

**DOES FOLLOWING A  
WHISTLEBLOWING PROCEDURE  
MAKE A DIFFERENCE?**

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# DOES FOLLOWING A WHISTLEBLOWING PROCEDURE MAKE A DIFFERENCE?

## 1. INTRODUCTION:

Prior to the research conducted for the Francis Review, it had been argued that internal whistleblowing arrangements were desirable in principle because (inter alia):

- a) allegations of wrongdoing are likely to be dealt with more speedily without external pressure;
- b) those raising a concern in accordance with a procedure were less likely to be victimised for disloyalty; and
- c) such arrangements contribute to a form of organisational justice by providing opportunities for workers to use their voice.

# INTRODUCTION (cont'd)

Whistleblowing policies and procedures provide the norm for whistleblowing behaviour in an organisation. Those who want to raise a concern will look for guidance and instructions in the whistleblowing policy/procedure, as will those who receive or investigate concerns, or oversee due process within the organisation.

Hence we can expect that if policies and procedures are to drive behaviour and interactions within an organisation, it is important that they contain the elements and processes considered to be best practice.

# INTRODUCTION (cont'd)

We were commissioned by the Francis Review team to carry out research into whistleblowing procedures and policies in the NHS. The surveys, interviews, and document analysis were conducted between August-November 2014.

Here we present our findings in relation to two research questions about whistleblowing policies/procedures:

**RQ1: DOES FOLLOWING A PROCEDURE MAKE A DIFFERENCE FOR THE WHISTLEBLOWING OUTCOME?**

**RQ2: DOES THE QUALITY OF A POLICY/PROCEDURE MAKE A DIFFERENCE FOR WHISTLEBLOWING?**

## 2. METHODOLOGY

### SURVEYS

Both trust and primary care staff surveys were completely anonymous. As a result, it is not possible to identify the organisation which respondents worked in or analyse trends in responses from staff in particular organisations.

# THE TRUST STAFF SURVEY

This ran from 11<sup>th</sup> August – 1<sup>st</sup> September 2014 ( including two reminder letters).

Mechanisms do not exist to communicate directly with each individual member of NHS staff. As a result, this could never be a comprehensive survey of all staff but aimed to give a flavour of the experiences and views of a sample . 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.

**15,120 PEOPLE RESPONDED TO THIS SURVEY. HOWEVER, IT IS NOT POSSIBLE TO PROVIDE A RESPONSE RATE BECAUSE THERE IS NO BASELINE FIGURE FOR RECIPIENTS.**

# THE PRIMARY CARE STAFF SURVEY

The survey ran from 9th – 29th September 2014 (including reminder letters).

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 aimed to give a flavour of the experiences and views of a sample of staff.

**4644 RESPONDED TO THE SURVEY. HOWEVER, IT IS NOT POSSIBLE TO PROVIDE A RESPONSE RATE AS THERE WAS IS NO BASELINE FIGURE FOR RECIPIENTS.**

# DOCUMENT ANALYSIS

A ranking of 233 Trusts was compiled by the Review Team based on results from 7 questions from the 2013 staff survey relating to raising concerns, error reporting, bullying, and harassment (*see next slide*).

Thirty trusts were selected from this list (10 top third, 10 middle third, 10 bottom third, randomly).

These were asked to send their whistleblowing policy and procedure (this was often in one document).

The Review Team received 21 whistleblowing policies/procedures: 6 top, 7 middle, 8 bottom.

# THE 2013 NHS STAFF SURVEY QUESTIONS

1. My organisation encourages us to report errors.
2. My organisation blames or punishes people who are involved in errors.
3. If you were concerned about fraud, malpractice or wrongdoing would you know how to report it?
4. Would you feel safe raising your concern?
5. Would you feel confident that your organisation would address your concern?
6. In the last 12 months, how many times have you personally experienced harassment, bullying or abuse from managers or colleagues?
7. The last time you experienced harassment, bullying or abuse did you or a colleague report it?

# THE DOCUMENT ANALYSIS OF THE TRUST POLICIES/PROCEDURES

A framework of 17 items was used. These were derived from the analysis of international whistleblowing guidelines and from the whistleblowing Code of Practice produced by the Whistleblowing Commission. We think the fact that most of these items overlapped increases the validity of the framework .

