** | **775** | **100.0** |
| ACUTE (NON-SPECIALIST) | Did not use procedure | 960 | 97.6 | 24 | 2.4 | 984 | 44.3 |
| | Raised concern but not aware of /unsure about a procedure | 352 | 97.8 | 8 | 2.2 | 360 | 38.3 |
| | **OVERALL TOTAL** | **1312** | **97.6** | **32** | **2.4** | **1344** | **100.0** |
| AMBULANCE | Did not use procedure | 24 | 92.3 | 2 | 7.7 | 26 | 1.2 |
| | Raised concern but not aware of /unsure about a procedure | 13 | 92.9 | 1 | 7.1 | 14 | 1.5 |
| | **OVERALL TOTAL** | **37** | **92.5** | **3** | **7.5** | **40** | **100.0** |
| COMMUNITY | Did not use procedure | 306 | 95.9 | 13 | 4.1 | 319 | 14.4 |
| | Raised concern but not aware of /unsure about a procedure | 87 | 100.0 | 0 | 0.0 | 87 | 9.3 |
| | **OVERALL TOTAL** | **393** | **96.8** | **13** | **3.2** | **406** | **100.0** |
| MENTAL HEALTH AND LEARNING DISABILITY | Did not use procedure | 272 | 97.1 | 8 | 2.9 | 280 | 12.6 |
| | Raised concern but not aware of /unsure about a procedure | 68 | 97.1 | 2 | 2.9 | 70 | 7.4 |
| | **OVERALL TOTAL** | **340** | **97.1** | **10** | **2.9** | **350** | **100.0** |
| OTHER | Did not use procedure | 69 | 97.2 | 2 | 2.8 | 71 | 3.2 |
| | Raised concern but not aware of /unsure about a procedure | 56 | 91.8 | 5 | 8.2 | 61 | 6.5 |
| | **OVERALL TOTAL** | **125** | **94.7** | **7** | **5.3** | **132** | **100.0** |
| DON'T KNOW | Did not use procedure | 44 | 95.7 | 2 | 4.3 | 46 | 2.1 |
| | Raised concern but not aware of /unsure about a procedure | 61 | 91.0 | 6 | 9.0 | 67 | 7.1 |
| | **OVERALL TOTAL** | **105** | **92.9** | **8** | **7.1** | **113** | **100.0** |
| TOTAL | Did not use procedure | 2151 | 96.9 | 69 | 3.1 | 2220 | 100.0 |
| | Raised concern but not aware of /unsure about a procedure | 902 | 96.0 | 38 | 4.0 | 940 | 100.0 |
| | **OVERALL TOTAL** | **3053** | **96.6** | **107** | **3.4** | **3160** | **100.0** |

N* = number of respondents
Single Response Table

### Who to go to first with a concern [AQ4, figure 3.27]

Of the 5020 respondents who had raised a concern, 4303 answered this question.

| With whom staff first raised a concern | Total number of respondents | | Staff who have raised concerns | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | Using the trust procedure | | Not using the trust procedure | | Whose trusts did not (reportedly) have a procedure | |
| | N | % | N | % | N | % | N | % |
| Datix | 285 | 6.6 | 78 | 6.0 | 152 | 7.2 | 152 | 7.2 |
| Line Manager informally | 2251 | 52.3 | 689 | 53.2 | 1110 | 52.3 | 452 | 51.1 |
| Line Manager in writing | 316 | 7.3 | 113 | 8.7 | 130 | 6.1 | 73 | 8.3 |
| Head of Department | 425 | 9.9 | 123 | 9.5 | 207 | 9.8 | 95 | 10.7 |
| Chief Executive | 84 | 2.0 | 17 | 1.3 | 51 | 2.4 | 16 | 1.8 |
| Head/Chair of Audit Committee | 1 | 0.0 | 0 | 0.0 | 1 | 0.0 | 0 | 0.0 |
| Clinical director | 2 | 1.5 | 0 | 0.0 | 2 | 4.5 | 0 | 0.0 |
| Human Resources | 210 | 4.9 | 57 | 4.4 | 110 | 5.2 | 43 | 4.9 |
| Internal Hotline | 5 | 0.1 | 3 | 0.2 | 2 | 0.1 | 0 | 0.0 |
| Chair of Governors | 11 | 0.3 | 3 | 0.2 | 6 | 0.3 | 2 | 0.2 |
| Incident report form | 109 | 2.5 | 33 | 2.5 | 41 | 1.9 | 35 | 4.0 |
| A designated person | 116 | 2.7 | 56 | 4.3 | 42 | 2.0 | 18 | 2.0 |
| Other internal | 328 | 7.6 | 68 | 5.2 | 199 | 9.4 | 61 | 6.9 |
| Other external | 7 | 0.2 | 7 | 0.5 | 0 | 0.0 | 0 | 0.0 |
| **TOTAL** | 4303 | 100.0 | 1296 | 100.0 | 2123 | 100.0 | 884 | 100.0 |

Single Response Table

It can be seen from the above table that the majority (59.6%) reported to line managers and 9.9% of the responses mentioned the Head of Department. Reporting informally to line managers was most common in community trusts and reporting to line managers in writing was most common in mental health and learning disability trusts.

*Whether staff were satisfied with the response to their concern that was raised within their trust [A7c, Figure 3.28]*

Of the 5020 respondents who had raised a concern 4278 answered this question.

| | YES | | NO | | TOTAL | |
|---|---|---|---|---|---|---|
| | N | % | N | % | N | % |
| Used procedure | 566 | 43.9 | 722 | 56.1 | 1288 | 100.0 |
| Did not use procedure | 908 | 43.0 | 1203 | 57.0 | 2111 | 100.0 |
| Raised concern but not aware of /unsure about a procedure | 215 | 24.5 | 664 | 75.5 | 879 | 100.0 |
| **OVERALL TOTAL** | **1689** | **39.5** | **2589** | **60.5** | **4278** | **100.0** |

Single Response Table

Overall 39.5% were satisfied but it can be seen from the above table that those who were unsure of employer's procedure were considerably less likely to be satisfied (24.5%). Staff in ambulance and mental health and learning disability trusts were noticeably less likely to be satisfied.

*Whether staff took the matter further within their Trust* [*Question A6, Figure 3.29*]

Of the 5020 respondents who had raised a concern 2586 answered this question.

| | YES | | NO | | TOTAL | |
|---|---|---|---|---|---|---|
| | N | % | N | % | N | % |
| Used procedure | 389 | 53.9 | 333 | 46.1 | 722 | 100.0 |
| Did not use procedure | 407 | 33.9 | 793 | 66.1 | 1200 | 100.0 |
| Raised concern but not aware of /unsure about a procedure | 192 | 28.9 | 472 | 71.1 | 664 | 100.0 |
| **OVERALL TOTAL** | **988** | **38.2** | **1598** | **61.8** | **2586** | **100.0** |

Single Response Table

Overall 38.2% took the matter further within the trust. It can be seen from the above table that those who did not use or were unsure of employer's procedure were less likely to take the matter further within the trust (28.9%).

***Whether the matter was resolved when staff took their concern further within their Trust*** [***Question A5c, Figure 3.31***]

979 respondents of the 2586 who took the matter further within the trust answered this question.

| USED /DID NOT USE /UNSURE OF EMPLOYER'S PROCEDURE | YES | | NO | | TOTAL | |
|---|---|---|---|---|---|---|
| | N | % | N | % | N | % |
| Used procedure | 74 | 19.3 | 309 | 80.7 | 383 | 100.0 |
| Did not use procedure | 77 | 19.1 | 327 | 80.9 | 404 | 100.0 |
| Raised concern but not aware of /unsure about a procedure | 22 | 11.5 | 170 | 88.5 | 192 | 100.0 |
| **OVERALL TOTAL** | 173 | 17.7 | 806 | 82.3 | 979 | 100.0 |

Single Response Table

Overall 17.7% stated that the matter was resolved. However, those who were unsure of employer's procedure were considerably less likely to state that the matter was resolved (11.5%).

***Whether staff took the matter outside of the trust*** [***Question 7, Figure 3.33***]

Of the 5020 respondents who had raised a concern 2508 answered this question.

| USED /DID NOT USE /UNSURE OF EMPLOYER'S PROCEDURE | YES | | NO | | TOTAL | |
|---|---|---|---|---|---|---|
| | N | % | N | % | N | % |
| Used procedure | 84 | 13.1 | 557 | 86.9 | 641 | 100.0 |
| Did not use procedure | 123 | 10.4 | 1064 | 89.6 | 1187 | 100.0 |
| Raised concern but not aware of /unsure about a procedure | 66 | 9.7 | 614 | 90.3 | 680 | 100.0 |
| **OVERALL TOTAL** | 273 | 10.9 | 2235 | 89.1 | 2508 | 100.0 |

Single Response Table

Overall 10.9% took the matter outside of the trust. It can be seen from the above table that those who used the trust procedure were more likely to take the matter outside.

***Reason for raising the concern outside the trust [Question 7, Figure 3.34]***

There were 524 responses from the 273 respondents who answered this question.

| RESPONSE | n* | % |
|---|---|---|
| The internal procedure was taking too long | 45 | 16.5 |
| I was not satisfied with the outcome of the internal procedure | 108 | 40.0 |
| I did not have confidence in the internal procedure | 179 | 66.0 |
| I was worried about the potential impact on my career | 124 | 45.4 |
| Other | 68 | 24.9 |
| **TOTAL NO. OF RESPONSES** | **524** | **100** |

n* = number of responses

Multiple Response Table

The main reasons given for going outside were lack of confidence in the internal procedure (66%) and worry about the potential career impact (45.4%). Those working in mental health and learning disability trusts were least likely to have confidence in the internal procedure and those in ambulance trusts were most likely to worry about potential career impact.

**To whom trust staff raised their concern externally with** [**Question 7b, Figure 3.35**]

There were 425 responses from the 274 respondents who answered this question..

| | A PROFESSIONAL BODY | | A TRADE UNION | | AN MP | | A HEALTH SERVICE REGULATOR | | THE POLICE | | THE MEDIA | | PUBLIC CONCERN AT WORK | | EXTERNAL HOTLINE | | OMBUDSMEN | | OTHER | | TOTAL NO. OF RESPONDENTS | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | n* | % | n | % | n | % | n | % | n | % | n | % | n | % | n | % | n | % | n | % | N* | % |
| Used procedure | 38 | 44.7 | 38 | 44.7 | 7 | 8.2 | 20 | 23.5 | 8 | 9.4 | 1 | 1.2 | 7 | 8.2 | 11 | 12.9 | 2 | 2.4 | 21 | 24.7 | 85 | 100.0 |
| Did not use procedure | 42 | 34.1 | 38 | 30.9 | 11 | 8.9 | 35 | 28.5 | 3 | 2.4 | 1 | 0.8 | 1 | 0.8 | 0 | 0.0 | 1 | 0.8 | 45 | 36.6 | 123 | 100.0 |
| Raised concern but not aware of /unsure about a procedure | 16 | 24.2 | 28 | 42.4 | 3 | 4.5 | 11 | 16.7 | 6 | 9.1 | 3 | 4.5 | 3 | 4.5 | 0 | 0.0 | 3 | 4.5 | 22 | 33.3 | 66 | 100.0 |
| **OVERALL TOTAL** | **96** | **35.0** | **104** | **38.0** | **21** | **7.7** | **66** | **24.1** | **17** | **6.2** | **5** | **1.8** | **11** | **4.0** | **11** | **4.0** | **6** | **2.2** | **88** | **32.1** | **274** | **100.0** |

n* = number of responses          N* = number of respondents

Multiple Response Table

The bodies most commonly approached were trade unions (38%) and professional bodies (35%).

***Whether an investigation of the trust staff's concern was carried out [Question 8, Figure 3.37]***

Of the 5020 respondents who had raised a concern, 4351 answered this question.

| USED /DID NOT USE /UNSURE OF EMPLOYER'S PROCEDURE | YES | | NO | | DON'T KNOW | | TOTAL | |
|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | N | % | N | % |
| Used procedure | 696 | 54.5 | 284 | 22.3 | 296 | 23.2 | 1276 | 100 |
| Did not use procedure | 913 | 42.2 | 673 | 31.1 | 575 | 26.6 | 2161 | 100 |
| Raised concern but not aware of /unsure about a procedure | 257 | 28.1 | 348 | 38.1 | 309 | 33.8 | 914 | 100 |
| **OVERALL TOTAL** | **1866** | **42.9** | **1305** | **30.0** | **1180** | **27.1** | **4351** | **100.0** |

Single Response Table

Overall 42.9% indicated that an investigation was conducted. It can be seen in the table above that those who used the employer's procedure were most likely to indicate that an investigation took place (54.5%) and those who were not aware of /unsure about a procedure were least likely (28.1%). Those working in community trusts were most likely to state that an investigation was conducted (47.5%)

***Whether trust staff were told about the outcome of the investigation of their concern [Question 8b, Figure 3.39]***

Of the 1866 respondents who stated that there had been an investigation, 1855 answered this question.

| USED /DID NOT USE /UNSURE OF EMPLOYER'S PROCEDURE | YES | | NO | | TOTAL | |
|---|---|---|---|---|---|---|
| | N | % | N | % | N | % |
| Used procedure | 511 | 74.0 | 180 | 26.0 | 691 | 100.0 |
| Did not use procedure | 682 | 75.1 | 226 | 24.9 | 908 | 100.0 |
| Raised concern but not aware of /unsure about a procedure | 169 | 66.0 | 87 | 34.0 | 256 | 100.0 |
| **OVERALL TOTAL** | **1362** | **73.4** | **493** | **26.6** | **1855** | **100.0** |

. Single Response Table

Overall 73.4% indicated that they were told the outcome. The table above shows that those who were not aware of /unsure about a procedure were least likely to be told (66%).

### *Whether wrongdoing was found to have occurred* [Question 8c, Figure 3.40]

Of the 1362 respondents who said that they were told the outcome of an investigation, 1353 answered this question.

| USED /DID NOT USE /UNSURE OF EMPLOYER'S PROCEDURE | YES | | NO | | DON'T KNOW | | TOTAL | |
|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | N | % | N | % |
| Used procedure | 349 | 68.7 | 95 | 18.7 | 64 | 12.6 | 508 | 100.0 |
| Did not use procedure | 471 | 69.7 | 116 | 17.2 | 89 | 13.2 | 676 | 100.0 |
| Raised concern but not aware of /unsure about a procedure | 101 | 59.8 | 33 | 19.5 | 35 | 20.7 | 169 | 100.0 |
| **OVERALL TOTAL** | **921** | **68.1** | **244** | **18.0** | **188** | **13.9** | **1353** | **100.0** |

Single Response Table

Overall 68.1% indicated that wrongdoing was found. The table above shows that wrongdoing was least likely to be found where respondents were not aware of /unsure about a procedure (59.8%)

### *Whether wrongdoing was dealt with* [*Question 8d, Figure 3.41]*

Of the 921 respondents who stated that wrongdoing was found, 918 answered this question.

| USED /DID NOT USE /UNSURE OF EMPLOYER'S PROCEDURE | YES | | NO | | DON'T KNOW | | TOTAL | |
|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | N | % | N | % |
| Used procedure | 288 | 82.5 | 49 | 14.0 | 12 | 3.4 | 349 | 100.0 |
| Did not use procedure | 398 | 85.0 | 48 | 10.3 | 22 | 4.7 | 468 | 100.0 |
| Raised concern but not aware of /unsure about a procedure | 71 | 70.3 | 23 | 22.8 | 7 | 6.9 | 101 | 100.0 |
| **OVERALL TOTAL** | **757** | **82.5** | **120** | **13.1** | **41** | **4.5** | **918** | **100.0** |

Single Response Table

Overall wrongdoing was dealt with in 82.5% of cases. The table above shows that wrongdoing was least likely to be dealt with where the respondent was not aware of /unsure about a procedure (70.3%).

