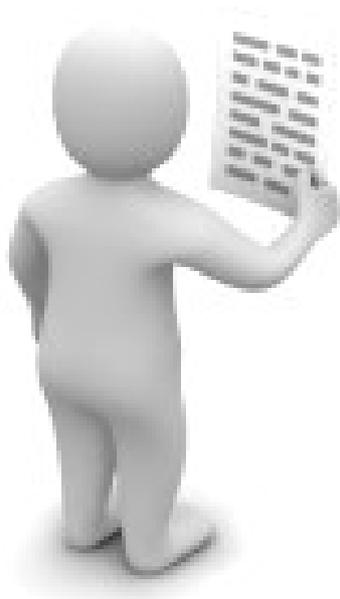


Bridging the Gap



A campaign to promote a work environment where staff can raise concerns safely, and have them listened to





Executive Summary

The Bridging the Gap was launched in January 2013, with the long-term aim of reducing the 'reporting gap' between the proportion of staff who know about whistleblowing, and those who would feel safe to raise a concern.

The campaign had three main elements:

- A poster, flier and publicity campaign to increase staff and managerial awareness of the importance of raising concerns and taking them seriously
- A survey of UNISON health trade union representatives to explore their experience and views about making whistleblowing safer
- An organisational survey to build up a comprehensive picture of whistleblowing practices and arrangements in place within NHS Trusts



The campaign unfolded at a time of unprecedented interest and media attention to whistleblowing issues, and five major surveys of views on whistleblowing (four of which were specific to the healthcare sector) were conducted by other organisations during the time period of the campaign. The findings of the research and the unfolding story in the press (from the Francis report onwards) have informed our research.

Key findings of our campaign are as follows:

- **People who have experienced whistleblowing describe the experience most commonly in negative terms.**
- **Whistleblowers are still not receiving feedback on action taken once their concern was raised.**
- **The communication of the whistleblowing policy and the training for staff and managers needs improvement.**
- **Mechanisms for taking care of whistleblowers and ensuring their safety is necessary, in order to protect them from a negative and daunting experience.**
- The main barriers to raising concerns are fear of reprisals, perceived negative effects on the career, previous negative experience and the existing organisational culture.

- When respondents with experience of whistleblowing were asked what would encourage them to raise concerns, there is clear support for:
 - a greater awareness of the subject,
 - guaranteed anonymity,
 - a more supportive organisational culture,
 - support from the trade union/employee representative,
 - greater legal protection and
 - no-one was in favour of some form of reward or incentive.
- In terms of policies, all the Trusts who responded had a policy in place and the general content seems broadly satisfactory. However the process for raising concerns with regulators is not always accurate. Policies could be easier to read, clearly setting out details of who to contact about concerns and explicitly encourage staff to raise concerns at an early stage.
- Monitoring of whistleblowing cases needs improvement and regular reports to the Board summarising concerns raised should be made so that they can be assured concerns are being dealt with.
- The numbers of incidents raised under formal whistleblowing procedures are quite low, so that it is difficult for managers to develop confidence through experience. The need for training is therefore clear.

...IF only we'd known.

You can stop serious malpractice & wrongdoing by speaking out now.

What's stopping you?

Whistleblowing Helpline
Free advice for the NHS and Social Care
08000 724 725
(weekdays between 09:00 and 18:00 with an out of hours answering service on weekends and public holidays)

IN PARTNERSHIP WITH
social partnership forum

Scan me! 

visit: www.wbhelpline.org.uk
Email: enquiries@wbhelpline.org.uk

Poster from Bridging the Gap Campaign



The Campaign



INTRODUCTION

According to the 2011 NHS Staff Survey, of the 89% of staff who know about whistleblowing, only 73% would feel safe to raise a concern. There may well be a similar picture within the social care sector. This statistic was the spur for the Bridging the Gap campaign to be launched by the Whistleblowing Helpline for the NHS and adult social care, with the aim of helping to reduce this 'reporting gap' between policy and reality.