## THE 17 ITEMS

1. Who does the policy apply to?
2. What is the scope of concerns that can be raised?
3. Does the policy identify recipients at successive tiers?
4. Is the procedure operated in-house or through an external provider?
5. Does the policy describe the process of what happens with concerns that have been raised?
6. Is the policy clear on confidentiality and anonymity?

## THE 17 ITEMS (cont'd)

7. Is whistleblowing a right or a duty?
8. Are the policies clear on protection and sanctioning reprisals?
9. Does the policy avoid referring to motive?
10. Are whistleblowers rewarded?
11. Are whistleblowers encouraged to seek independent advice?
12. Is there any training provided in relation to the policy?
13. How are concerns registered?
14. How is the policy monitored and who reports on that?
15. Who has overall responsibility for the policy?
16. Are unions and other stakeholders involved in developing and monitoring the policy?
17. Does the policy foresee a review?

# INTERVIEWS

**A first call for participants** was made through the Freedom to Speak Up website which allowed people to put themselves forward. The call was open to everyone working in the NHS i.e. those working both in Trusts and in primary care. The call was administered by Mencap, independently from the Review Team. The call was open from 20 July-15 August 2014 and there were 29 respondents. From these, 22 participants were selected based on their role in the whistleblowing process and the type of Trust they worked in.

**A second call** was then made by Mencap, targeting HR managers and Directors from the 30 Trusts selected for the policy review. This resulted in 9 additional participants.

Finally, we completed our sample composition through 'snowballing' (does this process need explaining?) 11 additional participants.

**IN TOTAL WE SELECTED 42 PARTICIPANTS BUT 5 WITHDREW BEFORE THE INTERVIEW TOOK PLACE. THIS RESULTED IN THE FOLLOWING SAMPLE:**

## **TABLE 1. COMPOSITION OF INTERVIEW SAMPLE (ROLE IN WHISTLEBLOWING)**

Interviews were conducted using questions based on the three elements of Ajzen's theory of predicted behaviour, as developed in Vandekerckhove, Brown and Tsaharidu (2014): attitudes, social norms, and perceived behavioural control

# 3. FINDINGS

## RQ1: DOES FOLLOWING A PROCEDURE MAKE A DIFFERENCE FOR THE WHISTLEBLOWING OUTCOME?

### USE OF EMPLOYER PROCEDURES

- 3741 of the 5020 respondents in the trust staff survey who had raised a concern about wrongdoing answered this question.  
**36.5% used their employer's procedure.**
- 619 of the 945 respondents in the primary care staff survey who had raised a concern about wrongdoing answered this question.  
**47.5% of respondents used the employer's procedure**

**REASON FOR NOT USING THE EMPLOYER’S PROCEDURE WHEN RAISING A CONCERN**

In the trust staff survey, 2357 respondents of the 2374 that did not use the employer’s procedure answered this question.

REASON FOR NOT RAISING A CONCERN		TOTAL
You did not know how to use the procedure	N*	286
	%	12.1
You had a reason not to use the procedure	N	786
	%	33.3
Some other reason	N	1285
	%	54.5
TOTAL	N	2357
	%	100.0

N\* = number of responses

## REASON FOR NOT USING THE EMPLOYER'S PROCEDURE WHEN RAISING A CONCERN (cont'd)

- It can be seen that **12.1% stated that they did not know how to use the procedure.**
- In the primary care staff survey, 321 of the 325 respondents who did not use the employer's procedure answered this question. **9.3% of respondents indicated that they did not know how to use the procedure.**

## FREQUENCY OF RAISING CONCERNS

Of the 5020 respondents in the trust staff survey 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					
			<i>Using the trust procedure</i>		<i>Not using the trust procedure</i>		<i>Whose trusts did not (reportedly) have a procedure</i>	
	No.	%	No.	%	No.	%	No.	%
<i>0 occasions</i>	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
<i>Don't know</i>	136	3	23	1.7	67	3	46	4.8

## FREQUENCY OF RAISING CONCERNS (cont'd)

814 of the 945 respondents in the primary care staff survey 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					
			<i>Using the trust procedure</i>		<i>Not using the trust procedure</i>		<i>Whose trusts did not (reportedly) have a procedure</i>	
	No.	%	No.	%	No.	%	No.	%
<i>0 occasions</i>	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
<i>Don't know</i>	19	2.3	4	1.5	7	2.4	8	3.1

