INDEPENDENT
NATIONAL
WHISTLEBLOWING
OFFICER

People Centred | Improvement Focused

The Scottish Public Services
Ombudsman Act 2002

Investigation Report

UNDER SECTION 15(1)(a)

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Report of the Independent National Whistleblowing Officer

Overview

Scottish Parliament Region: Glasgow

Case ref: 202106845

NHS Organisation: Greater Glasgow and Clyde NHS Board

Subject: Speak up culture / detriment

This is the report of the Independent National Whistleblowing Officer's (INWO's) investigation of a whistleblowing complaint about the handling of a whistleblowing concern. It is published in terms of section 15(1) of the Scottish Public Services Ombudsman Act 2002 which sets out the INWO's role and powers. There is more information about this here: *https://inwo.spso.org.uk/*

Supported by the confidential appendices, it is a full and fair summary of the investigation.

Executive summary

1. The complainant (C) complained to the INWO about NHS Greater Glasgow and Clyde (the Board) in relation to risks relating to a number of services within the Queen Elizabeth University Hospital and the Royal Hospital for Children campus.
2. I exercised my discretion to investigate the complaint without it having first exhausted the local process, given the history and wider context of the complaint.
3. The specific points of the complaint I investigated are:
    - 3.1. The Board has failed to create and maintain a culture that values and acts on concerns raised by staff (*upheld*)
    - 3.2. The Board failed to protect the whistleblower from detriment associated with speaking up (*not upheld*)
4. As a result of my findings, the Board have been asked to implement a number of recommendations and consider and reflect on other feedback.
5. My investigation identified areas of good practice by the Board, which have been included in my feedback.

Publication

In the interests of transparency and sharing learning to drive improvement, the INWO makes public the details of findings and conclusions as far as she is able. The INWO cannot make public every detail of her report. This is because some information must be kept confidential because the Act says that, generally, reports of investigations should not name or identify individuals. In this context in the report, names have been pseudonymised and gender-specific pronouns and titles removed.

Approach

The investigation

1. For something to be whistleblowing, it must be in the public interest, rather than primarily concerned with a personal employment situation. In this case, I was satisfied that there was a public interest in C's concerns given the wider concerns they raised about patient safety.

2. In order to investigate C's complaint, I, supported by my complaints reviewers,:

   2.1. took evidence from C in written format, by telephone and through interview

   2.2. obtained comments and a significant amount of documentary evidence from the Board

   2.3. reviewed relevant guidance, and

   2.4. took evidence from witnesses through interview.

3. Evidence was assessed and analysed and from that, findings and recommendations made, and a decision taken. This report and supporting appendixes provide a summary of the evidence upon which I relied, and my findings and recommendations. A high level summary of the evidence considered is provided in public Appendix A.

4. C and the Board were given an opportunity to comment on a draft of this report.

Presentation of evidence and analysis

5. The evidence upon which I have relied in making my findings, decision and recommendations is summarised in a series of public and private appendices. These appendices also include analysis of the evidence.

6. The requirement for confidentiality, and need to protect the identity of C and others involved in the investigation means that not all of these appendices are published; nor is it appropriate for people within the Board to have sight of them, other than those who need to know. This document is supported by a ***Summary of documents that make up the full INWO report***, which lists the appendices that

make up the full report. Details of the restrictions relating to private appendices A, C and D have been shared with the Board and the complainant separately.

Findings and decision

Point 2.1 The Board has failed to create and maintain a culture that values and acts on concerns raised by staff

7. The key issue considered under this complaint were C's concerns that, in general, staff do not feel safe to speak up. They outlined instances where they and colleagues have raised concerns, and these had not been acted on.

8. The Board's position was that NHS Greater Glasgow and Clyde has undertaken significant work to enhance its culture, specifically in relation to the areas and teams I considered as part of this point of the complaint. Some of the examples of the work undertaken included

   8.1. organisational development work with affected teams

   8.2. work to obtain Investors in People (IIP) Standard for the Board

   8.3. leadership and culture development work

   8.4. new whistleblowing procedure established and communicated

   8.5. Internal Communications & Employee Engagement Strategy, and

   8.6. work to improve Workforce Equality.

9. To test and consider this point of the complaint, my investigation considered the evidence summarised in public Appendix A and discussed in private Appendices B and C.

2.1 Findings

10. The focus of my investigation has been on the speak up culture at the Board; specifically, a number of areas within the Queen Elizabeth University Hospital and the Royal Hospital for Children campus. I consider speak up culture as something distinct from the wider organisational culture but integrally linked to it. A good speak up culture, would be one where staff

    10.1. know how to raise concerns about a risk of harm or wrongdoing

10.2. have confidence that they will be listened to

10.3. have confidence that, where needed, action will be taken to address the concerns raised, and

10.4. have confidence that they will be supported and not be treated unfairly as a result of raising concerns.

11. I recognise that culture change takes time and that building a strong and healthy speak up culture is an ongoing journey for the Board.

12. Although I have sought to focus my investigation on the speak up culture within the Board from April 2021 onwards, rather than the organisational culture generally, I recognise that the present situation cannot be seen in isolation from the wider context within which departments of the QEUH and RHC have been operating.

13. This includes whistleblowing concerns raised prior to 2021, and a complex background of external reviews and investigations focused on the campus, including the ongoing Scottish Hospitals Inquiry.

14. Throughout the course of my investigation, I have inevitably encountered wider cultural issues within specific departments that have a bearing on the way staff feel about speaking up. I have included some additional observations about this below and in confidential Appendix C.

15. During my investigation I took into account

15.1. written correspondence provided by the Board and the complainant

15.2. documentary evidence provided by the Board and the complainant

15.3. witness testimony, and

15.4. findings from an INWO survey on speak up culture (Appendix B).