The objectives for the campaign were:

- To raise the profile of the Whistleblowing Helpline and the services it offers.
- To raise awareness of the importance of raising concerns, and to give employers the opportunity to use our posters and fliers to demonstrate to staff the organisational commitment to taking whistleblowing concerns seriously.
- To explore the experience of whistleblowing in organisations from the staff/trade union representatives' perspective. To explore their views on the barriers to raising concerns and what might encourage whistleblowing.
- Through the organisational survey, to build up a comprehensive picture of whistleblowing practices and arrangements in place within the NHS. This enabled us to determine whether a lack of arrangements or their effectiveness were a factor in this reporting gap, and to understand the extent of good practice.
- To assist with the prioritisation of future improvement work by the Whistleblowing Helpline.

The long-term aim is to create a work environment which encourages staff to openly discuss concerns and reflect on practice, without feeling that they will suffer bad treatment for doing so or that their concerns won't be acted upon.

WHAT WE DID

The detailed timeline for the Bridging the Gap campaign and related developments in whistleblowing matters is provided in Appendix Two.

In October 2012, the project brief was taken to the Social Partnership Forum, who signed up to the campaign.

The campaign was launched at the end of January and publicised extensively through the media, with direct mailouts being sent out to NHS Trusts and social care homes which contained information about the campaign and samples of our promotional posters and fliers, together with a ministerial letter of support signed by Dan Poulter and Norman Lamb.



Posters and fliers were designed and printed professionally to a high quality, using thought provoking, eye-catching imagery and slogans. As at the end of June, 73 social care organisations have ordered hard copies of the posters and fliers which were posted out from the Whistleblowing Helpline, with 14 NHS Trusts ordering materials plus a further 9 NHS Trusts being supplied via their trade union representatives. In addition, 8 training providers have ordered materials, and 10 projects of various types also placed orders. The posters and fliers have also been available on the Whistleblowing Helpline website to upload and print off in organisations, and this facility was publicised via newsletters, e-bulletins etc.

An organisational survey was sent out on 4 March, with a reminder being placed in NHS Employers Workforce Bulletin on 11 April. Essentially, the survey involved a detailed self-assessment of the content of the Trust's whistleblowing policy and procedure, and also the training and communication associated with the policy; and the recording, monitoring and reporting arrangements. The survey was voluntary, and anonymous. 26 surveys were received back. The Policy Manager of the Whistleblowing Helpline had meanwhile reviewed the policies of five Trusts personally and could input what she had learned about the style and tone of these policies as well as the content.

A multidisciplinary survey of UNISON shop stewards with experience of using whistleblowing procedures was conducted at the UNISON annual health conference in April 2013. 41 responses from trade union representatives who had experience of whistleblowing were analysed. The findings of this survey are a useful complement to findings of the larger quantitative surveys of nurses undertaken during this period by the Royal College of Nursing and the Nursing Times (as described below).

Two Whistleblowing Helpline newsletters allowed two opportunities to promote the campaign.

Articles in the professional press to publicise the campaign led to guidance being developed for use as a basis for training packages for managers and staff, which will be finalised in the summer and autumn 2013.



OTHER SOURCES OF DATA

As well as data collected from the campaign directly, we have gathered knowledge from the operation of the Helpline, the development of the website (whose usage as measured by numbers of hits has increased dramatically since February) and attendance at conferences and events.

FINDINGS OF OTHER SURVEYS DURING THIS PERIOD

During the time period of the campaign several large-scale surveys were conducted by a number of organisations, and the data from our surveys can be set alongside the findings of these other surveys to build up a comprehensive picture. The results of these other surveys are, briefly, as follows.



The 2012 NHS Staff Survey found that 90% of those surveyed said they knew how to report concerns, but only 72% would feel safe to do so, with 18% not knowing if they would feel safe or not. Only 55% felt confident that their organisation would address their concerns, while 32% did not know.



The [Royal College of Nursing](#) commissioned ICM to undertake a survey of 8,262 nurses in April 2013 and found that 64% of those surveyed had raised a concern, mostly about unsafe staffing (48%) or patient safety (21%), but 45% of these said their employer took no action as result. 24% said they were discouraged or warned off taking any further action by managers or colleagues. Almost half (45%) of those who had voiced disquiet said their employer took no action as a result, while 44% said fears about being victimised or suffering reprisals had made them think twice about speaking out again in case they were seen as



Similar concerns were reported in the Guardian's survey of NHS professionals, where almost two-thirds of those who reported serious concerns about patient safety felt that they were not dealt with satisfactorily.