## WHETHER ADVICE TAKEN BEFORE RAISING CONCERNS?

- Of the 5020 respondents in the trust staff survey who had raised a concern 4490 answered this question.
- **Overall 44.5% indicated that they obtained advice. It can be seen from the table below 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%).**

# WHETHER ADVICE TAKEN BEFORE RAISING CONCERNS? (cont'd)

Whether advice obtained on last occasion a concern was raised.	Total number of staff		Staff who have raised concerns					
			<i>Using the trust procedure</i>		<i>Not using the trust procedure</i>		<i>Whose trusts did not (reportedly) have a procedure</i>	
	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
<i>Total</i>	<i>4490</i>	<i>100</i>	<i>1314</i>	<i>100</i>	<i>2231</i>	<i>100</i>	<i>945</i>	<i>100</i>

# WHETHER ADVICE TAKEN BEFORE RAISING CONCERNS? (cont'd)

- In the primary care staff survey, 805 of the 945 respondents who had raised a concern answered this question.
- **Overall 44.7% indicated that advice was taken. It can be seen from the table below 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%).**

# WHETHER ADVICE TAKEN BEFORE RAISING CONCERNS? (cont'd)

Whether advice obtained on last occasion a concern was raised.	Total number of staff		Staff who have raised concerns					
			<i>Using the trust procedure</i>		<i>Not using the trust procedure</i>		<i>Whose trusts did not (reportedly) have a procedure</i>	
	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
<i>Total</i>	805	100	267	100	282	100	256	100

# WHO TO GO TO FIRST WITH A CONCERN?

In the trust staff survey, of the 5020 respondents who had raised a concern, 4303 answered this question.

It can be seen from the table below that the majority (59.6%) reported to line managers and 9.9% of the responses mentioned the Head of Department. **This is in line with previous research** see PCAW/University of Greenwich: *Whistleblowing -The Inside Story*.

# WHO TO GO TO FIRST WITH A CONCERN? (cont'd)

With whom staff first raised a concern	Total number of respondents		Staff who have raised concerns					
			<i>Using the trust procedure</i>		<i>Not using the trust procedure</i>		<i>Whose trusts did not (reportedly) have a procedure</i>	
	N	%	N	%	N	%	N	%
<i>Datix</i>	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
<i>Line Manager in writing</i>	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
<i>Chief Executive</i>	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
<i>Clinical director</i>	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
<i>Internal Hotline</i>	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
<i>Incident report form</i>	109	2.5	33	2.5	41	1.9	35	4.0

WHETHER STAFF WERE SATISFIED WITH THE RESPONSE TO THEIR CONCERN THAT WAS RAISED  
WITHIN THEIR TRUST

- In the trust staff survey, of the 5020 respondents who had raised a concern 4278 answered this question.
- **Overall 39.5% were satisfied but it can be seen from the table below that those who were not aware/unsure of employer's procedure were considerably less likely to be satisfied (24.5%).**

## WHETHER STAFF WERE SATISFIED WITH THE RESPONSE TO THEIR CONCERN THAT WAS RAISED WITHIN THEIR TRUST (cont'd)

	YES		NO		TOTAL	
	N	%	N	%	N	%
Used procedure	566	43.9	722	56.1	1288	100.0
<i>Did not use procedure</i>	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

## WHETHER STAFF WERE SATISFIED WITH THE RESPONSE TO THEIR CONCERN THAT WAS RAISED WITHIN THEIR TRUST (cont'd)

In the primary care staff survey, 676 of the 945 respondents who had raised a concern answered this question.

	YES		NO		TOTAL	
	N*	%	N	%	N*	%
Used procedure	174	67.2	85	32.8	259	100.0
Did not use procedure	111	53.1	98	46.9	209	100.0
Raised concern but not aware of /unsure about a procedure	74	35.6	134	64.4	208	100.0
OVERALL TOTAL	359	53.1	317	46.9	676	100.0

N\* = number of responses

## WHETHER STAFF WERE SATISFIED WITH THE RESPONSE TO THEIR CONCERN THAT WAS RAISED WITHIN THEIR TRUST (cont'd)

- 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%)
- **It can be seen that in the trust staff survey the difference between those who used the procedure and those who did not is only 0.9%. However, in the primary care staff survey, the difference was more considerable 14.1%.**

## WHETHER STAFF TOOK THE MATTER FURTHER WITHIN THEIR TRUST

In the trust staff survey, of the 5020 respondents who had raised a concern, 2586 answered this question.