***Treatment from co-workers and management after raising a concern*** [***Question 9, Figure 3.42***]

There were 5566 responses from the 4292 respondents who answered this question.

| USED /DID NOT USE /UNSURE OF EMPLOYER'S PROCEDURE | PRAISED BY CO-WORKERS | | PRAISED BY MANAGEMENT | | IGNORED BY CO-WORKERS | | IGNORED BY MANAGEMENT | | VICTIMISED BY CO-WORKERS | | VICTIMISED BY MANAGEMENT | | NONE OF THE ABOVE | | TOTAL NO. OF RESPONDENTS | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | n* | % | n | % | n | % | n | % | n | % | n | % | n | % | N* | % |
| Used procedure | 206 | 16.4 | 147 | 11.7 | 130 | 10.4 | 260 | 20.7 | 128 | 10.2 | 248 | 19.8 | 575 | 45.9 | 1254 | 100.0 |
| Did not use procedure | 336 | 15.8 | 186 | 8.7 | 161 | 7.5 | 365 | 17.1 | 140 | 6.6 | 319 | 15.0 | 1181 | 55.4 | 2133 | 100.0 |
| Raised concern but not aware of /unsure about a procedure | 126 | 13.9 | 45 | 5.0 | 98 | 10.8 | 222 | 24.5 | 82 | 9.1 | 176 | 19.4 | 435 | 48.1 | 905 | 100.0 |
| **OVERALL TOTAL** | **668** | **15.6** | **378** | **8.8** | **389** | **9.1** | **847** | **19.7** | **350** | **8.2** | **743** | **17.3** | **2191** | **51.0** | **4292** | **100.0** |

n* = number of responses     N* = number of respondents

Multiple Response Table

It can be seen from the table above that the most common response was "none of the above" (51%). Of the rest, the most frequently mentioned were ignored by management (19.7%); victimised by management (17.3%) and praised by co-workers (15.6%). Those working in ambulance trusts and in mental health and learning disability trusts were most likely to be ignored by management and those in mental health and learning disability trusts were most likely to be victimised by management. Those replying from community trusts were most likely to be praised by management and those in mental health and learning disability trusts were most likely to be ignored by co-workers.

***Perceived level of safety after raising a concern*** [***Question 10, Figure 3.43]***

There were 4282 respondents from the 5020 who had raised a concern

| USED /DID NOT USE /UNSURE OF EMPLOYER'S PROCEDURE | VERY SAFE | | SAFE | | NEITHER SAFE NOR UNSAFE | | UNSAFE | | VERY UNSAFE | | TOTAL | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | N* | % | N | % | N | % | N | % | N | % | N | % |
| Used procedure | 82 | 6.5 | 247 | 19.7 | 533 | 42.6 | 248 | 19.8 | 142 | 11.3 | 1252 | 100.0 |
| Did not use procedure | 149 | 7.0 | 385 | 18.1 | 999 | 46.9 | 416 | 19.5 | 179 | 8.4 | 2128 | 100.0 |
| Raised concern but not aware of /unsure about a procedure | 27 | 3.0 | 99 | 11.0 | 457 | 50.7 | 231 | 25.6 | 88 | 9.8 | 902 | 100.0 |
| **OVERALL TOTAL** | **258** | **6.0** | **731** | **17.1** | **1989** | **46.5** | **895** | **20.9** | **409** | **9.6** | **4282** | **100.0** |

N* = number of respondents

Single Response Table

The largest category is neither safe or nor unsafe (46.5%). However, it can be seen that more people felt unsafe or very unsafe (30.5%) than safe or very safe (23.1%). Those who were not aware of /unsure about a procedure were most likely to feel unsafe or very unsafe (35.4%) and least likely to feel safe or very safe (14%). Those working in ambulance trusts and mental health and learning disability trusts felt most unsafe or very unsafe (36.9% and 36.5% respectively) and those in community trusts least unsafe or very unsafe (27.6%).

*How likely is it that trust staff would raise a concern again if they suspected serious wrongdoing within their trust* [Question 11, Figure 3.44]

There were 4274 respondents from the 5020 who had raised a concern.

| USED /DID NOT USE /UNSURE OF EMPLOYER'S PROCEDURE | HIGHLY LIKELY | | LIKELY | | NEITHER LIKELY OR UNLIKELY | | UNLIKELY | | HIGHLY UNLIKELY | | TOTAL | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | N* | % | N | % | N | % | N | % | N | % | N | % |
| Used procedure | 584 | 46.8 | 356 | 28.5 | 81 | 6.5 | 109 | 8.7 | 119 | 9.5 | 1249 | 100.0 |
| Did not use procedure | 932 | 44.0 | 652 | 30.8 | 191 | 9.0 | 205 | 9.7 | 139 | 6.6 | 2119 | 100.0 |
| Raised concern but not aware of /unsure about a procedure | 269 | 29.7 | 281 | 31.0 | 111 | 12.3 | 146 | 16.1 | 99 | 10.9 | 906 | 100.0 |
| **OVERALL TOTAL** | 1785 | 41.8 | 1289 | 30.2 | 383 | 9.0 | 460 | 10.8 | 357 | 8.4 | 4274 | 100.0 |

N* = number of respondents

Single Response Table

It can be seen from the table above that overall 41.8% would be highly likely to raise a concern again, although the figure for those not aware of /unsure about a procedure is 29.7%. Those working in community trusts most frequently indicated that they would be highly likely to raise a concern again and those in ambulance trusts stated that they were least likely.

*If made available to NHS workers, whether the following measure would make it more or less likely that they would raise a concern in future: An independent person or organisation being authorised by the trust to receive information about concerns staff want to raise and believe to be serious   [Question 12, Figure 3.45]*

There were 4184 respondents from the 5020 who had raised a concern.

| USED /DID NOT USE /UNSURE OF EMPLOYER'S PROCEDURE | VERY LIKELY | | LIKELY | | NEITHER LIKELY OR UNLIKELY | | UNLIKELY | | VERY UNLIKELY | | DON'T KNOW/ NOT APPLICABLE | | TOTAL | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | N* | % | N | % | N | % | N | % | N | % | N | % | N | % |
| Used procedure | 509 | 41.5 | 361 | 29.4 | 237 | 19.3 | 59 | 4.8 | 46 | 3.8 | 14 | 1.1 | 1226 | 100.0 |
| Did not use procedure | 844 | 40.8 | 605 | 29.2 | 421 | 20.3 | 105 | 5.1 | 67 | 3.2 | 27 | 1.3 | 2069 | 100.0 |
| Raised concern but not aware of /unsure about a procedure | 365 | 41.1 | 293 | 33.0 | 141 | 15.9 | 46 | 5.2 | 30 | 3.4 | 14 | 1.6 | 889 | 100.0 |
| **OVERALL TOTAL** | **1718** | **41.1** | **1259** | **30.1** | **799** | **19.1** | **210** | **5.0** | **143** | **3.4** | **55** | **1.3** | **4184** | **100.0** |

N* = number of respondents
Single Response Table

This possibility was most attractive to those respondents working in mental health and learning disability trusts.

*If made available to NHS workers, whether the following measure would make it more or less likely that they would raise a concern in future: An undertaking by the trust to protect a person's identity as the source of information about the concern [Question 12, Figure 3.46]*

There were 4171 respondents from the 5020 who had raised a concern.

| USED /DID NOT USE /UNSURE OF EMPLOYER'S PROCEDURE | VERY LIKELY | | LIKELY | | NEITHER LIKELY OR UNLIKELY | | UNLIKELY | | VERY UNLIKELY | | DON'T KNOW/ NOT APPLICABLE | | TOTAL | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | N* | % | N | % | N | % | N | % | N | % | N | % | N | % |
| Used procedure | 421 | 34.4 | 360 | 29.4 | 273 | 22.3 | 79 | 6.5 | 73 | 6.0 | 17 | 1.4 | 1223 | 100.0 |
| Did not use procedure | 648 | 31.4 | 653 | 31.6 | 451 | 21.9 | 157 | 7.6 | 127 | 6.2 | 28 | 1.4 | 2064 | 100.0 |
| Raised concern but not aware of /unsure about a procedure | 315 | 35.6 | 250 | 28.3 | 171 | 19.3 | 73 | 8.3 | 59 | 6.7 | 16 | 1.8 | 884 | 100.0 |
| **OVERALL TOTAL** | **1384** | **33.2** | **1263** | **30.3** | **895** | **21.5** | **309** | **7.4** | **259** | **6.2** | **61** | **1.5** | **4171** | **100.0** |

N* = number of respondents
Single Response Table

This possibility was most attractive to those respondents working in community and acute (specialist) trusts.

***If made available to NHS workers, whether the following measure would make it more or less likely that they would raise a concern in future: The ability to raise a concern anonymously*** [***Question 12, Figure 3.47]***

There were 4179 respondents from the 5020 who had raised a concern.

| USED /DID NOT USE /UNSURE OF EMPLOYER'S PROCEDURE | VERY LIKELY | | LIKELY | | NEITHER LIKELY OR UNLIKELY | | UNLIKELY | | VERY UNLIKELY | | DON'T KNOW/ NOT APPLICABLE | | TOTAL | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | N* | % | N | % | N | % | N | % | N | % | N | % | N | % |
| Used procedure | 488 | 39.9 | 343 | 28.1 | 267 | 21.8 | 65 | 5.3 | 48 | 3.9 | 11 | 0.9 | 1222 | 100.0 |
| Did not use procedure | 759 | 36.7 | 647 | 31.3 | 459 | 22.2 | 105 | 5.1 | 69 | 3.3 | 30 | 1.4 | 2069 | 100.0 |
| Raised concern but not aware of /unsure about a procedure | 411 | 46.3 | 233 | 26.2 | 151 | 17.0 | 50 | 5.6 | 32 | 3.6 | 11 | 1.2 | 888 | 100.0 |
| **OVERALL TOTAL** | **1658** | **39.7** | **1223** | **29.3** | **877** | **21.0** | **220** | **5.3** | **149** | **3.6** | **52** | **1.2** | **4179** | **100.0** |

N* = number of respondents
Single Response Table

This possibility was most attractive to those who were not aware of /unsure about a procedure and respondents working in ambulance trusts.

***If made available to NHS workers, whether the following measure would make it more or less likely that they would raise a concern in future: A financial reward for raising a serious concern [Question 12, Figure 3.48]***

There were 4158 respondents from the 5020 who had raised a concern.

| USED /DID NOT USE /UNSURE OF EMPLOYER'S PROCEDURE | VERY LIKELY | | LIKELY | | NEITHER LIKELY OR UNLIKELY | | UNLIKELY | | VERY UNLIKELY | | DON'T KNOW/ NOT APPLICABLE | | TOTAL | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | N* | % | N | % | N | % | N | % | N | % | N | % | N | % |
| Used procedure | 51 | 4.2 | 46 | 3.8 | 357 | 29.3 | 175 | 14.4 | 504 | 41.3 | 86 | 7.1 | 1219 | 100.0 |
| Did not use procedure | 77 | 3.7 | 68 | 3.3 | 594 | 28.8 | 296 | 14.4 | 885 | 42.9 | 141 | 6.8 | 2061 | 100.0 |
| Raised concern but not aware of /unsure about a procedure | 49 | 5.6 | 33 | 3.8 | 286 | 32.6 | 113 | 12.9 | 334 | 38.0 | 63 | 7.2 | 878 | 100.0 |
| **OVERALL TOTAL** | **177** | **4.3** | **147** | **3.5** | **1237** | **29.7** | **584** | **14.0** | **1723** | **41.4** | **290** | **7.0** | **4158** | **100.0** |

N* = number of respondents
Single Response Table

This possibility was not found to be attractive but got most support from those who were not aware of /unsure about a procedure and respondents working in acute (specialist) trusts.

*If made available to NHS workers, whether the following measure would make it more or less likely that they would raise a concern in future: A duty on the trust to report to a regulator a concern that has been raised if the trust has rejected the basis for the concern, or taken no action on it within a specified period* **[Question 12, Figure 3.49]**

There were 4174 respondents from the 5020 who had raised a concern.

| USED /DID NOT USE /UNSURE OF EMPLOYER'S PROCEDURE | VERY LIKELY | | LIKELY | | NEITHER LIKELY OR UNLIKELY | | UNLIKELY | | VERY UNLIKELY | | DON'T KNOW/ NOT APPLICABLE | | TOTAL | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | N* | % | N | % | N | % | N | % | N | % | N | % | N | % |
| Used procedure | 399 | 32.7 | 370 | 30.3 | 306 | 25.0 | 61 | 5.0 | 48 | 3.9 | 38 | 3.1 | 1222 | 100.0 |
| Did not use procedure | 625 | 30.2 | 665 | 32.2 | 520 | 25.2 | 131 | 6.3 | 60 | 2.9 | 66 | 3.2 | 2067 | 100.0 |
| Raised concern but not aware of /unsure about a procedure | 290 | 32.8 | 274 | 31.0 | 196 | 22.1 | 57 | 6.4 | 39 | 4.4 | 29 | 3.3 | 885 | 100.0 |
| **OVERALL TOTAL** | **1314** | **31.5** | **1309** | **31.4** | **1022** | **24.5** | **249** | **6.0** | **147** | **3.5** | **133** | **3.2** | **4174** | **100.0** |

N* = number of respondents
Single Response Table

Overall 71.2% thought 'an independent person or organisation being authorised by the trust to receive information about concerns staff want to raise and believe to be serious' was likely or very likely to encourage whistleblowing. Anonymity got 69% likely or very likely support. 'An undertaking by the trust to protect a person's identity as the source of information about the concern' received an overall likely or very likely score of 63.5% and 'a duty on the trust to report to a regulator a concern that has been raised if the trust has rejected the basis for the concern or taken no action on it within a specified period' achieved an overall very likely or likely score of 62.9%. Financial rewards recorded an overall likely or very likely score of 7.8%.