The Nursing Times conducted a poll of nearly 850 nurses in February 2013, of whom 84% had previously raised concerns about a colleague's practice or attitude, but 52% of these people who had raised concerns felt there had been no appropriate outcome as a result of speaking out and 52% said that doing so had led to them suffering negative consequences. When asked about the biggest barriers to raising concerns, 28% of nurses said being viewed as a troublemaker was the biggest barrier to speaking out, with inaction by line managers cited by 24% and inaction by senior managers cited by 16%. 15% feared bullying by colleagues, and only 13% felt there were no barriers to raising concerns where they worked.



Public Concern at Work and the University of Greenwich have just completed a [research report](#) into the experiences of 1,000 people who have made a 'whistleblowing journey' both within and beyond the healthcare sector, which reinforces how stressful and isolated such journeys can be and the need for persistence when raising concerns.

WHAT PEOPLE SAID when asked *“How would you describe the experience of Whistleblowing?”*

Frustrating

Horrendous – whistleblower ended up being moved, she was punished for whistleblowing

Difficult

I never heard anything

Very Stressful

Harrowing – My line manager made my life hell

Not good – nothing was done about the situation

Daunting

I felt the member was listened to, taken seriously

I know it does get looked at. A small matter led to a whole can of worms being looked into

Good

Took everything on board

Positive



More detailed findings from the survey can be found on our website.

DEVELOPMENTS DURING THE PERIOD OF THE CAMPAIGN

During the six months the campaign has been running, there has been exceptionally intense media coverage of whistleblowing in health and social care as well as other sectors such as finance, policing and intelligence. It is difficult to imagine that anyone following the news has not had their awareness and knowledge of whistleblowing heightened. Furthermore, changes were made to the law on whistleblowing through the Enterprise and Regulatory Reform Act, which came into force in June. Consequently there have been numerous, widely available updates and briefings on the changes needed in whistleblowing policies.

We know that a number of NHS Trusts are already taking their own action to update and improve their policies and practices regarding whistleblowing. Sheffield Teaching Hospitals have produced their own posters to encourage staff to raise concerns; York Teaching Hospital are starting a process of involving staff and trade unions in looking at whistleblowing and why their policy is not being used, as part of staff engagement. Colchester General and Essex County hospitals have introduced a hotline which staff can ring to raise concerns, anonymously if they choose, and Bolton have revised their policy so that an HR professional is given ongoing responsibility for looking after the safety of whistleblowers. So the Bridging the Gap campaign is working alongside these types of local initiatives to support improvements and innovation and to share good practice.



Key Findings

A) THE MULTIDISCIPLINARY SURVEY:

The experience of whistleblowing as described by 41 UNISON stewards ties in with findings of other surveys conducted at this time period, with the whistleblowing experience being most commonly described in negative terms. 28 people made negative comments, with 8 making positive comments.

There is still an issue about whistleblowers not receiving feedback on action taken once their concern was raised, with 22 saying they did but 13 saying they did not.