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

# WHETHER STAFF TOOK THE MATTER FURTHER WITHIN THEIR TRUST (cont'd)

	YES		NO		TOTAL	
	N	%	N	%	N	%
Used procedure	389	53.9	333	46.1	722	100.0
<i>Did not use procedure</i>	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

## WHETHER STAFF TOOK THE MATTER FURTHER WITHIN THEIR TRUST (cont'd)

- In the **primary care** staff survey, 317 of the 945 who had raised a concern answered this question.
- 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%).**

	YES		NO		TOTAL	
	N*	%	N	%	N*	%
Used procedure	54	62.1	33	37.9	87	100.0
Did not use procedure	27	27.8	70	72.2	97	100.0
Raised concern but not aware of /unsure about a procedure	43	32.3	90	67.7	133	100.0
<b>OVERALL TOTAL</b>	124	39.1	193	60.9	317	100.0

N\* = number of responses

## WHETHER STAFF TOOK THE MATTER FURTHER WITHIN THEIR TRUST (cont'd)

**Finding: those who use a procedure are more likely to make more than one attempt to raise a concern.**

## WHETHER AN INVESTIGATION OF THE CONCERN WAS CARRIED OUT

- In the trust staff survey, of the 5020 respondents who had raised a concern, 4351 answered this question.
- Overall 42.9% indicated that an investigation was conducted. **It can be seen in the table below 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%).**

# WHETHER AN INVESTIGATION OF THE CONCERN WAS CARRIED OUT (cont'd)

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
<i>Did not use procedure</i>	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

## WHETHER AN INVESTIGATION OF THE CONCERN WAS CARRIED OUT (cont'd)

- In the primary care staff survey, 765 respondents of the 945 who had raised a concern answered this question.
- 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 AN INVESTIGATION OF THE CONCERN WAS CARRIED OUT (cont'd)

	YES		NO		DON'T KNOW		TOTAL	
	N*	%	N	%	N	%	N*	%
Used procedure	161	62.9	42	16.4	53	20.7	256	100.0
Did not use procedure	131	49.2	70	26.3	65	24.4	266	100.0
Raised concern but not aware of /unsure about a procedure	82	33.7	75	30.9	86	35.4	243	100.0
<b>OVERALL TOTAL</b> N* = number of responses	374	48.9	187	24.4	204	26.7	765	100.0

## TREATMENT FROM CO-WORKERS AND MANAGEMENT AFTER RAISING A CONCERN

- In the trust staff survey, there were 5566 responses from the 4292 respondents who answered this question.
- It can be seen from the table below 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%).

# TREATMENT FROM CO-WORKERS AND MANAGEMENT AFTER RAISING A CONCERN (cont'd)

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	
	<i>n</i> *	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>N</i> *	%
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
<i>Did not use procedure</i>	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

## TREATMENT FROM CO-WORKERS AND MANAGEMENT AFTER RAISING A CONCERN (cont'd)

- In the primary care survey, there were 973 responses to this question.
- It can be seen from the table below that the most common response was “none of the above” (51%). **Those using the employer’s procedure were most likely to be praised by management (21.4%) and co-workers (22.2%).**

# TREATMENT FROM CO-WORKERS AND MANAGEMENT AFTER RAISING A CONCERN (cont'd)

	Used procedure (n*=252)		Did not use procedure (n=262)		Raised concern but not aware of/unsure about a procedure (n=241)		Overall Total (n=755)	
	N*	%	N	%	N	%	N	%
Praised by co-workers	56	22.2	48	18.3	32	13.3	136	18.0
Praised by management	54	21.4	29	11.1	7	2.9	90	11.9
Ignored by co-workers	18	7.1	17	6.5	18	7.5	53	7.0
Ignored by management	42	16.7	37	14.1	63	26.1	142	18.8
Victimised by co-workers	16	6.3	13	5.0	16	6.6	45	6.0
Victimised by management	48	19.0	26	9.9	48	19.9	122	16.2
None of the above	113	44.8	147	56.1	125	51.9	385	51.0
Total no. of respondents	252	100	262	100	241	100	755	100