16. The challenge in considering this point of complaint was that to 'create' and 'maintain' a speak up culture are absolute terms, and in practice there is no clear point where it can be said a culture is "created" or where it starts to be "maintained." I have therefore focused on whether the Board took action to start

the speak up culture change journey, and how that journey appears to be going in terms of embedding confidence. I will cover each of these areas below.

Creating a speak up culture

17. In considering whether a speak up culture has been created, I have drawn on the feedback from the survey and from staff interviews. Based on the Board's annual whistleblowing reports, it is clear that one of the key communication tools they have used to promote their speak up arrangements is the Core Brief email. The Board also shared examples of other information resources, including Staffnet and HR Connect, although these were not named by staff during our interactions with them.

18. The findings from the INWO survey suggest that overall, 50% of participants were confident they had seen the campaign (34% said they had not). Almost all of the interviewees mentioned the Core Brief Speak up campaign, some commenting that there had been an increase in promotion of speak up arrangements over the preceding 6 to 12 months. Some staff mentioned drop-in sessions and Speak Up Week, which has been taking place annually since 2022.[1]

19. Overall, this indicates to me that action was taken by the Board in an effort to begin creating a speak up culture.

20. In reaching this conclusion, I recognise that there was not universal awareness, but it was significant enough to persuade me. I also recognise that at the time C complained to me, much of this work by the Board to promote speak up arrangements had not yet happened, so I caveat this with recognising and acknowledging C's perspective at the time, which I in no way seek to undermine.

Maintaining a speak up culture

21. I have looked at how speak up culture was maintained at the point in time that I was gathering evidence. I considered it through the lens of how much awareness there was of how to engage with speak up (whistleblowing) arrangements and the confidence in those systems. I have also looked at how consistently views were

[1] Speak Up Week runs in Health Boards across Scotland during October: *https://inwo.spso.org.uk/speak-week*

held across the parts of the organisation under consideration (relevant departments within QEUH and RHC).

Awareness of how to engage

22. There are some encouraging findings from the survey that indicate that staff know both how to raise concerns and where to find information on the whistleblowing process. This was also reflected in the feedback during interviews. The focus of most interviewees was on business-as-usual escalation routes, rather than the whistleblowing process itself, but there was a clear confidence in the established feedback mechanisms, and this suggested that overall staff would feel comfortable using them if they needed to raise a concern.

23. However, despite this, the number of staff who appeared to be aware of the Confidential Contact role was low (55% did not know about the Confidential Contact's role). It was notable that only 20% of staff did know about the Confidential Contact role which should be a route to getting information about, and accessing speak up arrangements; yet 40% knew of external organisations they could approach for advice.

24. The survey results highlight some positive areas (66% know how to speak up). But there are also some significant low scoring areas which are of concern. This was especially evident within the results from the nursing and midwifery staff group.

25. This all suggests that the Core Brief, and other web based resources the Board have shared with me, could have been more effective at promoting awareness of the role of the confidential contacts.

Confidence to speak up

26. There were more negative responses about confidence to speak up, as may be seen from the following table.

27. It is also notable (as can be seen in Appendix B) that there was a marked difference between Nursing/ midwifery and Medical/ dental groups, the latter tending to give more positive responses. This indicates varying experiences and confidence across the campus.

Statement	Strongly Agree	Agree	Slightly Agree	Disagree	Strongly Disagree
I am confident that if I spoke up about an issue, there would be no adverse consequences for me	24.4%		28.1%	47.6%	
I am confident that if I spoke up about an issue, the organisation would take action to address the risks, if this was needed	25.6%		28.1%	46.3%	
I am confident that if I spoke up about an issue this would be considered objectively and fairly	35.4%		26.8%	37.8%	
I am confident that if I spoke up about an issue this would be listened to	39.0%		22.0%	39.0%	

28. My office received 17 comments in the survey.

    28.1. The balance of comments about confidence to speak up was more positive than negative. There were four positive comments that either referred to having had success raising issues through business-as-usual routes or faith that the concerns would be heard. There were two negative comments, and both cited experience of concerns being raised by staff but nothing being done as a result.

    28.2. In relation to concerns being considered objectively and fairly, the four comments that we received were all more negative than positive, although a range of views were expressed within the comments.

    28.3. Comments also indicated that there was little confidence that action would be taken if needed, with seven negative comments consistent in their reflection that nothing would be done if concerns were raised.

29. I noted comments from the survey (and through interview) suggesting that those who had experience of the whistleblowing process had less confidence the organisation would take steps to protect either those raising concerns or those

impacted by the concerns raised. This feedback came from staff who had proximity either to the issues or to the whistleblower, as well as from staff who had raised concerns themselves. They were also less likely to raise concerns through the formal process now.

30. All of this suggests that while there is awareness of speak up arrangements in the areas of the Board that I considered, the confidence to speak up, and how safe staff feel to do so, is still low. This leads me to conclude that the Board has not fully embedded these systems within these areas.

31. I am aware that the NHS Scotland iMatter survey now includes two questions asking staff how confident they would be that they can safely raise concerns, and how confident they are that concerns would be followed up and responded to. The Board had a response rate of 54% to the iMatter survey for 2023 and of those respondents, 99% responded to those two questions. Both questions scored well with 85% of respondents agreeing or strongly agreeing with the first statement, and 74% with the second.

32. This suggests that some areas of the Board have been more successful in establishing a safe and trusted speak up culture than others, including the departments that I surveyed. I suggest that the Board may benefit from exploring the issues highlighted in the INWO survey further, using other data sources, including the information on whistleblowing/ speaking up that is now collected through the iMatter survey and the recent IIP reports to understand if there are localised issues.

33. I encourage the Board to reflect on these findings, including the detailed feedback in the appendices, and I have made a recommendation about the need for further work to embed and build trust in the system.