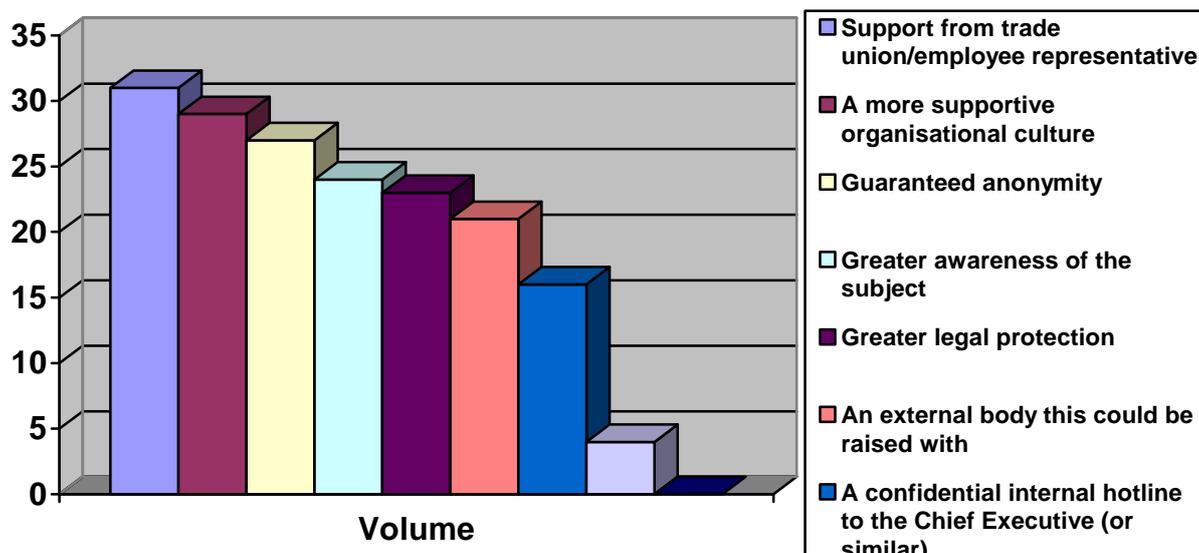
When asked what would encourage them to raise concerns, there is clear support for a greater awareness of the subject, guaranteed anonymity, a more supportive organisational culture, support from the trade union/employee representative, and greater legal protection. No-one was in favour of some form of reward or incentive.

When asked to identify barriers to raising concerns, our results tie in with other research surveys conducted during the period, with fear of reprisals (11), perceived negative effects on career (7), previous negative experience (7) and organisational culture being identified as the main barriers to raising concerns.

What would encourage you to raise concerns?

The 41 respondents were asked to tick as many of these factors as they wanted:

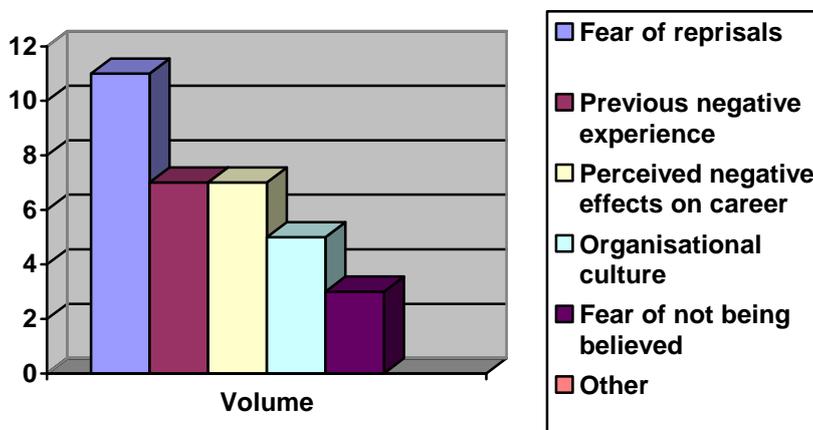
Support from trade union/employee representative	31
A more supportive organisational culture	29
Guaranteed anonymity	27
Greater awareness of the subject	24
Greater legal protection	23
An external body this could be raised with	21
A confidential internal hotline to the Chief Executive (or similar)	16
Other	4
Some form of reward or incentive	0



Barriers to raising concerns?

Respondents were asked to tick as many of these factors as they wanted:

Fear of reprisals	11
Previous negative experience	7
Perceived negative effects on career	7
Organisational culture	5
Fear of not being believed	3
Other	1*



B) THE ORGANISATIONAL SURVEY:

- In terms of policies, all of the Trusts had a policy in place to support staff to report wrongdoing, misconduct, poor practice etc. The general content seems broadly satisfactory e.g. 23 give examples of the types of concerns which should be raised; all Trusts offer confidentiality (17 saying this is within limits) and all permit concerns to be raised anonymously; 25 policies prohibit reprisals against a bona fide whistleblower; 24 prohibit the making of a false allegation maliciously; and 23 Trusts said that feedback was given to the person raising concerns when action had been taken.
- It is concerning that 3 Trusts do not set out how to raise concerns externally, and we recommend that Trusts should do this as good practice to ensure genuine concerns can be dealt with if the Trust does not take action, and in order to make people aware of their rights under PIDA. The Policy Manager has also noted that some policies use out of date lists of regulators which do not include the Care Quality Commission, which is a major flaw given that the CQC is one of the main regulators for the Trusts.