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

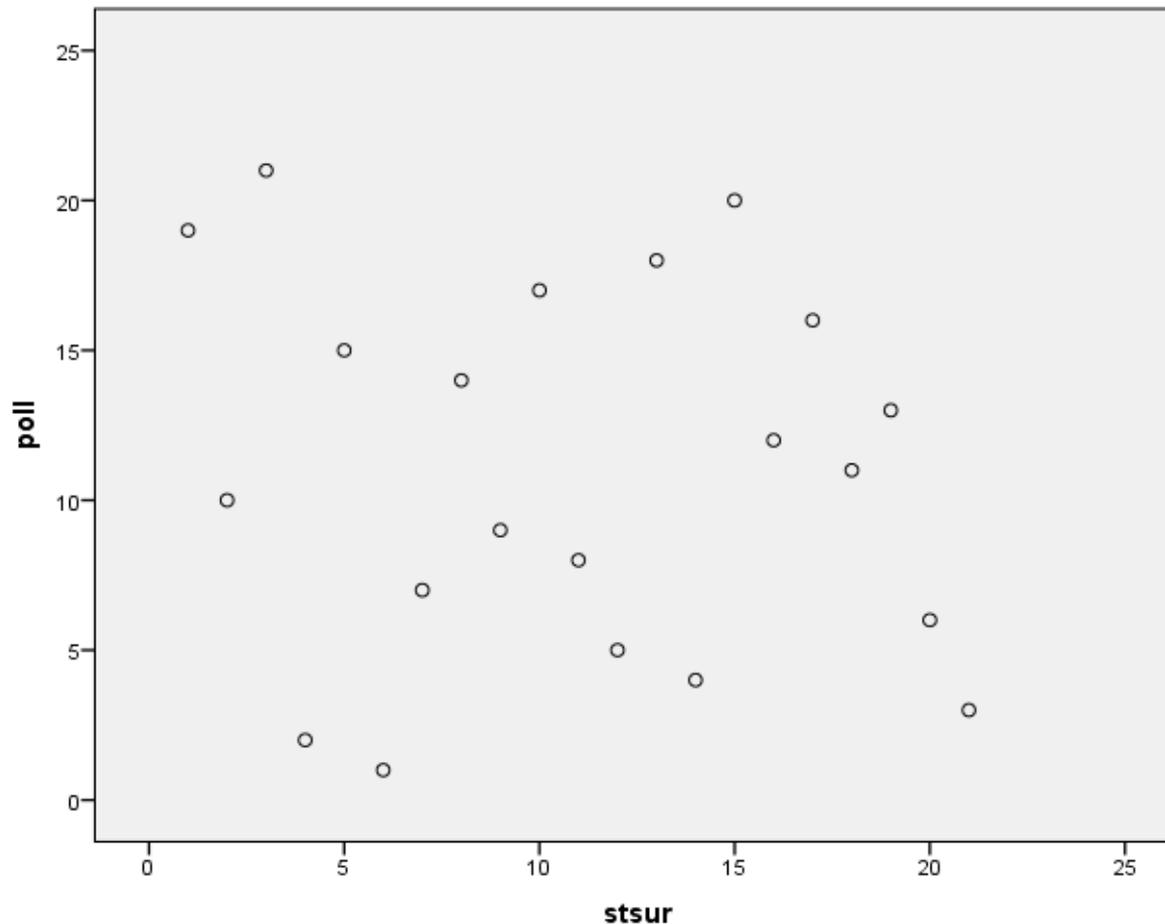
## **RQ2: DOES THE QUALITY OF A PROCEDURE MAKE A DIFFERENCE FOR WHISTLEBLOWING?**

We produced two rankings of the 21 Trusts in our sample. One was based on the quality of the whistleblowing policy/procedure (document analysis) and the other was based on the staff survey (aggregated score of selected questions from 2013 NHS staff survey).