# SECTION 2: SURVEY OF STAFF IN GP PRACTICES & COMMUNITY PHARMACIES

## *Aims*

The survey for staff working in NHS trusts sought, among other things, to:
- obtain a profile of NHS whistleblowers in terms of their job title, length of service and gender;
- establish levels of awareness of confidential reporting/ whistleblowing procedures at work;
- examine whether or not respondents had used their employer's procedures and/or made external disclosures;
- get a sense of action taken when concerns were raised, for example, investigation and feedback;
- assess the extent of respondents' satisfaction with the way their concerns were handled, and whether they would be inclined to blow the whistle again in similar circumstances.

## *Methodology & Distribution*

The survey was completely anonymous. No identifying information, such as name or email address was collected. As a result it is not possible to identify which trust an individual respondent worked in or identify trends in responses from staff in particular trusts.

The survey ran from 9th – 29th September 2014 and reminder letters were sent out.

Mechanisms do not exist to communicate directly with each individual person working in GP practices and community pharmacies. Thus members of the review team sent details of this survey to all Clinical Commissioning Groups and asked that they forward the information to all GP practice managers in their area. They also asked the General Pharmaceutical Council (GPhC) to send details of the survey to all registered pharmacy professionals working in England. As a result, this could never be a comprehensive survey of all those working in primary care but instead aimed to give a flavour of the experiences and views of a sample of staff.

Although the survey was only open for twenty days there has been a sufficient number of respondents to provide a meaningful picture of how whistleblowing and whistleblowers are being handled in primary care. However, it is not possible to provide a response rate for this survey as there was is no baseline figure for recipients.

## *Key messages*

- 4644 responded to the survey.

- The respondents appeared to have longer service than NHS staff more generally. In all other respects the respondents seemed to reflect the overall composition of NHS staff.

- 67.2% said their organization would be willing or very willing to listen and 14.8% indicated unwilling or very unwilling.

- 68.8 of respondents were aware that their employer had a whistleblowing/ confidential reporting procedure

- 74.5% of trust staff indicated that they would feel comfortable approaching a senior manager with a concern.

- 80% stated they were as likely or more likely to raise a concern compared to 12 months ago.

- 21.6% stated that they had raised a concern about suspected wrongdoing in the NHS.

- 8% said they suffered a detriment as a result of supporting a colleague who raised a concern.

- Of those who raised a concern, 47.5% stated that they used their employer's procedure. The most frequently reported concerns were: safety matters and clinical competence.

- 79.7% of respondents indicated that they raised their concern internally.

- The main reasons given for taking a concern outside of the organisation were lack of confidence in the internal procedure (37%) and worry about the potential career impact (24.2%).

- An investigation was stated to have been carried out in 48.9% of cases and respondents were told the outcome in 79.4% of these cases. 75.3% indicated that wrongdoing was found to have occurred and in 82% of these cases it was stated to have been dealt with.

- 47.3% said that they would be highly likely to raise a concern again if they suspected serious wrongdoing in their organisation.

- In terms of measures that would make it more likely that they would raise a concern in the future, the following views were expressed: Anonymity got 68.2% overall likely or very likely support. There was 64.7% likely or very likely support for 'an independent person or organisation authorised by the trust to receive information about concerns staff want to raise and believe to be serious'. 'An undertaking by the trust to protect a person's identity as the source of information about the concern' received an overall likely or very likely score of 62.7%. 'A duty on the trust to report to a regulator a concern that has been raised if the trust has rejected the basis for the concern or taken no action on it within a specified period' resulted in an overall likely or very likely score of 57.9%. Finally, financial rewards achieved an overall likely or very likely score of 13.2%.

## *Responses to survey questions*

The full survey results are contained in Appendix 1 and the references below to figures relate to those detailed in that document. The references to question numbers below relate to those identified in Appendix 2.

# *Main Findings*

## **Profile of respondents**

### *Gender [Question 1, figure 4.1]*

4642 of the total of 4644 respondents answered this question.

| What gender are you? | Number of respondents | % |
|---|---|---|
| Male | 1442 | 31.1 |
| Female | 3200 | 68.9 |
| **Total** | 4642 | 100.0 |

Single Response Table

68.9% of respondents to this survey were female. In the health service generally 78% of staff are female.

### *Ethnic background of respondent [Q2, figure 4.2]*

4594 of the total of 4644 respondents answered this question.

| Ethnic background | Number of respondents | % |
|---|---|---|
| White British | 3040 | 66.2 |
| White Irish | 77 | 1.7 |
| Any other White background | 380 | 8.3 |
| Mixed - White and Black Caribbean | 15 | 0.3 |
| Mixed - White and Black African | 6 | 0.1 |
| Mixed - White and Asian | 20 | 0.4 |
| Any other mixed background | 17 | 0.4 |
| Asian or Asian British - Indian | 512 | 11.1 |
| Asian or Asian British - Pakistani | 154 | 3.4 |
| Asian or Asian British - Bangladeshi | 22 | 0.5 |
| Any other Asian background | 53 | 1.2 |
| Black or Black British - Caribbean | 16 | 0.3 |
| Black or Black British - African | 137 | 3.0 |
| Any other Black background | 10 | 0.2 |
| Chinese | 53 | 1.2 |
| Any other ethnic group | 82 | 1.8 |
| **Total** | 4594 | 100.0 |

Single Response Table

It can be seen that 66.2% of respondents to this survey are White British. In the NHS generally [4] 82% are White British and 9% are Asian/Asian British.

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[4] The data about the NHS generally is based on the Annual NHS Staff Census of all staff at 30th September 2013 and respondents to the 2013 NHS staff survey

*Age of respondent [Q3, figure 4.3]*

| Age | Number of respondents | % |
|---|---|---|
| 16-20 | 5 | 0.1 |
| 21-30 | 686 | 14.8 |
| 31-40 | 1133 | 24.5 |
| 41-50 | 1209 | 26.2 |
| 51-65 | 1469 | 31.8 |
| 66+ | 119 | 2.6 |
| **Total** | 4621 | 100.0 |

Single Response Table

In this survey 14.8 were aged 30 or under and 60.6% were 41+. In the NHS generally, 13% are under 30 years and 67% are 41+.

*Employment status of respondent [Q4, figure 4.4]*

There were 4715 responses to this question.

| EMPLOYMENT STATUS | Number of responses | % |
|---|---|---|
| Employed by an NHS Trust | 544 | 12.0 |
| Employed by an NHS contractor (e.g. GP practice) | 1833 | 40.4 |
| Self-employed (e.g. GP) | 825 | 18.2 |
| A trainee | 5 | 0.1 |
| A student | 16 | 0.4 |
| Other | 1492 | 32.9 |
| **Total no. of respondents** | 4538 | |

Multiple Response Table

It can be seen from the above table that 52.4% were employed by an NHS Trust or contractor.

*Occupational Group [Q5, figure 4.5]*

| Occupational Group | Number of respondents | % |
|---|---|---|
| GP | 178 | 4.0 |
| Nurse | 73 | 1.6 |
| Healthcare Assistant | 32 | 0.7 |
| Superintendent pharmacist | 216 | 4.8 |
| Responsible pharmacist | 1614 | 36.0 |
| Other pharmacist | 601 | 13.4 |
| Registered Pharmacy Technician | 1377 | 30.7 |
| Dispensing Assistant | 26 | 0.6 |
| Other healthcare professional | 11 | 0.2 |
| Practice Manager | 215 | 4.8 |
| Receptionist | 62 | 1.4 |
| Other | 84 | 1.9 |
| Total | 4489 | 100.0 |

Single Response Table

It can be seen from the above table that over 80% of respondents had roles in pharmacy and only 4% of respondents were GP's.

*Type of organisation that work for [Q8, figure 4.8]*

| Type of organisation | Number of respondents | % |
|---|---|---|
| GP practice | 843 | 19.1 |
| Community Pharmacy (independent) | 995 | 22.5 |
| Community Pharmacy (multiple) | 2011 | 45.5 |
| Other | 574 | 13 |
| **Total** | **4423** | **100.0** |

Single Response Table

In can be seen from the above table that 68% of respondents worked in community pharmacies.

*Length of Service [Q7, figure 4.7]*

| Length of service | Number of respondents | % |
|---|---:|---:|
| Less than 1 year | 54 | 1.2 |
| 1 year but less than 2 years | 100 | 2.3 |
| 2 years but less than 5 years | 429 | 9.7 |
| 5 years but less than 10 years | 779 | 17.5 |
| 10 years but less than 15 years | 791 | 17.8 |
| 15+ years | 2275 | 51.2 |
| Don't know | 13 | 0.3 |
| **Total** | 4441 | 100.0 |

Single Response Table

The respondents in this survey have longer service than in the health service generally. 3.5% have less than two years' service, 86.5% have 5 years or over and 51.2% have 15 years or over. In the health service overall, 15% have under 2 years' service, 63% have over 5 years and 25% have over 15 years.

*Direct Contact with Patients [Q6, figure 4.6]*

| Direct Contact with Patients | Number of respondents | % |
|---|---:|---:|
| Yes | 4171 | 93.2 |
| No | 303 | 6.8 |
| **Total** | 4474 | 100.0 |

Single Response Table

It can be seen from the above table that 93.2% of staff had such contact. This is considerably higher than in the NHS generally where 74% of staff have frequent or occasional direct contact with patients.

## *Raising Concerns*

### *Listening to concerns [Q14, figure 4.18]*

| To what extent do you feel your organisation listens to concerns raised by staff? | Number of respondents | % |
|---|---|---|
| Very willing to listen | 996 | 24.0 |
| Willing to listen | 1792 | 43.2 |
| Neither willing or unwilling to listen | 750 | 18.1 |
| Unwilling to listen | 424 | 10.2 |
| Very unwilling to listen | 190 | 4.6 |
| **Total** | 4152 | 100 |

Single Response Table

It can be seen from the above table that 67.2% said their organization would be willing or very willing to listen and 14.8% indicated unwilling or very unwilling.

### *Employer procedures [Q10, Figure 4.12]*

| Awareness of whether trust has a procedure | Number of respondents | % |
|---|---|---|
| Yes | 2940 | 68.8 |
| No | 233 | 5.5 |
| Don't know | 1098 | 25.7 |
| **Total** | 4271 | 100 |

Single Response Table

68.8% of respondents were aware that their employer had a whistleblowing/confidential reporting procedure.

### *Raising concerns with a senior manager [Q13, figure 4.17]*

| Whether would feel comfortable approaching a senior manager | Number of respondents | % |
|---|---|---|
| Yes | 3131 | 74.5 |
| No | 1073 | 25.5 |
| **Total** | 4204 | 100.0 |

Single Response Table

74.5% of respondents would feel comfortable approaching a senior manager.

### Likelihood of raising concerns [Q16, figure 4.20]

| Whether more or less likely to raise a concern than 12 months ago | Number of respondents | % |
|---|---|---|
| More likely | 1013 | 24.6 |
| As likely | 2276 | 55.4 |
| Less likely | 519 | 12.6 |
| Don't know | 304 | 7.4 |
| **Total** | 4112 | 100.0 |

Single Response Table

80% stated they were as or more likely to raise a concern compared to 12 months ago.

### Personal experience of raising concerns [Q9, figure 4.9]

| Whether ever raised a concern about suspected wrongdoing | Number of respondents | % |
|---|---|---|
| Yes | 945 | 21.6 |
| No | 3437 | 78.4 |
| **Total** | 4382 | 100.0 |

Single Response Table

21.6% stated that they had raised a concern about suspected wrongdoing in the NHS.

### Whether suffered a detriment after supporting a colleague who have raised concerns [Q12, figure 4.15]

| Whether ever suffered a detriment as a result of supporting a colleague who raised a concern | Number of respondents | % |
|---|---|---|
| Yes | 339 | 8.0 |
| No | 3886 | 92.0 |
| **Total** | 4225 | 100.0 |

Single Response Table

8% said they suffered a detriment as a result of supporting a colleague who raised a concern.

*Detriment suffered after supporting a colleague who have raised concerns [Q12a, figure 4.16]*

Of the 339 respondents who suffered a detriment, 336 answered this question. It can be seen that some offered more than one type of response.

| Type of detriment suffered | Number of responses | % |
|---|---|---|
| Ignored by colleagues | 51 | 15.2 |
| Ignored by management | 162 | 48.2 |
| Victimised by colleagues | 78 | 23.2 |
| Victimised by management | 207 | 61.6 |
| Other | 43 | 12.8 |
| **Total no. of respondents** | 336 | |

Multiple Response Table

The most common detriment alleged was victimisation by management (61.6%) and the second most frequently mentioned was ignored by management (48.2%).

*Sharing best practice [Q15, figure 4.19]*

| Whether organisation encourages the sharing of best practice | Number of respondents | % |
|---|---|---|
| Yes | 3380 | 82.2 |
| No | 732 | 17.8 |
| **Total** | 4112 | 100.0 |

Single Response Table

82.2% of respondents stated that their organisation encourages the sharing of best practice. This is a substantially higher figure than in the trust staff survey where only 57.1% indicated this.

## Staff who had not raised concerns

### *Reason for not raising a concern about suspected wrongdoing in the health service [Q9b, figure 4.11]*

3341 of the 3437 respondents who had not raised a concern answered this question

| If you have never raised a concern about suspected wrong doing, is it because…. | Number of respondents | % |
|---|---|---|
| You have never had any concern | 2300 | 68.8 |
| You had a concern but you didn't know how to raise it | 275 | 8.2 |
| You had a concern but you didn't trust the system | 251 | 7.5 |
| You had a concern but you feared being victimised | 347 | 10.4 |
| Other | 168 | 5.0 |
| **Total** | 3341 | 100.0 |

Single Response Table

It can be seen from the above table that 68.8% reportedly never had a concern and 10.4% mentioned fear of victimisation.

## Staff who had raised concerns

### *Use of employer procedures [Q11, figure 4.13]*

619 of the 945 respondents who had raised a concern about wrongdoing answered this question

| Whether staff used the employer's procedure | Number of respondents | % |
|---|---|---|
| Yes | 294 | 47.5 |
| No | 325 | 52.5 |
| **Total** | 619 | 100.0 |

Single Response Table

It can be seen from the above table that just under half (47.5%) used the employer's procedure.

### *Reason for not using the employer's procedure when raising a concern [Q11a, figure 4.14]*

321 of the 325 respondents who did not use the employer's procedure answered this question.

| Reason for not using the employer's procedure when raised a concern | Number of respondents | % |
|---|---|---|
| Did not know how to use the procedure | 30 | 9.3 |
| Had a reason not to use the procedure | 119 | 37.1 |
| Some other reason | 172 | 53.6 |
| Total | 321 | 100.0 |

Single Response Table

9.3% of respondents indicated that they did not know how to use the procedure.

*Topic of Concern [Q9a, figure 4.10]*

| Have you ever raised a concern about the following? | Number of respondents who indicated 'yes' | % | Total no, of respondents |
|---|---|---|---|
| A failure to comply with any legal obligation | 503 | 57.0 | 882 |
| A danger to the health & safety of any individual | 572 | 64.7 | 884 |
| Environmental damage | 66 | 7.6 | 863 |
| A criminal offence | 200 | 23.1 | 865 |
| A miscarriage of justice | 64 | 7.4 | 864 |
| The deliberate concealment of information about any of the above | 194 | 22.2 | 873 |

Single Response Table

The most common type of concern raised related to a danger to the health and safety of an individual (64.7%). The next most common type of concern raised was a failure to comply with a legal obligation (57%).