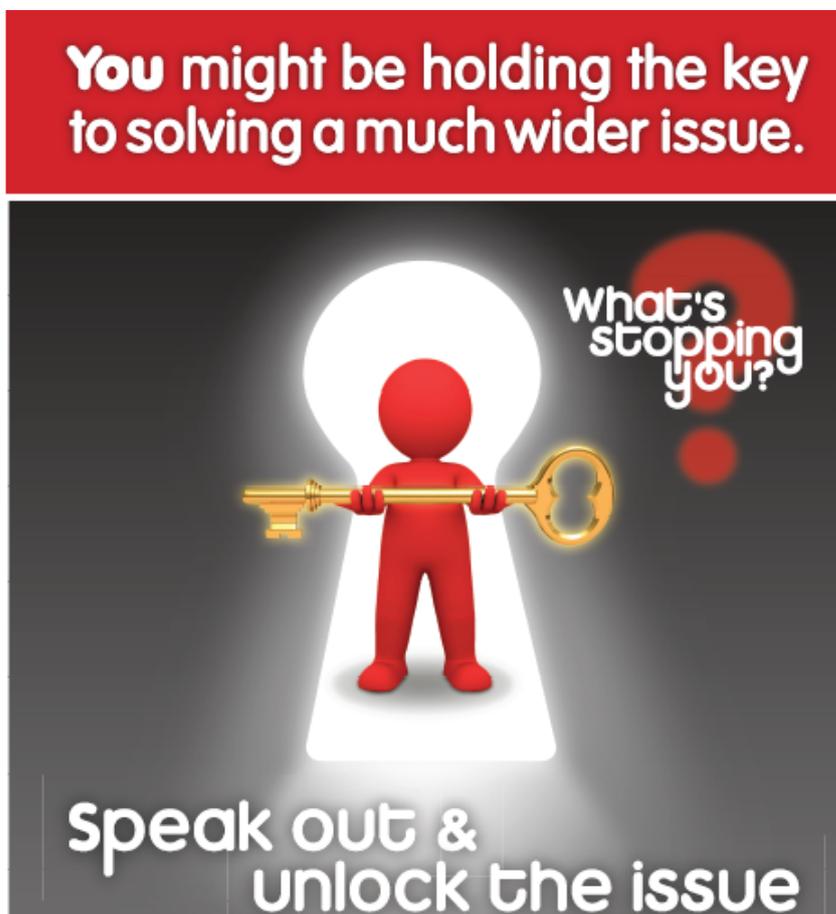
- Policies which the Policy Manager has reviewed personally vary considerably in style and tone, and it's important that they are easy to read, clearly state that people are encouraged to raise concerns at an early stage, and set out details of who to contact to report concerns clearly and prominently. Flowcharts are useful in this regard.
- 17 Trusts said their policy stated that reporting is a requirement or duty, but 9 said it did not. This may need strengthening given the recent changes to the NHS Constitution, the changing of the NHS staff terms and conditions of service handbook to include a contractual right to raise concerns and the DH issuing guidance to the NHS on supporting and taking action on concerns raised by staff. 24 Trusts said the policy explicitly states that employees are encouraged to report.
- The communication of the whistleblowing policy and the training for staff and managers is inadequate. A significant number of Trusts do not train staff at induction or otherwise, do not brief them regularly or assess their views of the arrangements. A quarter of respondents do not train line or senior managers or their designated officers in handling whistleblowing issues.
- Judging from conversations at professional conferences, there is a low level of awareness of whistleblowing processes and this is clearly a training need. It is hard to avoid the conclusion that the NHS is not comfortable with the notion of whistleblowing. Making whistleblowing respectable, to be listened to and dealt with effectively and confidently, must be a priority for employers. For staff, reassurance and guarantees of safety will help them overcome the barriers to reporting concerns without fear. The need for training and guidance for both managers and staff is clear.
- Although 17 Trusts said that a summary of concerns raised was regularly submitted to the Board, 9 said it was not. Clearly this is a concern given that monitoring of the source and type of concern can show patterns which require action, and it is important for concerns raised to register with the Board to enable them to be assured that matters are being taken seriously and remedial action is taken where appropriate.
- In terms of the numbers of whistleblowing concerns raised formally under the Whistleblowing arrangements within the last twelve months, 10 Trusts had 0 or 1 instances, 8 had 3-5 instances, 2 had 6-10 instances and one had more than 10.