<u>Other issues - communication</u>

34. The more immediate challenge for the Board is the culture within and between the teams that were the focus of my investigation. The issues relate clearly to the sharing and management of information around potential patient safety risks. While this is not conclusive in relation to speak up culture in the wider campus, it

raises a question about how staff are able to raise concerns in the public interest in these areas.

35. Evidence I reviewed during my investigation indicates that the culture and communication between the teams is extremely strained, with distrust on both sides. The majority of interviewees spoken with raised concerns about communication between the teams. This feedback was not one-sided.

36. I and my team heard that the issues around communication (and the disagreements at the heart of these) are, at times, impacting on the ability of staff in both teams to fully perform their roles and discharge their professional duties. In my view this has the potential to result in a wider risk to patient safety, and these risks need to be assessed properly and mitigated by the Board.

37. I understand from documents submitted by the Board that there have been efforts to address and improve communication and I note that some Organisational Development work has been explored relatively recently but appears to have stalled. What concerns me is that there are similar reflections in other external reviews. This suggests that, although the Board have made efforts to improve working relationships, these have not been totally successful. At the time of my investigation, it is evident that significant problems with communication and co-operation between the teams remain.

38. I have concerns about the potential risks to both staff and patients if there is no further work undertaken to improve communication and ways of working.

39. I have included an analysis of the feedback gathered from interviews and some of my wider observations on this topic in private Appendix C. It is important to recognise that views expressed by a number of staff were that it will be difficult to resolve and heal the relationships, and improve communication between the teams without a conclusion to the clinical disagreement at the heart of the matter, as well as the completion of the ongoing public inquiry.

40. I and my team have reviewed evidence from a range of staff across the teams and my view is that any further development work should include focus on the interaction between both teams. I consider it unlikely that focusing solely on one team will result in strengthened trust or an improvement in the quality of the

communication in a work environment where neither side feel heard, and run the risk of no longer being able to listen to each other.

2.1 Decision

41. The complaint I investigated is that the Board has failed to create and maintain a culture that values and acts on concerns raised by staff.

42. On balance, and as outlined above, I have found that there is sufficient evidence to **uphold** this complaint.

Point 2.2. The Board failed to protect the whistleblower from detriment associated with speaking up

43. C complained that they had been treated unfavourably as a consequence of speaking up in business-as-usual contexts. They outlined specific scenarios where they believed that they were subjected to detriment. C also had concerns about how colleagues treated them more generally, including in email correspondence and meetings.

44. The Board provided a large amount of background information about the specific incidents raised by C. The Board did not agree that C had experienced detriment. They emphasised their commitment to keeping the identity of C confidential during the course of the INWO investigation and met with C to offer additional support.

45. I have included a discussion of the evidence and my conclusions for each of the scenarios in confidential Appendix D. Due to the sensitive nature of the evidence, I have decided that all of the detail must remain confidential, as to disclose it risks identifying C and other staff.

46. C and a restricted group of staff at the Board are aware of the evidence and findings on this element of the complaint.

2.2 Decision

47. The complaint I investigated is that the Board failed to protect the whistleblower from detriment associated with speaking up.

48. While I recognised this was a challenging time for all involved, I did not find sufficient evidence to conclude that C had experienced detriment as a result of

raising concerns under the National Whistleblowing Standards, and for this reason, and on balance, I do **not uphold** this element of the complaint.

49. While this was my overall conclusion, I found that C was at serious risk of detriment, and this was only avoided by the intervention of the Board's HR department. I also consider that C is at continued risk of detriment, and I have included feedback to the Board about this in confidential Appendix D and below. I remind the Board that there is an ongoing obligation to protect and support whistleblowers and anyone else involved in the process. This obligation continues beyond the conclusion of my investigation.

50. I strongly encourage the Board to reflect on events and consider how they can build on their ongoing work in this area to actively promote a speak up culture where bystanders are empowered to challenge behaviours that create risk of detriment to whistleblowers (or colleagues who speak up about concerns more generally). This is especially important for managers and those in HR, given their involvement and leadership role in workforce matters.

51. I have included further feedback on these points at the end of my report.

Recommendations

Learning from complaints

The Independent National Whistleblowing Officer expects all organisations to learn from complaints. The learning should be shared with those responsible for whistleblowing as well as the relevant internal and external decision-makers who make up the governance arrangements for the organisation.

What INWO is asking the Board to improve their speak up culture

Rec. No	What I found	Outcome needed	What INWO need to see
1.	Under complaint point 2.1, I found • some areas of the Board have been more successful in establishing a safe and trusted speak up culture than others	Staff should be confident to speak up in a culture of trust. The Board will continue to work towards promoting a culture of trust, which values the raising of concerns as a route to learning and improvement.	Evidence that the Board has explored the themes highlighted in the INWO survey further, using other data sources, including the information on whistleblowing/ speak up that is now collected through the iMatter survey and the recent IIP reports By: 22 January 2025

What INWO is asking the Board to manage the risks identified

Rec. No	What I found	Outcome needed	What INWO need to see
2.	Under complaint point 2.1, I found • issues around communication (and the disagreements at the heart of these) are, at times, impacting on the ability of staff in the teams to fully perform their roles and discharge their professional duties	The Board is aware of the risks associated with the disagreements, and communication difficulties between the teams. The Board is implementing a plan to mitigate these risks and build effective communication through further organisational development initiatives. There is a mutual understanding of the importance of effective and constructive communication to the delivery of safe patient care.	Evidence that the Board has engaged with staff in the respective teams to understand the interfaces and scenarios where communication is not effective. Evidence that the Board has carried out a risk assessment of the communication difficulties between the teams. Evidence that the Board is implementing a plan to mitigate the risks identified. By: 19 February 2025

Feedback for the Board

Response to INWO investigation

1. My investigation was helped by the co-operation of the witnesses who were interviewed, C and the small number of staff within the Board who gathered the evidence I requested. I am grateful to all of them for their assistance and their constructive and thoughtful engagement with the process.

