

Bridging the Gap

2013

Summary

Poster & Leaflet Awareness

Thought provoking imagery and slogans.

Cross Sector Multi Disciplinary Staff Survey and Focus Groups

Data collected from the campaign directly, but also the website, the helpline, and events.

Articles in Community Care Magazine, HSJ, Nursing Times

A pre and post survey article to raise awareness of the campaign and encourage survey participation.

Organisational Survey

Trusts will be surveyed to understand the extent of good practice and whistleblowing infrastructure

Recommendations Paper

Analysis and recommendations of the survey findings and campaign

Embedding Practical Changes

Working at Board Level, to secure commitment to instill or modify practices which support whistleblowing arrangements

Many organisations are receptive to staff raising concerns and leaders have long since proclaimed the benefits of an open door culture. Many others claim in public that they are, but the reality can be somewhat different.

According to the 2011 NHS 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. According to the Dec 2011 NAO report, 'major concerns' were held by the CQC over 407 organisations, 94% of whom were adult social care providers. These concerns were identified through whistleblowing, but we do not know how many concerns remain unreported.

The Whistleblowing Helpline aims to change this.

The 'Bridging the Gap' campaign seeks to gather both qualitative and quantitative data and views to help us understand the barriers that prevent or discourage people from raising their concerns.

During the campaign staff views and experience will be gathered through a cross sector survey and focus group research.

Through a separate organisational survey, which we believe to be the first survey of its type, we will seek to gather the most comprehensive picture of whistleblowing practices and arrangements in place within the NHS. This will enable us to understand whether it's a lack of arrangements or their effectiveness which is a factor in this reporting gap.

By undertaking these surveys, we will also identify what works well, so we can share and develop good practice from across the NHS and social care sectors.

From these exercises we will develop a range of tools and materials to assist organisations to implement change relevant to their organisational setting.

Data will be analysed and the results shared by way of follow up articles in key health sector publications and disseminated

through organisations and networks such as the SPF, SCIE and NHS Employers.

This data set will be used to inform the basis of a report and set of recommendations from the WB Helpline which we hope will shape and influence future policy as well as identifying areas of value adding work.

Our intention has always been to make a difference at a local level. We envisage this work will serve to identify organisations keen to engage to help deliver practical change.

For example:

- The organisational survey will enable NHS and social care providers who may be interested in using our services to communicate their interest.
- A body of good practice will be developed and shared as service providers engage with us.
- Due to the publicity of the campaign overall - increased numbers of organisations requesting our services.
- Survey data identifying new areas of work e.g. e-learning courses.

We will measure the success of the campaign in the following ways:

- 1) increase in hits to the website (campaign awareness)
- 2) increase in callers to the helpline
- 3) number of Trusts taking part in the organisational survey
- 4) response rate to the multi sector staff survey
- 5) number of organisations agreeing to make practical changes post survey results
- 6) number of recommendations implemented through national level policy

Ultimately the bottom line measure of the campaign's success will be the percentage increase between the 2011 and 2014 NHS staff surveys of staff reporting they would feel confident to whistle blow and that their concerns would be dealt with.

Post-campaign we will challenge organisations in the health and social care sector to sign up or work towards the report's recommendations.

Poster and Leaflet Campaign

High quality A3 posters and A5 leaflets available for download from the website and pre-printed copies to disseminate at the formal campaign launch.

The publicity materials will be publicized in a range of bulletins and briefings within the NHS and social care. Additionally, there will be a mailout to larger organizations including a Ministerial letter of support from the health and social care ministers. The letter would be accompanied by a quantity of the publicity material.

Cross Sector Multidisciplinary Survey

A short survey to capture staff experience of whistleblowing and views on what arrangements would encourage whistleblowing.

Whilst surveys would be anonymous, personal data such as sex, length of service and occupational group could be gathered to enable greater statistical analysis.

The survey will be used at conferences, focus groups and visits to a selection of organizations.

Articles in Community Care Magazine, Nursing Times and HSJ

The article would be based on progressive models of good practice in whistleblowing, statistics from the helpline, the NHS staff survey results and the purpose of the campaign.

Organisational Survey

By way of a letter to HRD's at Board level within each Trust, we would request participation in a survey aimed at capturing data on what whistleblowing arrangements/practices are in place and data on whistleblowing cases. As far as we know, this is a survey first, as no clear picture is held on either of these areas.

Recommendations Paper

A detailed analysis of both survey data sets. This would be a joint publication with those organisations partnering with us on the surveys.

Where any of the survey results link with the work of others e.g. NHSE, other ministerial departments, Patients First and other organisations concerned with whistleblowing, future collaborative work will be explored.

Embedding Practical Changes

Through the campaign we aim to raise awareness of the services we offer and therefore we are planning for increased use of the helpline and website by staff, but also greater take up of helpline services which support employing organisations.

As an initial area of focus, we hope to work with those organisations that scored lowest and highest in the 2011 NHS staff survey for whistleblowing as these organisations would provide our baseline for improvement and best practice.

A range of follow up work and engagement activities would therefore ensue.

Proposed Timeline

Autumn 12: Soft launch via WB Helpline & events, article in Nursing Times, attendance at Managers In Partnership and National Care Forum conferences.

January 2013: Campaign launched. Publicity in professional bulletins, briefings with links to the website. Posters and leaflets downloadable from website. Mailout of Ministerial letter of support with publicity materials enclosed.

Feb 2013: Letter to HRD's – organisational survey. Summit for social care leaders on whistleblowing issues. Ongoing work at local level.

March-April 13: Ongoing survey collection.

May 13: Analysis of survey results. Ongoing work at a local level.

June 13: Recommendations paper. Follow up article in HSJ feeding back results. Findings & recommendations paper made available through whistleblowing website and partnering groups/bodies.

Spring/Summer 13: Further dissemination of findings

Attendance at conferences including:
UNISON Healthcare Conference – 22-24 April, Glasgow
NICE Conference - 14-15 May, Birmingham
Patient Safety Congress - 21-22 May, Birmingham
NHS Confederation Conference - 5-7 June, Liverpool

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