Recommendations

1. If they have not already started to do this, NHS and social care employers should review their policies and practices on whistleblowing, working in partnership with their local trade union representatives, to ensure they are up to date and jargon-free, and encourage workers to raise concerns in a positive way. As part of staff engagement, they could explore why policies are not often used.
2. Once updated, it is important to roll out the policy through communication and training for staff at induction with updating at mandatory training days, and regular briefings and assessments of employee confidence, knowledge and experience of the arrangements. Line and senior managers should be briefed on their roles under the policy, and designated officers with a role in handling concerns should be briefed and trained.
3. Too often, the experience of whistleblowers is one of stress and isolation through what can be a long and protracted time period. Furthermore, fear of reprisals from managers and peers is the major barrier to reporting concerns. Organisations need to take steps to take care of their whistleblowers: for example, identifying a senior manager to act as a whistleblowers' champion to protect and support whistleblowers for some years after the initial disclosure, and/or a designated senior HR professional to check on how they are faring. In that way, a mechanism is put in place to ensure the safety of whistleblowers who otherwise are in a vulnerable state. This would assist employers to meet their new legal obligations to take all reasonable steps to prevent co-workers and other agents of the employer from subjecting whistleblowers to bad treatment or victimisation.
4. The other major barrier to raising concerns is feeling that nothing will be done if concerns are reported, a sense of inertia and failure to take concerns seriously. Training for managers to help them deal confidently and effectively with concerns that staff raise is key, which should include the need to feed back appropriately to the whistleblower.
5. Employers should record whistleblowing cases centrally, monitor their incidence regularly and report regularly to the Board with a summary of concerns raised and substantiated, as well as the number raised and found unsubstantiated, in order to ensure the Board are aware of the issues and can be assured that they are being dealt with properly.
6. The 'Speak Up for a Healthy NHS' guidance produced by the SPF and PC@W in 2010 should be revised and updated to reflect changes in the law, the strengthening of the duty to raise concerns, and to take a more practical approach to improve the day-to-day handling of whistleblowing concerns. The revised guidance should set a standard for Whistleblowing/Raising Concerns policies and publicise the sources of support, advice and guidance available to social care and health.

7. The findings of the Bridging the Gap campaign will be reported in articles in key health sector and social care publications and disseminated through organisations and networks such as the SPF, SCIE and NHS Employers. Articles in Nursing Times and Public Servant are already scheduled for September/October 2013.
8. The Whistleblowing Helpline will work with partners to develop a range of tools and materials to assist organisations to implement change relevant to their organisation setting. These to include case studies of good organisational practice, which can be shared widely within the sector, and materials for training packages for managers and staff.



Poster from Bridging the Gap Campaign



Conclusion...

The recent history of whistleblowing in health and social care, from Mid-Staffs to Winterbourne View to the Care Quality Commission, has demonstrated that there will always be a need to take whistleblowing seriously as an early warning mechanism which could avert harm to patients and service users. Our campaign has found that the experience of whistleblowing still involves 'putting your head above the parapet' in too many cases, and policies and practices must change to improve this situation and protect our whistleblowers in a fair and supportive way.

The Bridging the Gap campaign was triggered by the 'reporting gap' between the percentage of staff who know about whistleblowing and the percentage who would feel safe to raise a concern. The 2012 NHS Staff Survey shows no lessening in this gap and the need for further action is clear. The action must be two-fold, top-down in terms of national standards and policies, and local in terms of training, awareness-raising, active monitoring and reporting to Board level, and robust mechanisms which will make safe whistleblowing a reality.