2. I recognise that all the members of staff that my team spoke with had the shared value of being dedicated to the safety of patients and wanted to do the best they could in their work. It is reassuring that the Board has such a dedicated workforce. I am mindful that my investigation was being carried out with the backdrop of several other investigations and Inquiries, all of which will have had a huge impact on energy and motivation. I am grateful, therefore, for the engagement from the Board's staff, especially given the competing demands on their time.

Points to note

3. I encourage the Board to reflect on the findings in relation to complaint point 2.2 and detriment. I have included more details of the feedback, both positive and constructive, in confidential Appendix D and here.

4. I encourage the Board and C to reflect on events and engage with each other to understand in what contexts C feels vulnerable to detriment and how this might be addressed. It is important to emphasise that both parties should come to this openly in a spirit of reconciliation if any strategy agreed to minimise the ongoing risks, is to succeed. The Board should instigate this process if C is willing to participate.

5. As part of this, the Board and C may wish to give particular regard to

    5.1. how they will assess the risk of detriment faced by C going forward, and

    5.2. what measures can be put in place minimise risks to C.

6. I encourage the Board to reflect on this case to consider how they will ensure they have a process that both assesses and manages risk of detriment throughout the life of an investigation and beyond, which is also supportive, responsive and mitigates where detriment has occurred.

7. I strongly encourage the Board to consider how they can build on their ongoing work in this area to actively promote a speak up culture where bystanders are empowered to challenge behaviours that create risk of detriment to whistleblowers (or colleagues who speak up about concerns more generally). This is especially important for managers and those in HR, given their involvement and leadership role in workforce matters.

Summary of documents that make up the full INWO report

Document Name	Description
Summary Report on complaint about the Board Reference: 202106845	Anonymised/ pseudonymised summary of complaint investigation and findings
Appendix A: High level summary of evidence (private)	Confidential summary of the evidence considered regarding points 2.1 and 2.2.
Appendix B: Survey data	Survey data relating to complaint point 2.1
Appendix C: Interview analysis and INWO observations (private)	Confidential summary and analysis of the evidence from interviews.
Appendix D: Detailed consideration of complaint point 2.2 (private)	Confidential discussion of the points considered within complaint point 2.2.

Appendix B: Survey data and analysis (public)[2]

1. This Appendix includes details of the survey carried out in relation to point 2.1

   2.1 the Board has failed to create and maintain a culture that values and acts on concerns raised by staff

2. The findings in the summary report reflect how this evidence was used.

Document Name	Description	Restrictions at final stage
Appendix B: Survey Data and analysis	Details of the survey carried out in relation to point 2.1.	No restrictions when published.

[2] Appendix A is private and not for publication.

Contents

Survey Methodology

Sample

3. The INWO surveyed a proportion of staff from a number of teams and areas within the Queen Elizabeth University Hospital (QEUH) and the Royal Hospital for Children (RHC) that were related to the issues raised in the complaint. While the results from the survey can support our understanding and judgements about the speak up culture within the specific population, it is not possible to reach reliable conclusions about the culture across the full QUEH/ RHC site based on this sample. I have decided not to publish details of the specific teams and areas involved in order to protect the identities of the staff involved. Details of the respective teams have been shared with the Board and the complainant.

4. The INWO asked the Board to provide a random sample of names and work email addresses from the following staff groups within the specific teams and areas identified

    4.1. Administrative Services

    4.2. Allied Health Profession

    4.3. Health Science Services

    4.4. Medical and Dental

    4.5. Nursing and Midwifery

    4.6. Senior Managers

    4.7. Support Services

5. The INWO sent 300 survey invitations to staff under the groups described at points 4.1 to 4.7 above.

6. 82 individuals submitted a completed response and a further 14 individuals completed the survey in part (to varying extents). The analysis below is based on fully completed responses only.

7. The response rate for completed submissions (82) as a proportion of the full population for the teams and areas identified (650) is 13%. The response rate for completed submissions as a proportion of those who received a link to the survey (300) is 27%.

Administration

8. The survey was hosted on the online SurveyMonkey platform and was accessible to participants for 10 days in July 2023. Participants were invited to access the survey by using a link within an email. Two reminder emails were sent by the INWO.

9. Invitees were informed that their participation in the survey was voluntary, but that their input was valued.

10. The survey was set up in a way to ensure that the identities of participants were protected. Participants were informed

    10.1. '*The survey will not ask you to provide your name or contact details and your response will be completely anonymous (i.e. it will not be linked to your email address or IP address). Responses to the survey will be stored securely by the INWO and will remain confidential (subject to our privacy notice, which details that we may share information if that information shows there may be a risk to someone's health or safety).*

    10.2. *We will use the data and any themes we have identified to report anonymously on our investigation findings. Individual responses will not be shared or published. Individual comments will not be directly quoted, but may be summarised and/or reported thematically in a published report*.'

11. Participants were also asked not to disclose personal data, either their own or that relating to third parties. Signposting information was provided to support individuals to access the Board's internal processes and sources of additional support where needed.

12. Participants were offered the opportunity to contact the INWO in confidence with any relevant information about speak up culture that they did not wish to include in their survey response. No recipients contacted the INWO directly in this way.

Results and Limitations

13. Results from the survey are outlined in tables and charts below. The responses in the tables have been split into groups for the purposes of analysis: positive (strongly agree, agree), neutral (slightly agree) and negative (disagree, strongly disagree). Colour coding has been used to highlight areas where responses fall into a set threshold.