*Type of concern reported [AQ1 and equivalent from B & C, figure 4.21]*

Of the 945 respondents who had raised a concern, 819 answered this question and there were 2003 different responses.

| What type of concern have you reported? | Total number of responses | | Staff who have raised concerns | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | Using the trust procedure (269) | | Not using the trust procedure (288) | | Whose trusts did not (reportedly) have a procedure (262) | |
| | No. | % | No. | % | No. | % | No. | % |
| Safety concerns | 478 | 58.4 | 156 | 58.0 | 165 | 57.3 | 157 | 59.9 |
| Financial irregularities | 123 | 15.0 | 40 | 14.9 | 47 | 16.3 | 36 | 13.7 |
| Harassment/ bullying | 207 | 25.3 | 78 | 29.0 | 61 | 21.2 | 68 | 26.0 |
| Discrimination | 93 | 11.4 | 34 | 12.6 | 28 | 9.7 | 31 | 11.8 |
| Malpractice | 244 | 29.8 | 85 | 31.6 | 81 | 28.1 | 78 | 29.8 |
| Environmental matters | 49 | 6.0 | 11 | 4.1 | 16 | 5.6 | 22 | 8.4 |
| Computer misuse | 65 | 7.9 | 25 | 9.3 | 19 | 6.6 | 21 | 8.0 |
| Alcohol/ drug misuse | 104 | 12.7 | 29 | 10.8 | 43 | 14.9 | 32 | 12.2 |
| Mismanagement | 201 | 24.5 | 68 | 25.3 | 57 | 19.8 | 76 | 29.0 |
| Clinical competence | 313 | 38.2 | 106 | 39.4 | 110 | 38.2 | 97 | 37.0 |
| Other | 126 | 15.4 | 42 | 15.6 | 48 | 16.7 | 36 | 13.7 |
| **Total no. of respondents** | **819** | **100** | **269** | **100** | **288** | **100** | **262** | **100** |

Multiple Response Table

It can be seen from the above table that whether respondents followed the employer's procedure or not, the most frequently reported concerns were: safety concerns (58.4%) and clinical competence (38.2%).

## Frequency of raising concerns [AQ2, figure 4.22]

814 of the 945 respondents who had raised a concern answered this question.

| Number of occasions during last 5 years that staff raised a concern | Total number of staff | | Staff who have raised concerns | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | Using the trust procedure | | Not using the trust procedure | | Whose trusts did not (reportedly) have a procedure | |
| | No. | % | No. | % | No. | % | No. | % |
| 0 occasions | 85 | 10.4 | 16 | 6.0 | 42 | 14.7 | 27 | 10.4 |
| 1 | 318 | 39.1 | 108 | 40.3 | 107 | 37.4 | 103 | 39.6 |
| 2-3 | 248 | 30.5 | 87 | 32.5 | 80 | 28.0 | 81 | 31.2 |
| 4-8 | 104 | 12.8 | 38 | 14.2 | 37 | 12.9 | 29 | 11.2 |
| 9-19 | 21 | 2.6 | 10 | 3.7 | 4 | 1.4 | 7 | 2.7 |
| 20+ | 19 | 2.3 | 5 | 1.9 | 9 | 3.1 | 5 | 1.9 |
| Don't know | 19 | 2.3 | 4 | 1.5 | 7 | 2.4 | 8 | 3.1 |
| **Total** | 814 | 100.0 | 268 | 100.0 | 286 | 100.0 | 260 | 100.0 |

Single Response Table

Overall, 1 occasion was mentioned most frequently (39.1%); 2-3 occasions = 30.5% and 4 occasions or more = 17.7%.

## Whether advice taken before raising concerns? [AQ3, figure 4.23]

805 of the 945 respondents who had raised a concern answered this question.

| Whether advice obtained on last occasion a concern was raised. | Total number of staff | | Staff who have raised concerns | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | Using the trust procedure | | Not using the trust procedure | | Whose trusts did not (reportedly) have a procedure | |
| | No. | % | No. | % | No. | % | No. | % |
| Yes | 360 | 44.7 | 147 | 55.1 | 127 | 45.0 | 86 | 33.6 |
| No | 445 | 55.3 | 120 | 44.9 | 155 | 55.0 | 170 | 66.4 |
| **Total** | 805 | 100 | 267 | 100 | 282 | 100 | 256 | 100 |

Single Response Table

Overall 44.7% indicated that advice was taken. It can be seen from the above table that those who used the organisation's procedure were most likely to have taken advice (55.1%) and those who were unaware of such a procedure were least likely to have done so (33.6%).

### Source of advice [AQ3a, figure 4.24]

Of the 360 respondents who obtained advice, 358 answered this question and there were 599 different responses.

| From whom staff took advice on last occasion a concern was raised. | Total number of responses | | Staff who have raised concerns | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | Using the trust procedure (146) | | Not using the trust procedure (127) | | Whose trusts did not (reportedly) have a procedure (85) | |
| | No. | % | No. | % | No. | % | No. | % |
| Work colleague | 221 | 61.7 | 94 | 64.4 | 80 | 63.0 | 47 | 55.3 |
| Internal helpline | 27 | 7.5 | 12 | 8.2 | 11 | 8.7 | 4 | 4.7 |
| External helpline | 32 | 8.9 | 13 | 8.9 | 14 | 11.0 | 5 | 5.9 |
| Trade union | 53 | 14.8 | 21 | 14.4 | 12 | 9.4 | 20 | 23.5 |
| Professional body | 135 | 37.7 | 54 | 37.0 | 48 | 37.8 | 33 | 38.8 |
| Friend/relative | 66 | 18.4 | 24 | 16.4 | 23 | 18.1 | 19 | 22.4 |
| Lawyer | 27 | 7.5 | 16 | 11.0 | 7 | 5.5 | 4 | 4.7 |
| Public Concern at Work | 10 | 2.8 | 4 | 2.7 | 2 | 1.6 | 4 | 4.7 |
| Other | 28 | 7.8 | 10 | 6.8 | 14 | 11.0 | 4 | 4.7 |
| **Total no. of respondents** | 358 | 100 | 146 | 100 | 127 | 100 | 85 | 100 |

Multiple Response Table

In can be seen from the above table that advice was most likely to be obtained from a work colleague (61.7%). A professional body was the next most frequently mentioned source (37.7%). Trade unions were mentioned noticeably more frequently by those who did not know whether or not there was a procedure

### Whether primary care staff raised their concern internally [AQ4 and equivalent in B &C, Figure 4.25]

| | YES | | NO | | TOTAL | |
|---|---|---|---|---|---|---|
| | N* | % | N | % | N | % |
| Did not use procedure | 212 | 76.3 | 66 | 23.7 | 278 | 100.0 |
| Raised concern but not aware of /unsure about a procedure | 211 | 83.4 | 42 | 16.6 | 253 | 100.0 |
| OVERALL TOTAL | 423 | 79.7 | 108 | 20.3 | 531 | 100.0 |

N* = number of respondents
Single Response Table

Of the 531 respondents who answered this question, 79.7% indicated that they raised their concern internally.

### Who to go to with a concern [AQ4, figure 4.26]

680 of the 945 respondents who had raised a concern answered this question.

| With whom staff first raised a concern | Total number of respondents | | Staff who have raised concerns | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | Using the trust procedure | | Not using the trust procedure | | Whose trusts did not (reportedly) have a procedure | |
| | No. | % | No. | % | No. | % | No. | % |
| Line Manager informally | 336 | 49.4 | 119 | 45.4 | 114 | 54.3 | 103 | 49.5 |
| Line Manager in writing | 37 | 5.4 | 13 | 5.0 | 8 | 3.8 | 16 | 7.7 |
| Chief Executive | 13 | 1.9 | 5 | 1.9 | 5 | 2.4 | 3 | 1.4 |
| Human Resources | 21 | 3.1 | 6 | 2.3 | 7 | 3.3 | 8 | 3.8 |
| Internal Hotline | 2 | 0.3 | 2 | 0.8 | - | - | - | - |
| Senior partner | 54 | 7.9 | 25 | 9.5 | 14 | 6.7 | 15 | 7.2 |
| A designated person | 58 | 8.5 | 28 | 10.7 | 16 | 7.6 | 14 | 6.7 |
| Other internal | 44 | 6.5 | 12 | 4.6 | 18 | 8.6 | 14 | 6.7 |
| Other external | 18 | 2.6 | 18 | 6.9 | - | - | - | - |
| Senior manager/leader | 68 | 10.0 | 21 | 8.0 | 18 | 8.6 | 29 | 13.9 |
| Incident report form | 29 | 4.3 | 13 | 5.0 | 10 | 4.8 | 6 | 2.9 |
| **Total** | 680 | 100.0 | 262 | 100.0 | 210 | 100.0 | 208 | 100.0 |

Single Response Table

Overwhelmingly line managers were the most frequently mentioned first recipients of concerns (54.8%)

### Whether primary care staff were satisfied with the response to their concern that was raised within their organisation [Question A5, B4b & C4b, Figure 4.27]

676 of the 945 respondents who had raised a concern answered this question.

| YES | | NO | | TOTAL | |
|---|---|---|---|---|---|
| N* | % | N | % | N | % |
| 359 | 53.1 | 317 | 46.9 | 676 | 100. |

Single Response Table
N* = number of respondents

Overall 53.1% were satisfied with the response with those who were not aware of /unsure of the employer's procedure being least satisfied (35.6%)

*Whether staff took the matter further within their organisation [Questions A5a, B5 & C5, Figure 4.28]*

317 of the 945 who had raised a concern answered this question.

| YES | | NO | | TOTAL | |
|---|---|---|---|---|---|
| N* | % | N | % | N | % |
| 124 | 39.1 | 193 | 60.9 | 317 | 100.0 |

Single Response Table

N* = number of respondents

Overall 39.1% took the matter further. Unsurprisingly, those who did not use the employer's procedure were least likely to do so (27.8%).

*To whom did primary care staff take their concern further within their organisation? [Question A5b, B5a, C5a, Figure 4.29]*

There were 123 respondents who gave 168 responses to this question

| | TOTAL | |
|---|---|---|
| | N* | % |
| Chief executive | 16 | 13.0 |
| Senior Partner | 13 | 10.6 |
| Senior Manager/Leader | 58 | 47.2 |
| Human resources | 30 | 24.4 |
| Internal hotline | 3 | 2.4 |
| Incident report form | 8 | 6.5 |
| A person designated by your organisation to receive concerns | 27 | 22.0 |
| Other | 13 | 10.6 |
| **TOTAL NO. OF RESPONDENTS** | 123 | 100 |

Multiple Response Table

Overall senior manager/leader was the most frequently mentioned (47.2%) and was indicated by 55.6% of those who did not use the employer's procedure Human resources was the second most common recipient (24.4%) and was marginally more frequently used used by those following their employer's procedure.

***Whether primary care staff felt that taking their concern further within their organisation resolved the matter*** [***Question A5c, B5b &C5b, and Figure 4.30]***

123 respondents were received from the 124 staff who indicated that they took the matter further.

| YES | | NO | | TOTAL | |
|---|---|---|---|---|---|
| N | % | N | % | N | % |
| 18 | 14.6 | 105 | 85.4 | 123 | 100.0 |

Single Response Table

Overall 14.6% felt that the matter was resolved. Those who used the employer's procedure were most likely to say that this was the case (17%) and those who did not use the procedure were least likely (11.1%).

***Whether primary care staff took the matter outside of their organisation*** [***Question A7, B7 & C7, and Figure 4.32]***

402 respondents of the 945 who had raised a concern answered this question.

| YES | | NO | | TOTAL | |
|---|---|---|---|---|---|
| N | % | N | % | N | % |
| 169 | 42.0 | 233 | 58.0 | 402 | 100.0 |

Single Response Table

Overall 42% took the matter outside the organisation with those who were unaware/unsure of a procedure least likely to go outside.

***Reason for raising the concern outside their organization*** [***Question A7a, B7a & C7a, Figure 4.33]***

165 of the 169 respondents who took their concern outside the organisation answered this question, giving 238 responses.

| | Overall Total | |
|---|---|---|
| | n* | % |
| The internal procedure was taking too long | 11 | 6.7 |
| I was not satisfied with the outcome of the internal procedure | 39 | 23.6 |
| I did not have confidence in the internal procedure | 61 | 37.0 |
| I was worried about the potential impact on my career | 40 | 24.2 |
| Other | 87 | 52.7 |
| **TOTAL NO. OF RESPONDENTS** | **165** | **100** |

n* = number of responses
Multiple Response Table

The most frequently mentioned reason was lack of confidence in the internal procedure (37%)

***To whom primary care staff raised their concern externally with*** [***Question A7b, B7b & C7b, and Figure 4.34]***

162 of the 169 respondents who took their concern outside the organisation answered this question giving 230 responses

| | TOTAL | |
|---|---|---|
| | n* | % |
| A professional body | 87 | 53.7 |
| A trade union | 20 | 12.3 |
| An MP | 6 | 3.7 |
| A health service regulator | 52 | 32.1 |
| The police | 6 | 3.7 |
| The media | 3 | 1.9 |
| Public concern at work | 5 | 3.1 |
| External hotline | 2 | 1.2 |
| Ombudsmen | 4 | 2.5 |
| Other | 45 | 27.8 |
| **TOTAL NO. OF RESPONDENTS** | **162** | **100** |

n* = number of responses
Multiple Response Table

Professional bodies (53.7%) and regulators (32.1%) were most frequently mentioned. Those who used their employer's procedure were most likely to go to a professional body (55.2%) and those who were not aware of /unsure of the employer's procedure and also those who did not use their employer's procedure were most likely to go to a regulator (33.9% and 33.8% respectively).

***Whether an investigation of the primary care staff's concern was carried out [Question A8, B8 & C8, and Figure 4.36]***

765 respondents of the 945 who had raised a concern answered this question.

|  | YES | | NO | | DON'T KNOW | | TOTAL | |
|---|---|---|---|---|---|---|---|---|
|  | N* | % | N | % | N | % | N | % |
| **TOTAL** | 374 | 48.9 | 187 | 24.4 | 204 | 26.7 | 765 | 100.0 |

N* = number of respondents
Single Response Table

An investigation was stated to have been carried out in 48.9% of cases. It was most likely to have been conducted if the employer's procedure had been followed (62.9%) and least likely if the respondent was not aware of/unsure about the existence of a procedure (33.7%).