Our intention has always been to make a difference at local level. Throughout the campaign, we have identified organisations keen to engage to help deliver practical change and these organisations will be partnered and supported in improvement and innovation. We will continue to develop a body of good practice and share this as service providers and whistleblowers engage with us.



APPENDIX 2: BRIDGING THE GAP CAMPAIGN - TIMELINE

Date	Action	Comment
Oct 2012	Attendance at SPF to gain approval for project	√
Sept-Dec 2012	Publicity materials and surveys developed	√
Nov 2012	Nursing Times article	√
Dec 2012	Final clearance for project and materials from DH	√
21 Jan 2013	Posters printed, website updated, launch of project.	√
4 Feb 2013	Publicised in 'The Week', e-newsletters and websites, NHSE Bulletins	√
22 Feb 2013	WB Helpline Newsletter out, highlighting the BtG campaign	√
25 Feb 2013	First mailout about campaign with ministerial letter of support sent to CEOs of NHS Trusts	√
1 Mar 2013	(2012 NHS Staff survey results out)	
4 Mar 2013	Second mailout to NHS Trusts with organisational survey	√
7 Mar 2013	(Results of Nursing Times survey of 847 nurses on whistleblowing published)	
April 2013	(RCN survey of 8,262 nurses on raising concerns)	
25 Mar 2013	Social care direct emailout started (completed June)	√
Mar 2013 on	Fliers distributed at Skills For Care conference and Great British Care shows	√
April 2013	Article for managers in Healthcare Manager	√
W/c 8 April	Publicity re-posted in e-bulletins	√
11 April	Organisational survey posted in NHS Employers Workforce Bulletin	√
16 April	Article for employees in BASW magazine	√
22-24 April	UNISON annual health conference – exhibition and conducting grass roots survey	√
26 April	(Enterprise and Regulatory Reform Bill received Royal Assent)	
June	Issue second WB Helpline newsletter, including plug for campaign	√
18 June	(SCIE launches whistleblowing resources for social care on http://www.scie.org.uk/publications/guides/guide15/whistleblowing/index.asp)	
June	Analyse survey data and start report	√
May/ June	Exhibit at NICE Conference, Patient Safety Congress, NHS Confederation conference	√
July	(NHSE/Capsticks workshops on whistleblowing law for senior managers in Leeds, Birmingham and London)	
June-July	Bridging the Gap report with recommendations written	
Sept.	Pilot training package for line managers with EMAS	
Oct.	Return to SPF	
Autumn/Winter	Campaign enters Phase 2	

APPENDIX 3: THE UNISON SURVEY



WHISTLEBLOWING SURVEY

The Whistleblowing Helpline offers free, independent and confidential advice to individuals, trade unions and employers about raising concerns at work. Please help us to make whistleblowing safe by answering the following questions, circling the answer(s) which you think best represents your views.

1. How would you describe your organisation's approach to raising concerns?
 - It is actively encouraged
 - It is discouraged
 - We have actively been told not to
 - It's an accepted part of day to day working

2. Have you, a member you represent, or a colleague ever 'blown the whistle' (If no, please go to question 6) YES / NO

3. How would you describe the experience?

4. Once the concern was raised, did you receive feedback on any remedial action put in place? YES / NO

5. Would you raise a concern again? YES/NO

6. What would encourage you to raise concerns? (*tick as many circles as appropriate*)
 - Greater awareness of the subject
 - Guaranteed Anonymity
 - A more supportive organisational culture
 - Support from trade union/employee representative
 - A confidential internal hotline to the Chief Executive (or similar)
 - Some form of reward or incentive
 - An external body this could be raised with
 - Greater legal protection
 - Other (please state).....

7. If you would not raise a concern at work, please indicate why not:
 - Previous negative experience
 - Organisational Culture
 - Perceived negative effects on career
 - Fear of not being believed
 - Fear of reprisals
 - Other – please state.....