    13.1. 50% or over **positive** responses (indicating good performance)

    13.2. 50% or over **negative** responses (indicating poor performance)

    13.3. 45 - 49% total **negative** responses (indicating an area to explore or monitor)

14. The results from this survey are indicative of wider views but there are limitations when response rates are low. In order to understand how representative the results of a survey are, we look at the confidence level and the margin of error. When a survey only has responses from a sample of a staff group, the **confidence level** tells us how sure we can be that the population would select an answer within a certain range. In addition to this confidence level, there is a **margin of error**, which is calculated based on the number of responses received. The margin of error tells us how far in either direction the results from the full staff group may deviate from the results in the survey. This is expressed as a percentage. We use both the confidence level and the margin of error in combination to determine the strength of the survey results.

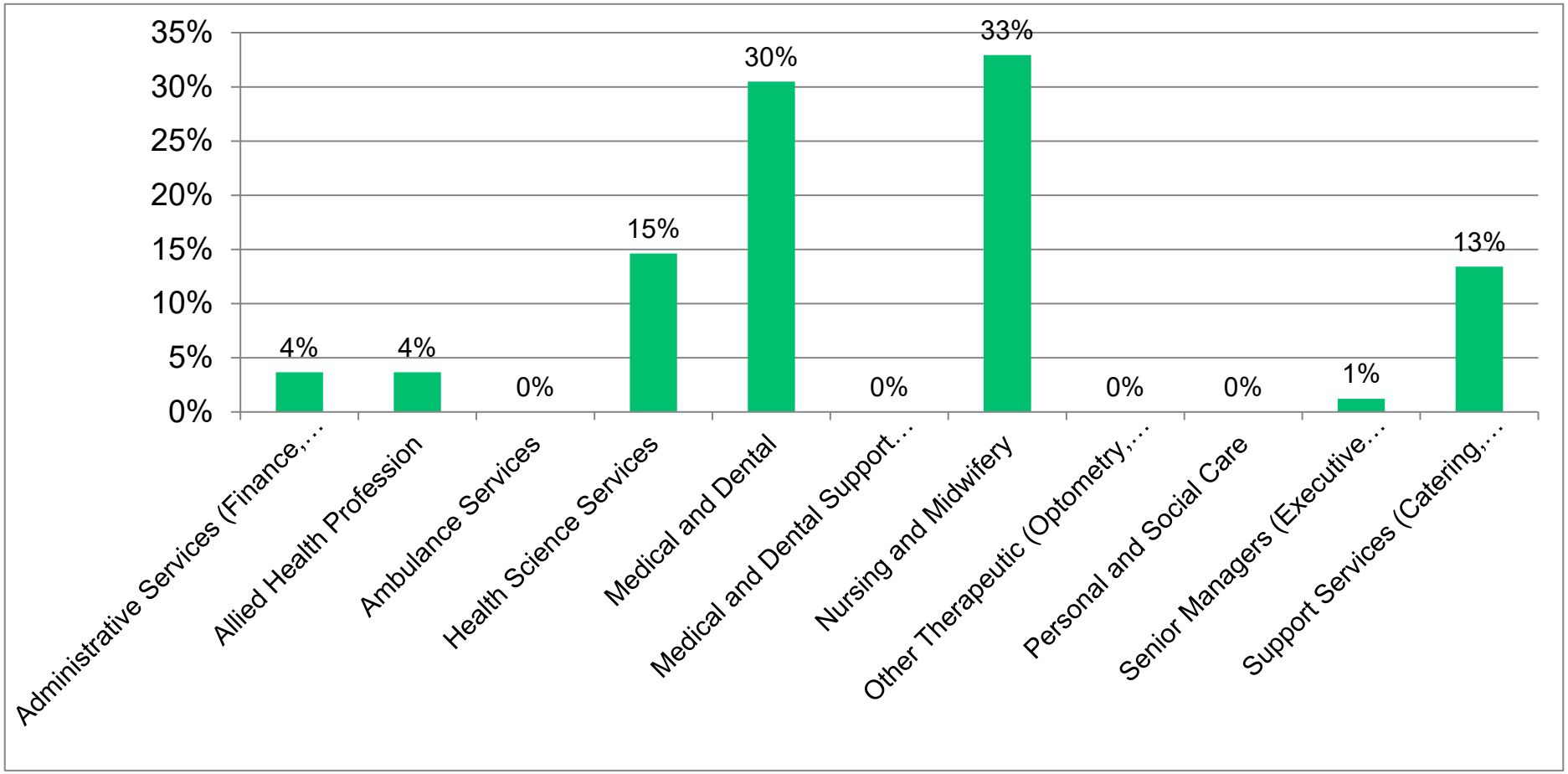
15. In this survey, the confidence level is 95%, which is the most common level used with surveys of this type. The margin of error for this survey is up to 10%.

16. In practice, this means that if we saw a result of 50% ‘strongly agree’ in response to a question in this this survey, we would be able to say with 95% confidence that, had the whole population been asked that question, the response would fall between 40-60% (i.e. 50% plus or minus 10%).

Analysis of free text comments

17. An option was included for participants to leave comments at the end of the survey. 28 individual comments were received, some of which covered a range of issues. The comments have been grouped to thematically align to the relevant sections of the survey and summarised information is included in the analysis below.

Overview of participants



18. Of those surveyed, the largest staff groups represented in the responses are nursing and midwifery (33%), and medical and dental staff (30%). Further analysis of the two groups is included in the narrative below.

Overview of findings

19. Participants were invited to rate the following 11 statements using a 5 point scale from strongly agree to strongly disagree.