***Whether primary care staff were told about the outcome of the investigation of their concern [Question A8b, B8b & C8b, Figure 4.38]***

All of the 374 respondents who stated that an investigation had been carried out answered this question

|  | YES | | NO | | TOTAL | |
|---|---|---|---|---|---|---|
|  | N* | % | N | % | N | % |
| **TOTAL** | 297 | 79.4 | 77 | 20.6 | 374 | 100 |

N* = number of respondents

Single Response Table

Overall respondents were told the outcome in 79.4% of cases. Respondents were most likely to have been informed about the outcome if the employer's procedure had been followed (83.9%) and least likely if the respondent was not aware of/unsure about the existence of a procedure (74.4%)

***Whether wrongdoing was found to have occurred [Question A8c, B8c & C8c, Figure 4.39]***

296 respondents of the 297 who were told the outcome of the investigation answered this question.

|  | YES | | NO | | DON'T KNOW | | TOTAL | |
|---|---|---|---|---|---|---|---|---|
|  | N* | % | N | % | N | % | N | % |
| **TOTAL** | 223 | 75.3 | 44 | 14.9 | 29 | 9.8 | 296 | 100.0 |

N* = number of respondents

Single Response Table

Wrongdoing was found in 75.3% of cases and was least likely to be found where respondents were not aware of/unsure about the existence of a procedure (67.2%).

***Whether wrongdoing was dealt with* [Question A8d, B8d & C8d, Figure 4.40]**

222 respondents of the 223 who stated that wrongdoing had been found answered this question.

|  | YES | | NO | | DON'T KNOW | | TOTAL | |
|---|---|---|---|---|---|---|---|---|
|  | N* | % | N | % | N | % | N | % |
| **TOTAL** | 182 | 82.0 | 22 | 9.9 | 18 | 8.1 | 222 | 100.0 |

N* = number of respondents

Single Response Table

Overall 82% stated that the wrongdoing had been dealt with. It was least likely to be dealt with where respondents did not use the employer's procedure.

***Treatment by co-workers and management after raising a concern* [Question A9, B9 & C9, Figure 4.41]**

There were 973 responses to this question.

|  | Total | |
|---|---|---|
|  | **n*** | **%** |
| Praised by co-workers | 136 | 18.0 |
| Praised by management | 90 | 11.9 |
| Ignored by co-workers | 53 | 7.0 |
| Ignored by management | 142 | 18.8 |
| Victimised by co-workers | 45 | 6.0 |
| Victimised by management | 122 | 16.2 |
| None of the above | 385 | 51.0 |
| **TOTAL NO. OF RESPONDENTS** | 755 | 100 |

Multiple Response Table

n* = number of responses

It can be seen from the table above that the most common response was "none of the above" (51%). Of the rest, the most frequently mentioned were ignored by management (18.8%); praised by co-workers (18%) and victimised by management (16.2%). Those who were unaware/unsure about the employer's procedure were most likely to be ignored by management (26.1%) or victimised by management (19.9%) and those using the employer's procedure were most likely to be praised by management (21.4%) and co-workers (22.2%).

***Perceived level of safety after raising a concern*** [***Question A10, B10 & C10, Figure 4.42***]

There were 751 respondents of the 945 who had raised a concern.

|  | TOTAL | |
| --- | --- | --- |
|  | N* | % |
| Very safe | 85 | 11.3 |
| Safe | 136 | 18.1 |
| Neither safe nor unsafe | 343 | 45.7 |
| Unsafe | 123 | 16.4 |
| Very unsafe | 64 | 8.5 |
| Total | 751 | 100.0 |

N* = number of respondents
Single Response Table

Overall 29.4% felt safe or very safe and 24.9% felt unsafe or very unsafe. Those who used their employer's procedure were most likely to feel safe or very safe (36.5%) and those who were not aware of /unsure about the existence of a procedure were most likely to feel unsafe or very unsafe (28.9%).

***Likelihood of raising a concern again if suspected serious wrongdoing within your organization [Question A11, B11 & C11, Figure 4.43]***

There were 749 respondents of the 945 who had raised a concern

|  | Total | |
| --- | --- | --- |
|  | N* | % |
| Highly Likely | 354 | 47.3 |
| Likely | 227 | 30.3 |
| Neither Likely or Unlikely | 50 | 6.7 |
| Unlikely | 77 | 10.3 |
| Highly Unlikely | 41 | 5.5 |
| Total | 749 | 100.0 |

N* = number of respondents
Single Response Table

Overall 77.6% indicated that they were highly likely or likely to raise a concern again and 15.8% were highly unlikely or unlikely to do so. Those who were not aware of /unsure about the existence of a procedure most frequently stated that they were unlikely to raise a concern again (22.7%).

*Whether the following measure, if made available in the workplace, would make it more or less likely that you would raise a concern in future: An independent person or organisation being authorised by the organisation for whom you work to receive information about concerns you want to raise and believe to be serious* [*Question A12, B12 & C12, Figure 4.44*]

There were 724 respondents from the 945 who had raised a concern.

| | Total | |
|---|---|---|
| | N* | % |
| Very Unlikely | 25 | 3.5 |
| Unlikely | 55 | 7.6 |
| Neither Likely or Unlikely | 166 | 22.9 |
| Likely | 206 | 28.5 |
| Very Likely | 262 | 36.2 |
| Don't know / Not applicable | 10 | 1.4 |
| **TOTAL** | 724 | 100.0 |

N* = number of respondents
Single Response Table

Overall 64.7% of respondents thought such a measure was likely or very likely and 11.1% of respondents thought such a measure was unlikely or very unlikely to increase the chances of a concern being raised. Those who were not aware of/unsure about a procedure were most positive (68.1% likely or very likely).

*Whether the following measure, if made available in the workplace, would make it more or less likely that you would raise a concern in future: An undertaking by the organisation for which you work to protect your identity as the source of information about the concern* [*Question A12, B12 & C12, Figure 4.45*]

There were 725 respondents from the 945 who had raised a concern

| | Total | |
|---|---|---|
| | N* | % |
| Very Unlikely | 27 | 3.7 |
| Unlikely | 44 | 6.1 |
| Neither Likely or Unlikely | 186 | 25.7 |
| Likely | 196 | 27.0 |
| Very Likely | 259 | 35.7 |
| Don't know / Not applicable | 13 | 1.8 |
| **TOTAL** | 725 | 100.0 |

N* = number of respondents
Single Response Table

Overall 62.7% of respondents thought such a measure was likely or very likely and 9.8% of respondents thought such a measure was unlikely or very unlikely to increase the chances of a

concern being raised. Those who had used the employer's procedure were least positive (7.9% unlikely or very unlikely)

**_Whether the following measure, if made available in the workplace, would make it more or less likely that you would raise a concern in future: The ability to raise your concern anonymously [Question A12, B12 & C12, Figure 4.46]_**

There were 727 respondents from the 945 who had raised a concern.

| | Total | |
|---|---|---|
| | N* | % |
| Very Unlikely | 17 | 2.3 |
| Unlikely | 28 | 3.9 |
| Neither Likely or Unlikely | 173 | 23.8 |
| Likely | 184 | 25.3 |
| Very Likely | 312 | 42.9 |
| Don't know / Not applicable | 13 | 1.8 |
| **TOTAL** | 727 | 100.0 |

N* = number of respondents
Single Response Table

Overall 68.2% of respondents thought such a measure was likely or very likely and 6.2% of respondents thought such a measure was unlikely or very unlikely to increase the chances of a concern being raised. Those who were not aware of /unsure about the existence of a procedure were least positive (5.7% unlikely or very unlikely).

**_Whether the following measure, if made available in the workplace, would make it more or less likely that you would raise a concern in future: A financial reward for raising a serious concern_** [**_Question A12, B12 & C12, Figure 4.47_**]

There were 725 respondents from the 945 who had raised a concern

| | Total | |
|---|---|---|
| | N* | % |
| Very Unlikely | 225 | 31.0 |
| Unlikely | 95 | 13.1 |
| Neither Likely or Unlikely | 265 | 36.6 |
| Likely | 40 | 5.5 |
| Very Likely | 56 | 7.7 |
| Don't know / Not applicable | 44 | 6.1 |
| Total | 725 | 100.0 |

N* = number of respondents
Single Response Table

Overall 13.2% of respondents thought such a measure was likely or very likely and 44.1% of respondents thought such a measure was unlikely or very unlikely to increase the chances of a concern being raised. Those who had used the employer's procedure were most positive (15.1% likely or very likely).

***Whether the following measure, if made available in the workplace, would make it more or less likely that you would raise a concern in future: A duty on the organisation for which you work to report to a regulator the concern you have raised if your organisation has rejected the basis for your concern, or taken no action on it within a specified period*** [***Question A12, B12 & C12, Figure 4.48]***

There were 723 respondents of the 945 who had raised a concern

| | Total | |
|---|---|---|
| | N* | % |
| Very Unlikely | 27 | 3.7 |
| Unlikely | 50 | 6.9 |
| Neither Likely or Unlikely | 202 | 27.9 |
| Likely | 204 | 28.2 |
| Very Likely | 215 | 29.7 |
| Don't know / Not applicable | 25 | 3.5 |
| Total | 723 | 100.0 |

N* = number of respondents
Single Response Table

Overall 57.9% of respondents thought such a measure was likely or very likely and 10.6% of respondents thought such a measure was unlikely or very unlikely to increase the chances of a concern being raised. Those who had used the employer's procedure were most positive (61.5% likely or very likely) and who were not aware of /unsure about the existence of a procedure were least positive (12.5% unlikely or very unlikely).

The following is a summary of measures that would make it more likely that they would raise a concern in the future. Anonymity got 68.2% overall likely or very likely support. There was 64.7% likely or very likely support for 'an independent person or organisation being authorised by the trust to receive information about concerns staff want to raise and believe to be serious'. 'An undertaking by the trust to protect a person's identity as the source of information about the concern' received an overall likely or very likely score of 62.7%. 'A duty on the trust to report to a regulator a concern that has been raised if the trust has rejected the basis for the concern or taken no action on it within a specified period' resulted in an overall likely or very likely score of 57.9%. Finally, financial rewards achieved an overall likely or very likely score of 13.2%.

# SECTION 3: SURVEY OF NHS TRUSTS

## *Aims*

The survey of NHS trusts sought, among other things, to identify, within an organisation:
- who has responsibility for confidential reporting/whistleblowing procedures and how staff are made aware of procedures;
- who can use the procedure, how and the advice available;
- who investigates concerns and what, if any, feedback is offered;
- the numbers of staff invoking the procedure, the types of concern raised;
- the trust's satisfaction with its procedure and monitoring/review process.

## *Methodology & Distribution*

The survey was completely anonymous. No identifying information, such as name or email address was collected. As a result it is not possible to identify which trusts responded.

The distribution of this survey took place between 11th -13th August. The survey ran from 11th August – 1st September 2014 and two reminder letters were sent out.

It was necessary to use a cascade mechanism set up by NHS England to publicise the survey and the aim was to include all health service trusts. NHS England arranged for the NHS Trust Development Authority & Monitor to distribute letters to the CEOs of each trust.

60 trusts submitted responses, which is a quarter of English trusts. However, it quickly became clear that more than one person from some trusts had provided responses to the survey.[5] Indeed, overall 411 responses were sent on behalf of trusts and the findings below are based on the number of responses rather than the number of trusts. Although the results may not be representative of trusts generally, there has been a sufficient number of responses to provide a useful picture of how whistleblowing and whistleblowers are being handled in this sector.

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[5] It had been anticipated that trusts would submit only one completed survey. However, it seems that at some organisations different questions were answered by people with relevant knowledge.

## *Key messages*

- Most responses came from acute (non-specialist) (46.5%) followed by acute (specialist) trusts (20.9%).

- Of those who expressed a view, 83% said their procedure allowed a concern to be reported anonymously; 91% indicated that their procedure provided for confidentiality; 88% indicated that it may not be possible to maintain confidentiality in all circumstances; and 90% indicated that the procedure provided for persons reporting concerns to be kept informed about the progress of any investigation.

- Of those who expressed a view, only 10% imposed a public interest test; 84% had a good faith requirement; 78% provided for disciplinary action against people acting in bad faith and 89% stated that they had specific provisions to ensure that no detriment was suffered.

- Of the 32% who expressed a view, two -thirds said that they kept records about whether anyone who raises a concern subsequently suffered detriment. Of the 65% that knew, two - thirds maintained that no member of staff had alleged detriment for raising a concern in the last two years; 29% said that 1-5 allegations had been made and only 1 stated that more than 6 allegations had been made.

- Of those who expressed a view, 80% stated that provision for disciplinary action to be taken against those who victimise anyone reporting a concern was made and 93% stated no member of staff had ever been disciplined for this reason.

- Of those who expressed a view, 57% stated that training was provided for managers in how to handle concerns raised under the procedure and 31% stated that training was provided for potential users in how to use the procedure.

- As regards the types of issue reported under the trust's procedure, the main ones were: safety concerns (26.7%), harassment and bullying (19.3%), clinical competence (16.8%), discrimination and mismanagement (14.3% and 13.7% respectively).

- In terms of measures that would make it more likely that they would raise a concern in the future, overall 83.4% thought the ability to raise a concern anonymously was either likely or very likely to achieve this objective. 76.4% thought it likely or very likely that 'an undertaking by the trust to protect a person's identity as the source of information about the concern' would increase the chances of a concern being raised. 73.4% thought it either likely or very likely that 'an independent person or organisation being authorised by the trust to receive information about concerns staff want to raise and believe to be serious' would help. 56.7% thought it likely or very likely that 'a duty on the trust to report to a regulator a concern that has been raised if the trust has rejected the basis for the concern or taken no action on it within a specified period' would be useful. Only 23.7% thought that a financial reward was likely or very likely to encourage people to raise concerns.

## *Responses to survey questions*

The full survey results are contained in Appendix 1 and the references below to numbered figures relate to those detailed in that document. The references to question numbers below relate to those identified in Appendix 2.

# MAIN FINDINGS[6]

## Profile of the responses [Q1, figure 2.1]

There were 411 responses to this question.

| TYPE OF TRUST | n* | % |
|---|---|---|
| Acute (specialist) | 86 | 20.9 |
| Acute (non-specialist) | 191 | 46.5 |
| Ambulance | 7 | 1.7 |
| Community | 52 | 12.7 |
| Mental health and learning disability | 27 | 6.6 |
| Other | 48 | 11.7 |
| Total | 411 | 100.0 |

n* - number of responses

Single Response Table

It can be seen from the above table that most responses came from acute (non-specialist) (46.5%) followed by acute (specialist) trusts (20.9%).

## Raising a concern

### Description of the policy which offers guidance on how to raise a concern [Q3a, figure 2.4]

There were 271 responses to this question.

| TYPE OF POLICY | n* | % |
|---|---|---|
| Whistleblowing policy | 143 | 52.8 |
| Confidential reporting policy | 17 | 6.3 |
| Policy for reporting concerns | 63 | 23.2 |
| 'Speak up' policy | 16 | 5.9 |
| Other | 32 | 11.8 |
| Total | 271 | 100 |

n* is the number of responses

Single Response Table

52.8% of responses referred to a whistleblowing policy. The second most frequently mentioned was "policy for reporting concerns" (23.2%).