Your job title:..... Sector: NHS/Other healthcare/Social Care/Other



Whistleblowing – NHS Organisational Survey

This survey has been developed by the Whistleblowing Helpline to explore existing arrangements within the NHS which support staff to raise concerns, with a view to gaining a better understanding of current practice and using the findings as the basis for a report with recommendations for the future. Individual organisations will not be identified within the report, and the information you provide will be treated as confidential.

The survey is intended for Directors of Human Resources, either for them to complete themselves or to pass on to the most appropriate person with lead responsibility for their Whistleblowing Policy and arrangements. The survey is voluntary, and your answers will help to share good practice and learning for the future. It should not take more than 15 minutes to complete, and most of the answers will be found within your Policy.

Thank you for your time and assistance. Please return the questionnaire to me in an envelope marked 'Private and Confidential' within two weeks of receipt, to the address given below:
 Rosemary Crockett, Whistleblowing Helpline, Mencap, 6 Cyrus Way, Cygnet Park, Peterborough PE7 8HP. If you would prefer to complete the survey electronically, please email rosemary.crockett@mencap.org.uk for an on-line version.

Please circle the answer which best describes your policy and practice:

1. Does your organisation have a policy in place to support staff to report wrongdoing, misconduct, poor practice etc.? YES/NO
2. What is this policy entitled? (e.g. Whistleblowing Policy or Procedure, Speaking Up, Raising Concerns etc.)

3. Does the policy state that it applies to all employees and workers in the organisation? YES/NO
4. Does it cover volunteers? YES/NO
5. Does it state that former employees can also report wrongdoing? YES/NO
6. Does it state that reporting is a requirement/duty? YES/NO
7. Does it explicitly state that employees are encouraged to report? YES/NO
8. Does it give examples of the types of concerns which should be raised? YES/NO
9. Does it give the option to raise concerns outside of line management? YES/NO
10. Does it give access to an internal hotline on which concerns can be raised? YES/NO
11. Does it give details of how to access an independent helpline offering confidential advice? YES/NO
12. If yes, which helpline? *(Please state)*.....
13. Does it offer confidentiality to the whistleblower? YES/NO/YES WITHIN LIMITS
14. Can concerns be raised anonymously? YES/NO
15. Does it explain when concerns may safely be raised outside the organisation (e.g. with a regulator)?
 YES/NO

16. Does it prohibit reprisals against a bona fide whistleblower? YES/NO
17. Does it prohibit the making of a false allegation maliciously? YES/NO
18. Does it identify an appropriate person(s) internally with whom to raise concerns? YES/NO
19. Does it identify appropriate persons or functions to support those who raise concerns such as Human Resources, Occupational Health, Trade Unions? YES/NO
20. Is the policy compliant with the Public Interest Disclosure Act 1998 YES/NO/NOT SURE
21. Is training on how to raise concerns included for staff at induction? YES/NO
22. Has any staff training/updating about whistleblowing taken place other than induction? YES/NO
23. Have staff been briefed on whistleblowing arrangements within the last three years? YES/NO
24. Have you assessed employee confidence, knowledge and experience of the arrangements within the last three years (other than the NHS Staff Survey) YES/NO
25. Have line and senior managers been briefed on their roles under the policy? YES/NO
26. Have designated officers with a role in handling concerns been briefed and trained? YES/NO
27. Are concerns that have been raised formally through the whistleblowing arrangements recorded and logged centrally? YES/NO
28. Is a summary of concerns raised and substantiated, as well as the number raised and found unsubstantiated, regularly submitted to the Board? YES/NO
29. Do you provide feedback to the person raising the concerns when action has been taken? YES/NO
30. How do you do that? *(Please state)*.....
31. Have the effectiveness of the arrangements been reviewed by those charged with governance within the last three years? YES/NO
32. How many concerns have been raised formally under the Whistleblowing arrangements within the last twelve months? 0 1 2 3-5 6-10 More than 10
33. Could you indicate the type of Trust in which you work:
 Acute trust
 Foundation trust
 Primary Care trust
 Ambulance trust
 Mental health trust
 Other (please state).....

THANK YOU!

If you are interested in finding out more about our free advice, training and resources services, please indicate here by letting us have an email address

ANY OTHER COMMENTS?