Accessibility

19.1. I know how to speak up about an issue within my organisation

19.2. I know about the role of the Board's Confidential Contacts

19.3. I know which external organisations I can contact if I need information or advice in relation to speaking up

Confidence in the process

19.4. I am confident that if I spoke up about an issue this would be listened to

19.5. I am confident that if I spoke up about an issue this would be considered objectively and fairly

19.6. I am confident that if I spoke up about an issue, the organisation would take action to address the risks, if this was needed

19.7. I am confident that if I spoke up about an issue, there would be no adverse consequences for me

Speak up culture

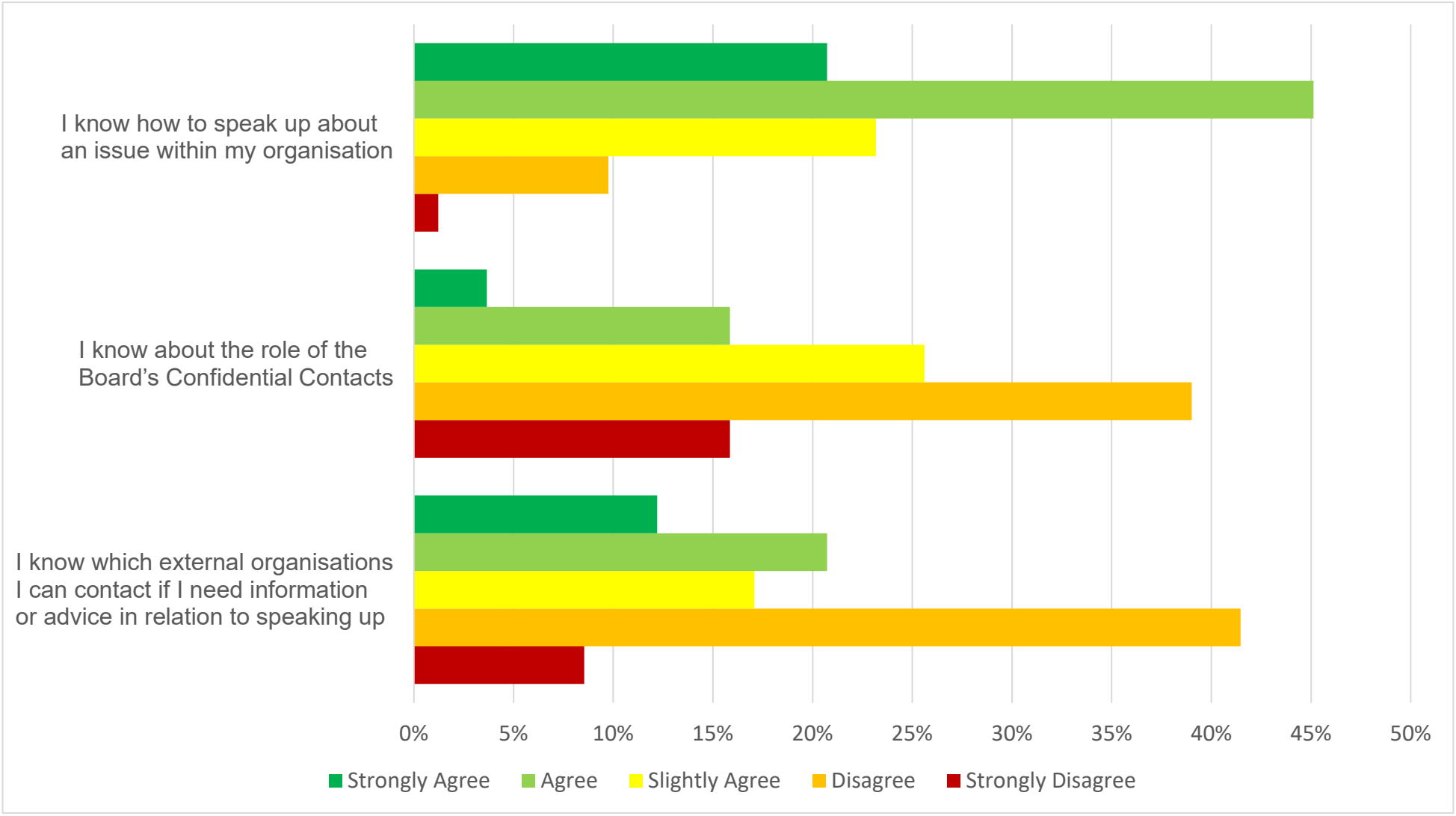
19.8. I have seen the Speak Up Campaign in Core Brief

19.9. I believe that the speak up culture in my organisation has improved in the last 18 months

19.10. I believe that my organisation values staff speaking-up as a route to learning and improvement

19.11. I believe that staff who speak up are treated fairly by my organisation

Accessibility



Statement	Strongly Agree	Agree	Slightly Agree	Disagree	Strongly Disagree
I know how to speak up about an issue within my organisation	20.7%	45.1%	23.2%	9.8%	1.2%
	65.8%			11%	
I know about the role of the Board's Confidential Contacts	3.7%	15.9%	25.6%	39.0%	15.9%
	19.6%			54.9%	
I know which external organisations I can contact if I need information or advice in relation to speaking up	12.2%	20.7%	17.1%	41.5%	8.5%
	39.9%			50.0%	

20. Overall, the results show a strong positive response from staff indicating that they know how to speak up about an issue. Participants were less sure about whom to contact externally and half of respondents did not know about the role of the Board's Confidential Contacts, despite the Speak Up Campaign in the Board's 'core brief' emails to staff. This suggests that Confidential Contacts could be more visible and promoted in other ways.

Nursing and Midwifery

21. Nursing and midwifery staff responses showed a similar pattern to the wider staff group. 59% of respondents in this group said that they knew how to speak up about issues, while 52% said they did not know about the Confidential Contacts and 59% were unaware which external organisations they could contact.

Medical and Dental

22. Medical and Dental staff were generally more confident and aware, particularly in relation to external sources of information: 56% of respondents indicating that they knew whom to contact externally. 80% of staff in this group knew how to speak up about issues but still 60% were unaware of the role of the Confidential Contact.