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[6] Appendix 1 displays results by type of trust. In this section we only comment on the type of trust providing responses where there are different results which merit it.

### Who can use the Trust's procedure?  [Q8, Figure 2.9]

There were 852 responses to this question.

| | TOTAL | |
|---|---|---|
| | n* | % |
| Employees | 194 | 70.8 |
| Self-employed | 57 | 20.8 |
| Ex-employees | 41 | 15.0 |
| Members of the public | 44 | 16.1 |
| Volunteers | 107 | 39.1 |
| Contractors | 72 | 26.3 |
| Subcontractors | 54 | 19.7 |
| Patients | 51 | 18.6 |
| Suppliers | 26 | 9.5 |
| Agency workers | 106 | 38.7 |
| Other | 15 | 5.5 |
| Don't know | 85 | 31.0 |
| **TOTAL NO. OF RESPONDENTS** | 274 | |

n* is the number of responses
Multiple Response Table

It can be seen from the above table that employees were most frequently mentioned (70.8% of all respondents), followed by volunteers (39.1%) and agency workers (38.7%).

### Mechanisms for reporting concerns [Q 11a, Figure 2.13]

There were 285 responses to this question.

| MECHANISM FOR REPORTING A CONCERN | TOTAL | |
|---|---|---|
| | n* | % |
| Oral reports in person | 80 | 70.8 |
| Telephone reports | 55 | 48.7 |
| Paper reports | 68 | 60.2 |
| Reports by email | 58 | 51.3 |
| Text messages | 3 | 2.7 |
| Other | 12 | 10.6 |
| Don't know | 9 | 8.0 |
| **TOTAL NO. OF RESPONDENTS** | 113 | |

n* is the number of responses
Multiple Response Table

It can be seen from the above table that the most frequently mentioned methods were: oral reports in person (70.8% of all responses); paper reports (60.2%); reports by email (51.3%) and telephone reports (48.7%).

*Whether trust allows (i) a concern to be reported anonymously, (ii) indicates that confidentiality will be maintained, (iii) states that it may not be possible to maintain confidentiality in all circumstances and (iv) indicates that the person reporting a concern will be kept informed about the progress of any investigation [Questions 13-15, Figure 2.15]*

| ALLOW A CONCERN TO BE REPORTED ANONYMOUSLY | | | | | | | | SPECIFY THAT CONFIDENTIALITY WILL BE MAINTAINED | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| YES | | NO | | DON'T KNOW | | TOTAL | | YES | | NO | | DON'T KNOW | | TOTAL | |
| n* | % | n | % | n | % | n | % | n* | % | n | % | n | % | n | % |
| 114 | 50.4 | 24 | 10.6 | 88 | 38.9 | 226 | 100.0 | 130 | 57.8 | 13 | 5.8 | 82 | 36.4 | 225 | 100.0 |

n* is the number of responses
Single Response Table

| STATE THAT IT MAY NOT BE POSSIBLE TO MAINTAIN CONFIDENTIALITY IN ALL CIRCUMSTANCES | | | | | | | | INDICATE THAT THE PERSON REPORTING A CONCERN WILL BE KEPT INFORMED ABOUT THE PROGRESS OF ANY INVESTIGATION | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| YES | | NO | | DON'T KNOW | | TOTAL | | YES | | NO | | DON'T KNOW | | TOTAL | |
| n* | % | n | % | n | % | n | % | n* | % | n | % | n | % | n | % |
| 87 | 68.0 | 12 | 9.4 | 29 | 22.7 | 128 | 100.0 | 111 | 52.1 | 12 | 5.6 | 90 | 42.3 | 213 | 100.0 |

n* is the number of responses
Single Response Table

Of those who expressed a view, 83% said their procedure allowed a concern to be reported anonymously; 91% indicated that their procedure provided for confidentiality; 88% indicated that it may not be possible to maintain confidentiality in all circumstances; and 90% indicated that the procedure provided for persons reporting concerns to be kept informed about the progress of any investigation.

***Whether the Trust has a telephone 'hotline' dedicated to the reporting of concerns and, if so, whether the telephone hotline is internal, external or both  [Q18 & 18a,Figure 2.20]***

| WHETHER THE TRUST HAS A TELEPHONE 'HOTLINE' DEDICATED TO THE REPORTING OF CONCERNS | | | | | | | | TYPE OF TELEPHONE HOTLINE | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| YES | | NO | | DON'T KNOW | | TOTAL | | INTERNAL | | EXTERNAL | | BOTH | | TOTAL | |
| n* | % | n | % | n | % | n | % | n* | % | n | % | n | % | n | % |
| 38 | 19.5 | 70 | 35.9 | 87 | 44.6 | 195 | 100.0% | 18 | 47.4 | 10 | 26.3 | 10 | 26.3 | 38 | 100.0 |

*n is the number of responses
Single Response Table

Of the 55% who expressed a view, 35% stated that there was a 'hotline'. In terms of the type of hotline, 47.4% indicated that this was internal; 26.3% stated external and 26.3% said that both existed.

*Whether the Trust's procedure (i) indicates that it can only be used if there is a public interest in raising a concern, (ii) states that those who report a concern must be acting in good faith, (iii) provides for disciplinary action to be taken against a person who acts in bad faith/maliciously when reporting a concern and (iv) has specific provisions to ensure that those who raise concerns suffer no detriment [Questions 19-22, Figure 2.21]*

| INDICATE THAT IT CAN ONLY BE USED IF THERE IS A PUBLIC INTEREST IN RAISING A CONCERN | | | | | | | | STATE THAT THOSE WHO REPORT A CONCERN MUST BE ACTING IN GOOD FAITH | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| YES | | NO | | DON'T KNOW | | TOTAL | | YES | | NO | | DON'T KNOW | | TOTAL | |
| n* | % | n | % | n | % | n | % | n* | % | n | % | n | % | n | % |
| 9 | 4.7 | 80 | 41.9 | 102 | 53.4 | 191 | 100.0 | 84 | 44.4 | 16 | 8.5 | 89 | 47.1 | 189 | 100.0 |

Single Response Table

| PROVIDE FOR DISCIPLINARY ACTION TO BE TAKEN AGAINST A PERSON WHO ACTS IN BAD FAITH/MALICIOUSLY WHEN REPORTING A CONCERN | | | | | | | | HAVE SPECIFIC PROVISIONS TO ENSURE THAT THOSE WHO RAISE CONCERNS SUFFER NO DETRIMENT | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| YES | | NO | | DON'T KNOW | | TOTAL | | YES | | NO | | DON'T KNOW | | TOTAL | |
| n* | % | n | % | n | % | n | % | n* | % | n | % | n | % | n | % |
| 68 | 37.0 | 19 | 10.3 | 97 | 52.7 | 184 | 100.0 | 95 | 52.2 | 12 | 6.6 | 75 | 41.2 | 182 | 100.0 |

n* is the number of responses

Single Response Table

Of the respondents that expressed a view, only 10% imposed a public interest test; 84% had a good faith requirement; 78% provided for disciplinary action against people acting in bad faith and 89% stated that they had specific provisions to ensure that no detriment was suffered.

*Whether the Trust keeps records about whether anyone who raises concerns subsequently suffered adetriment and, if so, the number of members of staff that have alleged that they suffered a detriment for raising a concern within the last two  years [Q 23,Figure 2.22:*

| WHETHER THE TRUSTS KEEP RECORDS ABOUT WHETHER ANYONE WHO RAISES CONCERNS SUBSEQUENTLY SUFFERED A DETRIMENT | | | | | | | | WITHIN THE LAST TWO YEARS NUMBER OF MEMBERS OF STAFF THAT HAVE ALLEGED THAT THEY SUFFERED A DETRIMENT FOR RAISING A CONCERN | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| YES | | NO | | DON'T KNOW | | TOTAL | | 0 | | 1-5 | | 6-10 | | 11+ | | DON'T KNOW | | TOTAL | |
| n* | % | n | % | n | % | n | % | n* | % | n | % | n | % | n | % | n | % | n | % |
| 38 | 21.2 | 19 | 10.6 | 122 | 68.2 | 179 | 100.0 | 16 | 43.2 | 7 | 18.9 | 1 | 2.7 | - | - | 13 | 35.1 | 37 | 100.0 |

Single Response Table

Of the 32% who expressed a view, two -thirds said that they kept such records. Of the 65% that knew, two - thirds maintained that no member of staff had alleged detriment for raising a concern in the last two years; 29% said that 1-5 allegations had been made and only 1 stated that more than 6 allegations had been made.

*Whether the Trust's procedure provides for disciplinary action to be taken against those who victimise anyone reporting a concern and, if so, whether any member of staff has ever been disciplined for this reason [ Questions 25 &25a, Figure 2.25]*

| PROVIDE FOR DISCIPLINARY ACTION TO BE TAKEN AGAINST THOSE WHO VICTIMISE ANYONE REPORTING A CONCERN | | | | | | | | WHETHER ANY MEMBER OF STAFF HAS EVER BEEN DISCIPLINED FOR THIS REASON | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| YES | | NO | | DON'T KNOW | | TOTAL | | YES | | NO | | DON'T KNOW | | TOTAL | |
| n* | % | n | % | n | % | n | % | n* | % | n | % | n | % | n | % |
| 63 | 36.8 | 16 | 9.4 | 92 | 53.8 | 171 | 100.0 | 2 | 3.2 | 28 | 44.4 | 33 | 52.4 | 63 | 100.0 |

n* is the number of responses

Single Response Table

Of those who expressed a view, 80% stated that provision for disciplinary action was made and 93% stated no member of staff had ever been disciplined for this reason.

***Whether and in what way the Trust's procedure states that people should report concerns about suspected wrongdoing [Questions 28 & 28a, Figure 2.28]***

| THE TRUST'S PROCEDURE STATES THAT PEOPLE SHOULD REPORT CONCERNS ABOUT SUSPECTED WRONGDOING | | | | | | | | THE FORM THAT THIS TAKES | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| YES | | NO | | DON'T KNOW | | TOTAL | | A DUTY TO REPORT | | A REQUEST TO REPORT | | AN EXPECATION THAT STAFF WILL REPORT | | OTHER | | TOTAL | |
| n* | % | n | % | n | % | n | % | n* | % | n | % | n | % | n | % | n | % |
| 106 | 63.1 | 9 | 5.4 | 53 | 31.5 | 168 | 100.0 | 46 | 43.8 | 14 | 13.3 | 37 | 35.2 | 8 | 7.6 | 105 | 100.0 |

n* is the number of responses
Single Response Table

Of those that expressed a view, 92% indicated that the procedure stated that the people should report concerns. For 43.8% this took the form of duty to report, 35.2% pointed to an expectation that staff will report and 13.3% referred to a request to report.

*Whether training is provided for managers in how to handle concerns raised under the Trust's procedure and, if so, what form this training takes [Questions 29 &29a, Figure 2.29]*

| WHETHER TRAINING IS PROVIDED FOR MANAGERS IN HOW TO HANDLE CONCERNS RAISED UNDER THE TRUST'S PROCEDURE | | | | | | | |
|---|---|---|---|---|---|---|---|
| YES | | NO | | DON'T KNOW | | TOTAL | |
| n* | % | n | % | n | % | n | % |
| 47 | 28.1 | 35 | 21.0 | 85 | 50.9% | 167 | 100.0 |

n* is the number of responses

Single Response Table

| TYPE OF TRAINING FOR MANAGERS | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PART OF INDUCTION PROCESS | | INITIAL SEMINAR OR BRIEFING SESSION | | WRITTEN INSTRUCTIONS | | REFRESHER SEMINAR / BRIEFING SESSION | | GENERAL STAFF TRAINING | | OTHER | | DON'T KNOW | | TOTAL NO. OF RESPONDENTS | |
| n* | % | n | % | n | % | n | % | n | % | n | % | n | % | N* | % |
| 17 | 36.2 | 11 | 23.4 | 10 | 21.3 | 13 | 27.7 | 20 | 42.6 | 4 | 8.5 | 10 | 21.3 | 47 | 100.0 |

n* is the number of responses   N* is the number of respondents

Multiple Response Table

Of those who expressed a view, 57% stated that training was provided *for managers* in how to handle concerns raised under the procedure. The most common types of training used were general staff training (42.6%) and "part of the induction process" (36.2%).

**Whether training is provided for employees or other potential users in how to use the Trust's procedure and, if so, what form this training takes [Questions 30 & 30a, Figure 2.30]**

| WHETHER TRAINING IS PROVIDED FOR EMPLOYEES OR OTHER POTENTIAL USERS IN HOW TO USE THE TRUST'S PROCEDURE | | | | | | | |
|---|---|---|---|---|---|---|---|
| YES | | NO | | DON'T KNOW | | TOTAL | |
| n* | % | n | % | n | % | n | % |
| 31 | 18.7 | 70 | 42.2 | 65 | 39.2 | 166 | 100.0 |

n* is the number of responses

Single Response Table

| TYPE OF TRAINING FOR EMPLOYEES OR OTHER POTENTIAL USERS | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PART OF INDUCTION PROCESS | | INITIAL SEMINAR OR BRIEFING SESSION | | WRITTEN INSTRUCTIONS | | REFRESHER SEMINAR / BRIEFING SESSION | | GENERAL STAFF TRAINING | | OTHER | | DON'T KNOW | | TOTAL | |
| n* | % | n | % | n | % | n | % | n | % | n | % | n | % | N* | % |
| 23 | 74.2 | 7 | 22.6 | 11 | 35.5 | 9 | 29.0 | 11 | 35.5 | 3 | 9.7 | 1 | 3.2 | 31 | 100.0 |

n* is the number of responses   N* is the number of respondents

Multiple Response Table

Of the 61% who expressed a view, 31% stated that training was provided *for potential users in how to use the procedure*. The most common types of training used were: "part of the induction process" (74.2%); general staff training and written instructions (both 35.5%)

**The types of issues that have been reported under the Trust's procedure [Question 33, Figure 2.35]**

There were 304 responses to this question.

| TYPES OF ISSES | n* | % |
|---|---|---|
| Safety concerns | 43 | 26.7 |
| Financial irregularities | 12 | 7.5 |
| Harassment/bullying | 31 | 19.3 |
| Discrimination | 23 | 14.3 |
| Malpractice | 16 | 9.9 |
| Environmental matters | 7 | 4.3 |
| Computer misuse | 9 | 5.6 |
| Alcohol/drug misuse | 6 | 3.7 |
| Mismanagement | 22 | 13.7 |
| Clinical competence | 27 | 16.8 |
| Other | 9 | 5.6 |
| Don't know | 99 | 61.5 |
| **TOTAL NO. OF RESPONDENTS** | 161 | 100.0 |

n* is the number of responses

Multiple Response Table

The main concerns that have been reported are: safety concerns (26.7%), harassment and bullying (19.3%), clinical competence (16.8%), discrimination and mismanagement (14.3% and 13.7% respectively).