**We found a non-significant correlation between these two rankings.**

## RQ2: DOES THE QUALITY OF A PROCEDURE MAKE A DIFFERENCE FOR WHISTLEBLOWING? (cont'd)

Figure: *Scatter plot quality of policy ranking and staff survey ranking*



## **RQ2: DOES THE QUALITY OF A PROCEDURE MAKE A DIFFERENCE FOR WHISTLEBLOWING? (cont'd)**

Table 2: *Correlation of quality policy rankings and staff survey ranking*

## **RQ2: DOES THE QUALITY OF A PROCEDURE MAKE A DIFFERENCE FOR WHISTLEBLOWING? (cont'd)**

How can we explain that, on the one hand using organisational procedures to raise a concern leads to better outcomes but, on the other hand, the quality of procedures does not seem to create an organisational culture that encourages raising concerns?

Using the procedure early on, regardless of its quality, might be crucial if whistleblowers are to be successful. When a procedure is used, whatever its quality, management might be alerted that they are dealing with somebody who is aware that they are a whistleblower, may be familiar with the legislation and have taken independent advice.

## RQ2: DOES THE QUALITY OF A PROCEDURE MAKE A DIFFERENCE FOR WHISTLEBLOWING? (cont'd)

The interviews contained instances where whistleblowing had been unsuccessful because the person raising the concern had realised too late that what they were doing was whistleblowing:

- “I’ve become aware that there are a good number of us that are unknowingly whistleblowers and those that are knowing. There are many employees that raise concerns in the workplace either verbally or in writing and aren’t quite aware of what they’ve done or the potential repercussions of being targeted for it.” (whistleblower)

This could also explain why those who use a procedure are more likely to make further attempts to raise a concern:

- “But a lot of people won’t dare to do [raise a concern informally]. And whereas when people are raising issues and just being cut dead, they’re taking it as ‘oh well maybe it’s not my place’ and they’ve not got the confidence to go back and do it again. But I do keep going back and doing it again. [...] I tried all the right channels and then thought ‘oh you know what, sod it’ and just went to the top and spoke to the chief execs.” (whistleblower)

## RQ2: DOES THE QUALITY OF A PROCEDURE MAKE A DIFFERENCE FOR WHISTLEBLOWING? (cont'd)

- On the other hand, even high quality procedures do not automatically eliminate management intrigues at the margins, or violations of procedural due process:
  - “[T]here’s a *modus operandi* which means that you raise concerns about something that someone doesn’t want to hear and they start to suggest that you’ve got performance issues, when they’ve never suggested it before. So all of a sudden HR is involved, [...] deciding to performance manage you because you’re raising concerns about something they don’t want to hear about. So there isn’t any independence at that point. Then you raise concerns more formally, but you’re already considered to be a troublemaker because someone’s trying to make you look that way.” (management coach)

# CONCLUSION

In the light of the **quantitative** evidence acquired for Francis, it can now be said that there is empirical data which confirms that having a procedure and following it leads to better outcomes for both employers and whistleblowers. **Thus the presence of a procedure was associated with the following:**

- it was more likely that concerns would be raised and (in the trust staff survey) that this would be with line managers or other designated persons.
- if the matter was unresolved, following the employer's procedure made it more likely that a concern would be taken further internally and that the whistleblower would be satisfied with the response.
- adhering to a procedure was associated with the taking of advice, investigations being conducted and whistleblowers being praised for the action they took.

## CONCLUSION (cont'd)

In the light of qualitative evidence acquired for Francis, there remain questions as to how the quality of policies/procedures relates to the culture of raising a concern or speaking up:

- the quality of policy/procedure did not correlate with quality of speaking up culture
- interviewees said that procedures are not followed by management or that 'due process' conditions are violated (*see verbatim transcripts*)
- management interviewees acknowledged that the procedural landscape is often a maze that is easy to get lost in.

# LIMITATIONS

## 1. THE SURVEYS

Since people were free to choose whether or not to participate, **the respondents can be described as self-selecting.** 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.

# LIMITATIONS (cont'd)

However, 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, 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 is 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.

# LIMITATIONS (cont'd)

## 2. DOCUMENT ANALYSIS

In the ranking of NHS Trusts based on an aggregated score of selected staff survey questions, we relied on data from 2013. Further analysis should take into account the upward or downward trend of the particular Trust over the last 3 years.

# LIMITATIONS (cont'd)

## 3. INTERVIEWS

Although the sample included many stakeholders of NHS Trust whistleblowing policies, it was not possible to compose 'nested' samples i.e. which would interview different stakeholders of a particular organisation and hence a particular policy/ procedure. Although it seems immensely difficult to accomplish this, further research would benefit from such samples.