Analysis of free text comments from all participants

23. Five comments related to participants' general awareness of speak up arrangements. Of these

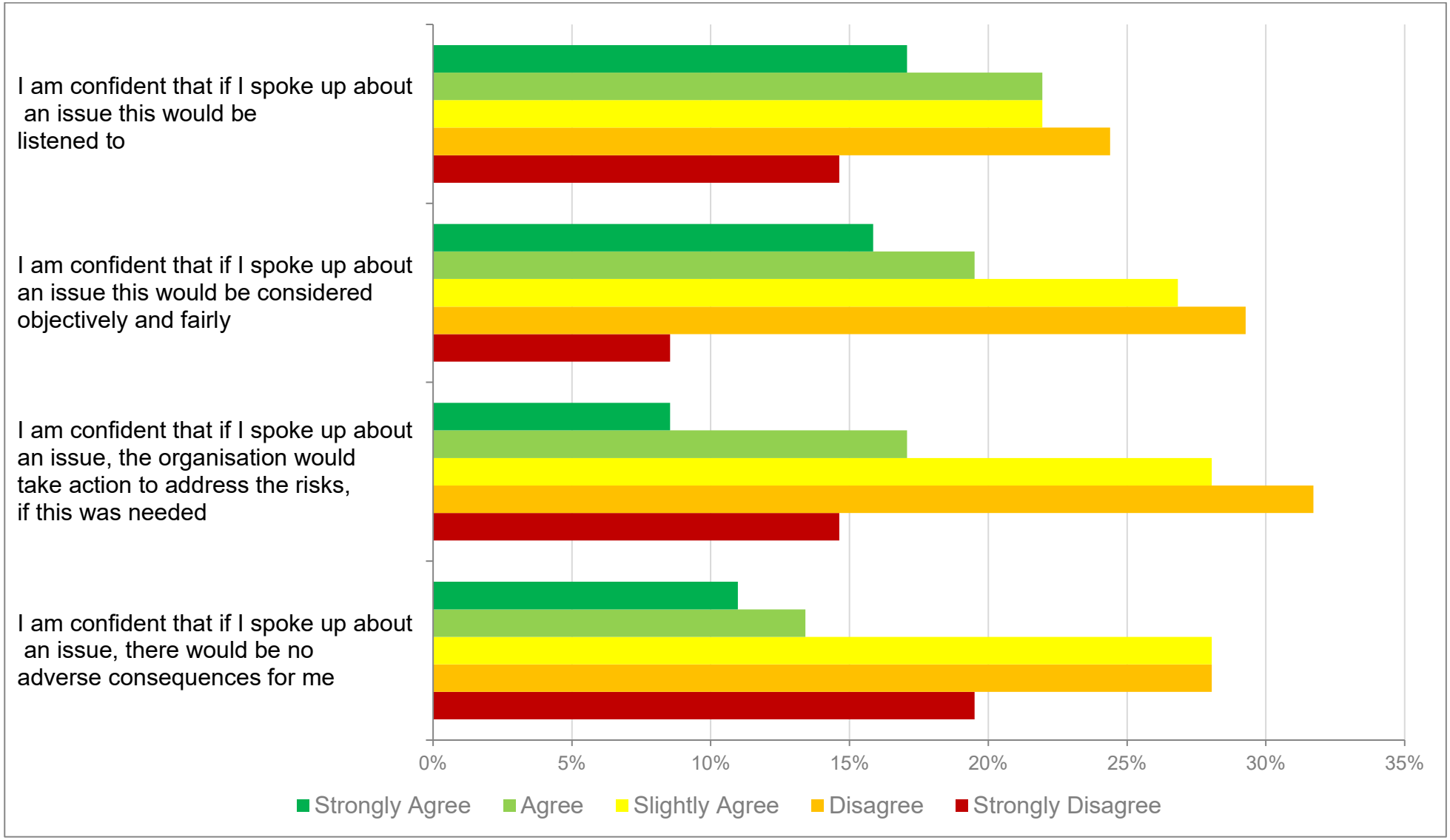
    23.1. three comments related to the awareness of routes to raise concerns. Two indicated a good awareness of routes available and one that awareness was very low.

    23.2. Two comments related to accessibility of the process, both expressing a view that staff are discouraged from speaking up.

Summary findings

24. Staff appear confident that they know how to raise concerns but awareness of the Confidential Contact role is low, despite email promotion by the Board.

Confidence in speaking up processes



Statement	Strongly Agree	Agree	Slightly Agree	Disagree	Strongly Disagree
I am confident that if I spoke up about an issue this would be listened to	17.1%	22.0%	22.0%	24.4%	14.6%
	39.1%			39.0%	
I am confident that if I spoke up about an issue this would be considered objectively and fairly	15.9%	19.5%	26.8%	29.3%	8.5%
	35.4%			37.8%	
I am confident that if I spoke up about an issue, the organisation would take action to address the risks, if this was needed	8.5%	17.1%	28.1%	31.7%	14.6%
	25.6%			46.3%	
I am confident that if I spoke up about an issue, there would be no adverse consequences for me	11.0%	13.4%	28.1%	28.1%	19.5%
	24.4%			47.6%	

25. Results suggest varying levels of confidence in speaking up processes. Responses were split fairly equally between positive and negative responses to questions about issues being considered objectively and fairly, and about being listened to when raising concerns. Although there is balance in the ratings, the responses suggest that at least a third of respondents lacked trust in both of these areas.

26. Staff had less confidence that they could speak up without adverse consequences (24% gave positive responses, 48% gave negative responses) or that action would be taken to address risks (26% positive versus 46% negative). These issues should be explored further and compared with other data sources, including the information on whistleblowing/speak up that is now collected through the iMatter survey.

27. None of the questions in this section received a strong positive (strongly agree or agree) or negative (disagree or strongly disagree) response of 50% or more. This tells us that staff are not confident that they can safely raise concerns.

Confidence levels within clinical staff

28. There was a notable difference in the levels of confidence between the medical/ dental and nursing/ midwifery groups, which indicates varying experiences across staff groups. This may warrant further exploration by the Board. A summary is provided in the table below.