***Whether any of the following measures made available to NHS workers would
make it more or less likely that they would raise a concern in future [Question 39]***

**[Figure 2.42a]**

| AN INDEPENDENT PERSON OR ORGANISATION BEING AUTHORISED BY THE TRUST TO RECEIVE INFORMATION ABOUT CONCERNS STAFF WANT TO RAISE AND BELIEVE TO BE SERIOUS | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VERY LIKELY | | LIKELY | | NEITHER LIKELY OR UNLIKELY | | UNLIKELY | | VERY UNLIKELY | | DON'T KNOW / N.A. | | TOTAL | |
| n* | % | n | % | n | % | n | % | n | % | n | % | n | % |
| 48 | 30.4 | 68 | 43.0 | 22 | 13.9 | 8 | 5.1 | - | - | 12 | 7.6 | 158 | 100.0 |

n* is the number of responses

Single Response Table

**[Figure 2.42b]**

| AN UNDERTAKING BY THE TRUST TO PROTECT A PERSON'S IDENTITY AS THE SOURCE OF INFORMATION ABOUT THE CONCERN | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VERY LIKELY | | LIKELY | | NEITHER LIKELY OR UNLIKELY | | UNLIKELY | | VERY UNLIKELY | | DON'T KNOW / N.A. | | TOTAL | |
| n* | % | n | % | n | % | n | % | n | % | n | % | n | % |
| 58 | 36.9 | 62 | 39.5 | 15 | 9.6 | 11 | 7.0 | 1 | 0.6 | 10 | 6.4 | 157 | 100.0 |

n* is the number of responses

Single Response Table

**[Figure 2.42c]**

| THE ABILITY TO RAISE A CONCERN ANONYMOUSLY | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VERY LIKELY | | LIKELY | | NEITHER LIKELY OR UNLIKELY | | UNLIKELY | | VERY UNLIKELY | | DON'T KNOW / N.A. | | TOTAL | |
| n* | % | n | % | n | % | n | % | n | % | n | % | n | % |
| 61 | 38.9 | 70 | 44.6 | 9 | 5.7 | 5 | 3.2 | 2 | 1.3 | 10 | 6.4 | 157 | 100.0 |

n* is the number of responses

Single Response Table

**[Figure 2.42d]**

| A FINANCIAL REWARD FOR RAISING A SERIOUS CONCERN | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VERY LIKELY | | LIKELY | | NEITHER LIKELY OR UNLIKELY | | UNLIKELY | | VERY UNLIKELY | | DON'T KNOW / N.A. | | TOTAL | |
| n* | % | n | % | n | % | n | % | n | % | n | % | n | % |
| 14 | 9.0 | 23 | 14.7 | 43 | 27.6 | 18 | 11.5 | 29 | 18.6 | 29 | 18.6 | 156 | 100.0 |

n* is the number of responses

Single Response Table

*[Figure 2.42e]*

| A DUTY ON THE TRUST TO REPORT TO A REGULATOR A CONCERN THAT HAS BEEN RAISED IF THE TRUST HAS REJECTED THE BASIS FOR THE CONCERN, OR TAKEN NO ACTION ON IT WITHIN A SPECIFIED PERIOD | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VERY LIKELY | | LIKELY | | NEITHER LIKELY OR UNLIKELY | | UNLIKELY | | VERY UNLIKELY | | DON'T KNOW / N.A. | | TOTAL | |
| n* | % | n | % | n | % | n | % | n | % | n | % | n | % |
| 40 | 25.5 | 49 | 31.2 | 36 | 22.9 | 8 | 5.1 | 4 | 2.5 | 20 | 12.7 | 157 | 100.0 |

n* is the number of responses

Single Response Table

In terms of measures that would make it more likely that they would raise a concern in the future, overall 83.5% thought the ability to raise a concern anonymously was either likely or very likely to achieve this objective. 76.4% thought it likely or very likely that 'an undertaking by the trust to protect a person's identity as the source of information about the concern' would increase the chances of a concern being raised. 73.4% thought it either likely or very likely that 'an independent person or organisation being authorised by the trust to receive information about concerns staff want to raise and believe to be serious' would help. 56.7% thought it likely or very likely that 'a duty on the trust to report to a regulator a concern that has been raised if the trust has rejected the basis for the concern or taken no action on it within a specified period' would be useful. Only 23.7% thought that a financial reward was likely or very likely to encourage people to raise concerns.

# SECTION 4: SURVEY OF REGULATORS

## *Aims*

The survey of regulators sought, among other things to find out about:
- how they raise awareness of the information, advice and support they provide and what those services are;
- the number and types of concern they receive
- their involvement in resolving workplace disputes
- the extent of satisfaction with their current arrangements for receiving and handling concerns

## *Methodology & Distribution*

Letters with links to the survey were emailed to Chief Executives of 18 regulatory bodies relevant to the health service. A list of regulators was compiled by the researchers using information supplied by the review team together with that contained in the "Raising Concerns at Work" [7] document. It is important to note again that a generous view was taken as to who were relevant regulators and the target consultees were not all prescribed persons under the protected disclosures legislation. [8]

Reminder letters were dispatched in advance of the closing dates via the same route to the following:

- Care Quality Commission Monitor
- Audit Commission for England and Wales
- Charity Commissioners for England and Wales
- Controller and Auditor General
- Children's Commissioner
- Health and Safety Executive www.hse.gov.uk
- Information Commissioner
- Pensions Regulator
- General Chiropractic Council
- General Dental Council
- General Medical Council
- General Optical Council
- General Osteopathic Council
- General Pharmaceutical Council
- Health and Care Professions Council
- Nursing & Midwifery Council (NMC)
- Professional Standards Authority for Health and Social Care

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[7] Published by the *Whistleblowing Helpline.* April 2014

[8] Part IVA of the Employment Rights Act 1996

We are aware the survey period coincided with the consultation exercise being conducted by the Department for Business, Innovation and Skills about the proposed reporting obligations of prescribed persons. Nevertheless, 15 of the 18 regulators responded fully or in part to the survey, a response rate of 83%. Five regulators answered only one question but we think that the 10 submissions (56% of those contacted) enable us to make tentative observations about this type of respondent. However, with such a small number of respondents, any statistical analysis, including the calculation of percentages, should be given limited weight.

## *Key messages*

- 84.6% of respondents indicated that they allow a concern to be reported anonymously. 76.9% indicated that confidentiality will be maintained and 80% stated that it may not be possible to maintain confidentiality in all circumstances.

- 84.6% of respondents said that the person reporting a concern will be kept informed about the progress of any investigation.

- Most respondents do not have a hotline (63.6%).

- Three quarters indicated that concerns should initially be reported to the person's employer.

- Only 4 regulators whose procedure had been used in the last five years knew the number of occasions it had been invoked.

- The main issues reported to regulators were financial irregularities, discrimination, harassment/bullying, malpractice and mismanagement (all 10.5% of the issues reported).

- 85.7% of respondents published the number of concerns raised and the number of investigations conducted. 71.4% claimed to publish the outcome of investigations and 42.9 % published the number of concerns within their jurisdiction. None published the number of cases referred by employment tribunals.

- In terms of measures that would make it more likely that they would raise a concern in the future, six (60%) thought it either likely or very likely that 'an independent person or organisation being authorised by the trust to receive information about concerns staff want to raise and the ability to raise a concern anonymously would help. Five (50%) thought it likely and 'an undertaking by the trust to protect a person's identity as the source of information about the concern' would achieve this objective. Two (20%) thought it likely that 'a duty on the trust to report to a regulator a concern that has been raised if the trust has rejected the basis for the concern or taken no action on it within a specified period' would be useful. Only one (10%) indicated support for a financial reward.

## *Responses to survey questions*

The full survey results are contained in Appendix 1 and the references below to figures relate to those detailed in that document. The references to question numbers below relate to those identified in Appendix 2.

# MAIN FINDINGS

***Length of time that the regulators' procedure for reporting concerns  about suspected wrongdoing in the health service has been in operation [Question A2, Figure 1.3]***

| LENGTH OF TIME PROCEDURE IN OPERATION | N* | % |
|---|---|---|
| Two years or more but less than three years | 1 | 12.5 |
| Three years or more but less than five years | 1 | 12.5 |
| Five years or more but less than ten years | 2 | 25.0 |
| Ten years or more | 2 | 25.0 |
| Don't know | 2 | 25.0 |
| Total | 8 | 100.0 |

N* is the number of respondents

Single Response Table

Of those who knew, two- thirds stated that their procedure has been in operation for more than five years.

***When the regulator's procedure was last amended [Question A3, Figure 1.4]***

| WHEN PROCEDURE LAST AMENDED | N* | % |
|---|---|---|
| Less than a year | 6 | 75.0 |
| Two years or more but less than three years | 1 | 12.5 |
| Ten years or more | 1 | 12.5 |
| Total | 8 | 100.0 |

N* is the number of respondents

Single Response Table

It can be seen from the above table that three-quarters stated that their procedure had been amended less than a year ago.

***Who can use the procedure / from whom is the regulator willing to receive concerns [Question A5 & B2, Figure 1.6]***

There were 118 responses to this question

| | n* | % |
|---|---|---|
| **MEMBERS OF THE PUBLIC** | 11 | 73.3 |
| **EMPLOYERS** | 11 | 73.3 |
| **EMPLOYEES** | 12 | 80 |
| **EX-EMPLOYEES** | 10 | 66.7 |
| **SELF-EMPLOYED** | 9 | 60 |
| **VOLUNTEERS** | 9 | 60 |
| **AGENCY WORKERS** | 10 | 66.7 |
| **PATIENTS** | 9 | 60 |
| **CONTRACTORS** | 10 | 66.7 |
| **SUB-CONTRACTORS** | 9 | 60 |
| **SUPPLIERS** | 9 | 60 |
| **OTHER** | 7 | 46.7 |
| **D/K** | 2 | 13.3 |
| **TOTAL NO. OF RESPONDENTS** | 15 | 100 |

n* is the number of responses

Multiple Response Table

Employees (80%) are the predominant group identified by regulators, although it can be seen that a wide range of sources are identified.

*Whether regulators (i) allow a concern to be reported anonymously, (ii) indicate that confidentiality will be maintained, (iii) state that it may not be possible to maintain confidentiality in all circumstances and (iv) indicate that the person reporting a  concern will be kept informed about the progress of any investigation [Questions A8 –A10 & B5-7,Figure 1.10]*

| | | N* | % |
|---|---|---|---|
| **A CONCERN TO BE REPORTED ANONYMOUSLY** | **YES** | 11 | 84.6 |
| | **NO** | 2 | 15.4 |
| | **D/K** | - | - |
| | **TOTAL** | 13 | 100 |
| **INDICATE THAT CONFIDENTIALITY WILL BE MAINTAINED** | **YES** | 10 | 76.9 |
| | **NO** | 3 | 23.1 |
| | **D/K** | - | - |
| | **TOTAL** | 13 | 100 |
| **STATE THAT IT MAY NOT BE POSSIBLE TO MAINTAIN CONFIDENTIALITY** | **YES** | 8 | 80 |
| | **NO** | 1 | 10 |
| | **D/K** | 1 | 10 |
| | **TOTAL** | 10 | 100 |
| **INDICATE THAT THE PERSON REPORTING A CONCERN WILL BE KEPT INFORMED ABOUT THE PROGRESS OF ANY INVESTIGATION** | **YES** | 11 | 84.6 |
| | **NO** | 1 | 7.7 |
| | **D/K** | 1 | 7.7 |
| | **TOTAL** | 13 | 100 |

N* is the number of respondents

Single Response Table

84.6% of respondents indicated that they allow a concern to be reported anonymously. 76.9% indicated that confidentiality will be maintained and 80% of respondents stated that it may not be possible to maintain confidentiality in all circumstances. 84.6% of respondents who knew said that the person reporting a concern will be kept informed about the progress of any investigation.

*Whether the regulators have a telephone 'hotline' that is dedicated to the reporting of concerns [Question A12 & B9, Figure 1.13]*

There were 11 responses to this question.

|  | YES | | NO | | D/K | | TOTAL | |
|---|---|---|---|---|---|---|---|---|
|  | N* | % | N | % | N | % | N | % |
| **TOTAL** | 4 | 36.4 | 7 | 63.6 | - | - | 11 | 100.0 |

N* is the number of respondents

Single Response Table

Most respondents do not have a hotline (63.6%).

*Whether regulators' procedure or their organisation state that (i) those raising a concern must reasonably believe that there is a public interest in doing so and (ii) those who report a concern must be acting in good faith [Questions A13 -14 &B10-11,Figure 1.14]*

| THOSE RAISING A CONCERN MUST REASONABLY BELIEVE THAT THERE IS A PUBLIC INTEREST IN DOING SO | | | | | | | | THOSE WHO REPORT A CONCERN MUST BE ACTING IN GOOD FAITH | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| YES | | NO | | D/K | | TOTAL | | YES | | NO | | D/K | | TOTAL | |
| N* | % | N | % | N | % | N | % | N* | % | N | % | N | % | N | % |
| 2 | 18.2 | 7 | 63.6 | 2 | 18.2 | 11 | 100 | 2 | 18.2 | 7 | 63.6 | 2 | 18.2 | 11 | 100 |

N* is the number of respondents

Single Response Table

Of those who knew, 22.2% operated a good faith and public interest test.

*Whether regulators indicate that people should initially report concerns about suspected wrongdoing to their employer [Question A17 & B14, Figure 1.16]*

| YES | | NO | | D/K | | TOTAL | |
|---|---|---|---|---|---|---|---|
| N* | % | N | % | N | % | N | % |
| 9 | 75.0 | 3 | 25.0 | - | - | 12 | 100.0 |

N* is the number of respondents

Single Response Table

Three-quarters indicated that concerns should initially be reported to the person's employer.

*Frequency with which the regulators' procedure for reporting concerns about suspected wrongdoing in the health service has been used in the last five years [Question 20a, Figure 1.23]*

| NUMBER OF OCCASIONS | N* | % |
|---|---|---|
| Never | - | - |
| 1-5 | 1 | 16.7 |
| 6-10 | - | - |
| 11-20 | - | - |
| 21-50 | 1 | 16.7 |
| 51-100 | - | - |
| 101+ | 2 | 33.3 |
| Don't know | 2 | 33.3 |
| Total | 6 | 100.0 |

N* is the number of respondents

Single Response Table

Only 4 regulators whose procedure had been used in the last five years knew the number of occasions it had been invoked.

***Types of issues that have been reported under the regulators' procedure/to the organization [Question A21 & 18, Figure 1.26]***

There were 57 responses to this question.

| | n* | % |
|---|---|---|
| **SAFETY CONCERNS** | 5 | 45.5 |
| **FINANCIAL IRREGULARITIES** | 6 | 54.5 |
| **HARASSMENT / BULLYING** | 6 | 54.5 |
| **DISCRIMINATION** | 6 | 54.5 |
| **MALPRACTICE** | 6 | 54.5 |
| **ENVIRONMENTAL MATTERS** | 2 | 18.2 |
| **COMPUTER MISUSE** | 4 | 36.4 |
| **ALCOHOL / DRUG MISUSE** | 5 | 45.5 |
| **MISMANAGEMENT** | 6 | 54.5 |
| **CLINICAL COMPETENCE** | 5 | 45.5 |
| **OTHER** | 3 | 27.3 |
| **DON'T KNOW** | 3 | 27.3 |
| **TOTAL NO. OF RESPONDENTS** | 11 | 100 |

n* is the number of responses
Multiple Response Table

The main issues reported are financial irregularities, discrimination, harassment/bullying, malpractice and mismanagement (all 10.5% of the issues reported).

***Types of information that regulators have published on their work in relation to whistleblowing/confidential reporting [Question A22a & B19a, Figure 1.28]***

| THE NUMBER OF CONCERNS RAISED | | | | | | | | THE NUMBER OF CASES REFERRED BY EMPLOYMENT TRIBUNALS | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| YES | | NO | | D/K | | TOTAL | | YES | | NO | | D/K | | TOTAL | |
| N* | % | N | % | N | % | N | % | N* | % | N | % | N | % | N | % |
| 6 | 85.7 | - | - | 1 | 14.3 | 7 | 100.0 | - | - | 3 | 50 | 3 | 50 | 6 | 100.0 |

N* is the number of respondents

Single Response Table

| THE NUMBER OF CONCERNS THAT WERE OUTSIDE YOUR JURISDICTION | | | | | | | |
|---|---|---|---|---|---|---|---|
| YES | | NO | | D/K | | TOTAL | |
| N* | % | N | % | N | % | N | % |
| 3 | 42.9 | 3 | 42.9 | 1 | 14.3 | 7 | 100.0 |

N* is the number of respondents

Single Response Table

| THE NUMBER OF INVESTIGATIONS CONDUCTED AS A RESULT OF CONCERNS BEING RAISED | | | | | | | | THE OUTCOME OF INVESTIGATIONS | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| YES | | NO | | D/K | | TOTAL | | YES | | NO | | D/K | | TOTAL | |
| N* | % | N | % | N | % | N | % | N* | % | N | % | N | % | N | % |
| 6 | 85.7 | - | - | 1 | 14.3 | 7 | 100.0 | 5 | 71.4 | 1 | 14.3 | 1 | 14.3 | 7 | 100.0 |

N* is the number of respondents

Single Response Table

85.7% of respondents published the number of concerns raised and the number of investigations conducted. 71.4% claimed to publish the outcome of investigations and 42.9 % published the number of concerns within their jurisdiction. None published the number of cases referred by employment tribunals.

***Whether regulators provide written guidance to employers about management's responsibility to support whistleblowers [Questions A 26 & B23, Figure 1.34]***

| YES | | NO | | D/K | | TOTAL | |
|---|---|---|---|---|---|---|---|
| N* | % | N | % | N | % | N | % |
| 7 | 58.3 | 4 | 33.3 | 1 | 8.3 | 12 | 100.0 |

N* is the number of respondents

Single Response Table

Of those who expressed a view, 63.6 % provided written guidance to employer's about this responsibility

*Whether any of the following measures, if made available to NHS workers, would make it more or less likely that they would raise a concern in future [Questions A27 & B24, Figure 1.35]*

| AN INDEPENDENT PERSON OR ORGANISATION BEING AUTHORISED BY THE TRUST TO RECEIVE INFORMATION ABOUT CONCERNS STAFF WANT TO RAISE AND BELIEVE TO BE SERIOUS | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VERY LIKELY | | LIKELY | | NEITHER LIKELY OR UNLIKELY | | UNLIKELY | | VERY UNLIKELY | | DON'T KNOW / N.A. | | TOTAL | |
| N* | % | N | % | N | % | N | % | N | % | N | % | N | % |
| 1 | 10.0 | 5 | 50.0 | - | - | - | - | - | - | 4 | 40.0 | 10 | 100.0 |

| AN UNDERTAKING BY THE TRUST TO PROTECT A PERSON'S IDENTITY AS THE SOURCE OF INFORMATION ABOUT THE CONCERN | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VERY LIKELY | | LIKELY | | NEITHER LIKELY OR UNLIKELY | | UNLIKELY | | VERY UNLIKELY | | DON'T KNOW / N.A. | | TOTAL | |
| N* | % | N | % | N | % | N | % | N | % | N | % | N | % |
| - | - | 5 | 50.0 | 1 | 10.0 | - | | - | - | 4 | 40.0 | 10 | 100.0 |

| THE ABILITY TO RAISE A CONCERN ANONYMOUSLY | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VERY LIKELY | | LIKELY | | NEITHER LIKELY OR UNLIKELY | | UNLIKELY | | VERY UNLIKELY | | DON'T KNOW / N.A. | | TOTAL | |
| N* | % | N | % | N | % | N | % | N | % | N | % | N | % |
| 2 | 20.0 | 4 | 40.0 | - | - | - | - | - | - | 4 | 40.0 | 10 | 100.0 |

| A FINANCIAL REWARD FOR RAISING A SERIOUS CONCERN | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VERY LIKELY | | LIKELY | | NEITHER LIKELY OR UNLIKELY | | UNLIKELY | | VERY UNLIKELY | | DON'T KNOW / N.A. | | TOTAL | |
| N* | % | N | % | N | % | N | % | N | % | N | % | N | % |
| 1 | 10.0 | - | - | 2 | 20.0 | 1 | 10.0 | - | - | 6 | 60.0 | 10 | 100.0 |

| A DUTY ON THE TRUST TO REPORT TO A REGULATOR A CONCERN THAT HAS BEEN RAISED IF THE TRUST HAS REJECTED THE BASIS FOR THE CONCERN, OR TAKEN NO ACTION ON IT WITHIN A SPECIFIED PERIOD | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VERY LIKELY | | LIKELY | | NEITHER LIKELY OR UNLIKELY | | UNLIKELY | | VERY UNLIKELY | | DON'T KNOW / N.A. | | TOTAL | |
| N* | % | N | % | N | % | N | % | N | % | N | % | N | % |
| - | - | 2 | 20.0 | 3 | 30.0 | - | - | - | - | 5 | 50.0 | 10 | 100.0 |

N* is the number of respondents

Single Response Tables

In terms of measures that would make it more likely that they would raise a concern in the future, six (60%) thought it either likely or very likely that 'an independent person or organisation being authorised by the trust to receive information about concerns staff want to raise and the ability to raise a concern anonymously would help. Five (50%) thought it likely that 'an undertaking by the trust to protect a person's identity as the source of information about the concern' would achieve this objective. Two (20%) thought it likely that 'a duty on the trust to report to a regulator a concern that has been raised if the trust has rejected the basis for the concern or taken no action on it within a specified period' would be useful. Only one (10%) indicated support for a financial reward.

# SECTION 5:  SURVEY OF PROFESSIONAL BODIES

## Aims

The survey of professional bodies sought, among other things to find out about:
- how they raise awareness of the information, advice and support they provide and what those services are;
- the number and types of concern they receive;
- their involvement in resolving workplace disputes;
- the extent of satisfaction with their current arrangements for receiving and handling concerns.

## Methodology & Distribution

Letters with links to the survey were emailed to Chief Executives of 37 professional bodies known to have members in the health service. A list of professional organisations was compiled by the researchers from information supplied by the review team. A broad view was taken as to who constituted a relevant body for the purposes of this survey. A small number of professional bodies are also trade unions and, where this was the case, the organisation was asked to participate in the union survey only.

Reminder letters were dispatched in advance of the closing dates via the same route to the following:

- Action Against Medical Accidents
- Allied Health Professions Federation
- Association of Medical Royal Colleges
- Association of Directors of Public Health
- British Association of Physicians of Indian Origin
- Chartered Society of Physiotherapy
- Company Chemists' Association
- Council of Deans of Health
- Faculty of Medical Leadership and Management
- Faculty of Public Health
- Family Doctor Association
- Health Foundation
- Healthwatch England
- Kings Fund, The
- Medical Defence Union
- Medical Protection Society
- Medical Research Council
- Mencap
- Mental Health Alliance

- Mental Health Providers Forum
- National Association of Primary Care
- National Council for Palliative Care
- National Voices
- NAVCA
- NHS Alliance
- Pharmaceutical Services Negotiating Committee
- Picker Institute Europe
- Professional Concern
- Royal College of Anaesthetists
- Royal College of General Practitioners
- Royal College of Obstetrics and Gynaecology
- Royal College of Paediatrics and Child Health
- Royal College of Physicians
- Royal College of Speech and Language Therapists
- Royal College of Surgeons
- Royal Society for Public Health
- Voluntary Organisations Disability Group

## *Main findings and issues*

10 professional organisations notified the research team that they did not think they were appropriate consultees. The prime reason given was that the body was a members' or employers' organisation that had no direct contact with individual clinicians

Only 6 organisations contacted responded to the survey, a 22% response rate (excluding the 10 organisations referred to above). This was not sufficiently representative of such a diverse set of organisations to carry out a meaningful analysis.

No further analysis was therefore carried out.

# SECTION 6: SURVEY OF TRADE UNIONS

## Aims

The survey of trade unions sought, among other things to find out about:
- how they raise awareness of the information, advice and support they provide and what those services are;
- the number and types of concern they receive;
- their involvement in resolving workplace disputes;
- the extent of satisfaction with their current arrangements for receiving and handling concerns.

## Methodology & Distribution

Letters with links to the survey were emailed to Chief Executives of 17 trade unions known to have members in the health service. A list of relevant unions was compiled by the researchers using information supplied by the review team together with that contained in the document "Raising concerns at Work". A small number of professional bodies are also trade unions and, where this was the case, the organisation was asked to participate in the union survey only.

Reminder letters were dispatched in advance of the closing dates via the same routes to the following:
- British Association of Occupational Therapists
- British Dietetic Association
- British Medical Association
- British Orthoptic Society
- Chartered Society of Physiotherapy
- Dental Protection Union
- Dentist Defence Union
- Federation of Clinical Scientists
- GMB
- Hospital Consultants & Specialists Association
- Managers in Partnership
- Royal College of Midwives
- Royal College of Nursing
- Society of Chiropodists and Podiatrists
- Society of Radiographers
- UNISON
- Unite

## *Main findings and issues*

Only 3 unions responded to the survey, an 18% response rate. This was not sufficient for the data obtained to be representative of unions in the health service.
No further analysis was therefore carried out.

# SECTION 7:  MAIN CONCLUSIONS

In both staff surveys **about a quarter of respondents did not know whether or not their employer had a confidential reporting/whistleblowing procedure**. We think it is good practice to have written arrangements and to ensure that potential users know about them. In this respect regulators may be falling behind. The level of staff ignorance about whistleblowing procedures is disturbing given that the results suggest that following a procedure can have advantages (in terms of safety, satisfaction etc.) for both staff and employing organisations.

The **lack of training for managers and potential users** of procedures is worrying. Indeed, the amount of training does not appear to have increased since the 2003 NHS survey [9] and matches the results in the Australian WWTW study.[10]

It appears that the **principle of reporting to a line manager informally** and having the Head of Department/ Senior Manager as an alternative operates in the health service.

**The findings in relation to the external recipients** of concerns underline the importance of trade unions and professional bodies in the whistleblowing process. We think that it is good practice for a procedure to suggest possible/desirable external recipients of concerns if a person feels that the possibility for redress internally has been exhausted.

In both staff surveys, **those who used the employer's procedure were most satisfied with the support received when the concern was raised externally.** This suggests that there are additional benefits from following the employer's procedure i.e. it is viewed as legitimate to report externally if the internal options have been pursued. Indeed, the procedure may expressly provide for this.

The **main concerns raised were** the same in both staff surveys i.e. safety, harassment/bullying and clinical competence.

In both staff surveys, **an investigation was more likely to have been carried out if a procedure was followed** and least likely if the respondent did not know whether or not a procedure existed.

In both staff surveys, **respondents were more likely to be told the outcome** if the employer had a procedure. Keeping people informed about the outcome of an investigation is a matter of self-interest as well as good practice. People who do not know what has happened when a concern has been reported may assume that no action has been taken and raise the matter externally.

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[9] Lewis, D, Ellis, C & Kyprianou, A. 2003.  "A survey of confidential reporting/ whistleblowing procedures in National Health Service Trusts". London: Centre for Legal Research, Middlesex University. pp 40. A postal questionnaire was sent to 278 English and Welsh NHS Trusts in the summer of 2003. 154 completed questionnaires were returned, giving a response rate of 55%. The total number of staff covered by the survey was 497,388.

[10] Brown, A.J (ed) " Whistleblowing in the Australian Public Sector: Enhancing the theory and practice of internal witness management in public sector organisations. ANU E-press. Canberra. 2008.  This project collected data from more than 300 federal, state and local agencies, including individual survey responses from more than 10,000 public employees, managers and persons involved in the investigation and management of reported wrongdoing.

The fact **that wrongdoing was both identified and dealt with may help to explain the satisfaction** of both employers and staff expressed in this research.

Obtaining **advice** seems to be related to the use and existence of the employer's procedure. Although trust respondents suggest that independent advice is widely available, it would appear that this was not always taken by staff when they last raised a concern. Indeed, in both staff surveys some responses might be explained by the fact that advice was given about whether or not to follow the trust procedure.

**Provision for disciplinary action to be taken against those who victimise** a person raising a concern is widely made by trusts and imposing disciplinary sanctions in appropriate circumstances could send out a powerful message that victimisation will not be tolerated.

**Suffering a detriment as a result of supporting a colleague** is likely to affect a person's willingness to report concern. It is worth noting that in both staff surveys, *after raising a concern,* those who did not know whether or not a procedure was available were most likely to be ignored by management and least likely to be praised by co-workers.

There would appear to be a worrying gulf between the hypothetical «would **feel safe**» (the general NHS staff survey question) and the views expressed in our surveys after a concern has been raised. However, this gap is consistent with research based on vignettes which suggests that people are more willing to report wrongdoing in theory than practice

It would appear **that trust respondents are less satisfied with their arrangements than previously**.[11] To some extent this may reflect their experience of the complexity of devising effective mechanisms for reporting and the uncertainty created by legislative changes, recent problems in the health service and court decisions.

There appears to be an **increased willingness to raise a concern compared with 12 months ago**. Again, in both staff surveys there is a noticeable difference between respondents whose employer had a procedure and those who did not know whether or not this was the case. Those whose employer had a procedure were more willing to raise a concern.

In relation to **measures that may make it more likely that NHS workers would raise concern**, overall the views of the trusts are fairly similar to those expressed by the staff respondents. The **ability to raise a concern anonymously** was the mechanism most favoured by trusts and primary care staff respondents and the second choice for trust staff. '**An undertaking by the Trust to protect a person's identity** as the source of information about the concern' was the third choice of trust staff and primary care staff respondents. '**An independent person or organisation being authorised by the Trust to receive** information about concerns staff want to raise and believe to be serious' was the first choice of trust of trust staff  and the second choice of primary care staff respondents. **Financial rewards** were the least favoured option, being rejected by most staff respondents.

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[11]  See 2003 survey referred to in Footnote 7 above.