Statement	Nursing/Midwifery			Medical/Dental		
	Positive	Neutral	Negative	Positive	Neutral	Negative
I am confident I would be listened to	18.5%	25.9%	55.6%	44.0%	28.0%	28.0%
I am confident it would be considered objectively and fairly	25.9%	25.9%	48.1%	40.0%	36.0%	24.0%
I am confident action would be taken to address risks	18.5%	33.3%	48.1%	24.0%	24.0%	52.0%
I am confident there would be no adverse consequences	14.8%	29.6%	55.6%	36.0%	32.0%	32.0%

Nursing and Midwifery

29. Nursing and midwifery staff gave a high proportion of negative responses to all of the questions in this section of the survey. Only 19% said that they strongly agreed or agreed with the statement that they would be confident they would be listened to when raising concerns. Positive results were even lower in relation to the statement that that there would be no adverse consequences (15%), suggesting potentially high levels of distrust in the process for this staff group.

30. Nearly half (48%) of the nursing and midwifery staff responses indicated that they had little expectation that action would be taken to address risks that they raised. Responses from the medical/ dental group indicated similarly low levels of trust in effective outcomes (52%).

Medical and Dental

31. Medical and dental staff generally gave more positive responses to these questions, with the exception of expectations in relation to action being taken (as noted above). These clinical staff had more confidence than nurses and midwives in relation to their confidence in being listened to (44% positive responses) and appropriate consideration being given to their concerns (40% positive responses).

32. There is a suggestion from these results that although staff in this group feel able to raise issues, they have less confidence that there is capacity for change within the organisation.

Analysis of free text comments from all participants

33. 17 comments related to confidence in the process.

    33.1. In relation to staff confidence that they would be listened to when speaking up, the balance of comments was more positive. There were four positive comments that either referred to having had success raising issues through business as usual routes or faith that the concerns would be heard. There were two negative comments, and both cited experience of concerns being raised by staff but nothing being done as a result.

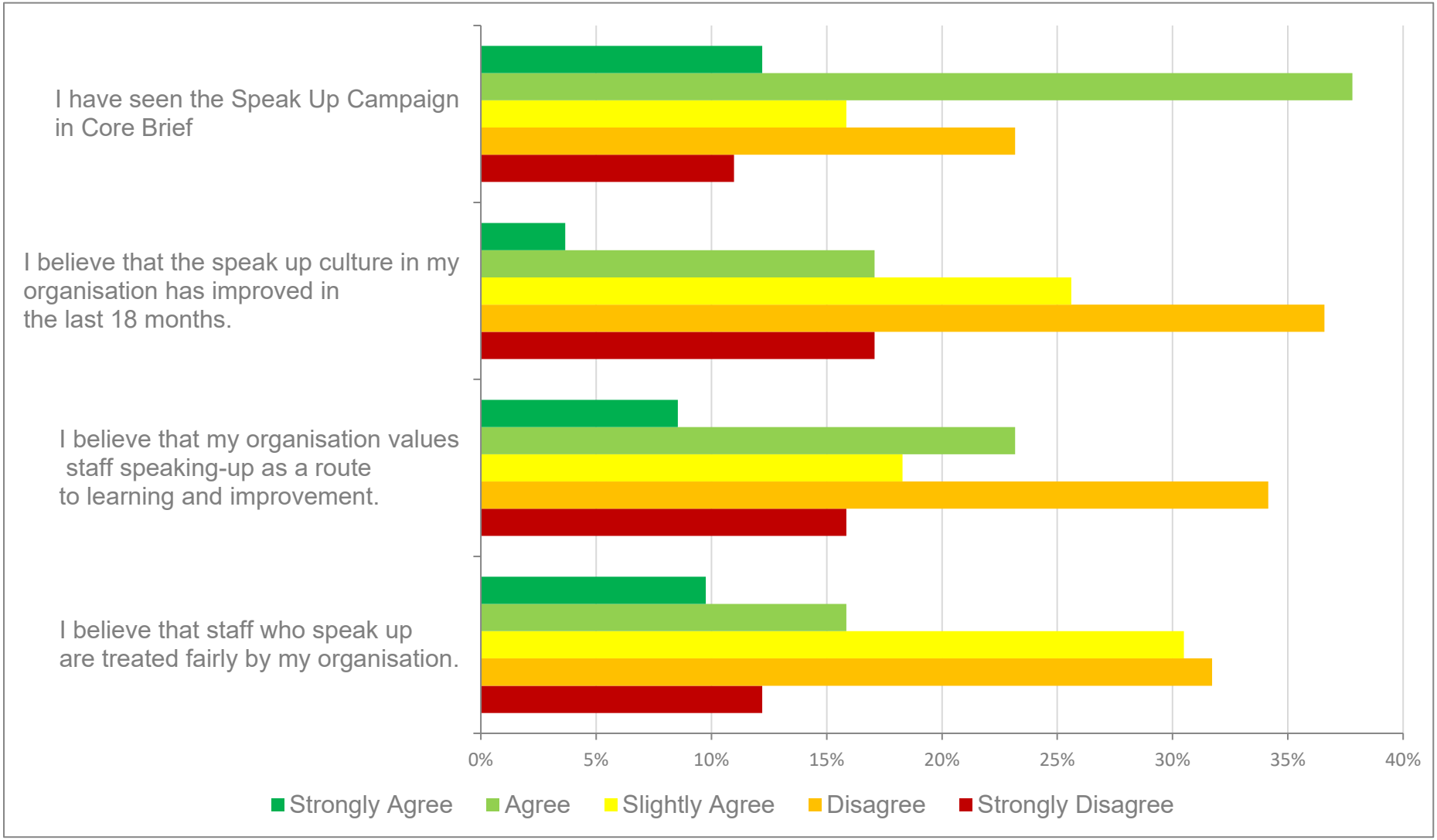
    33.2. In relation to concerns being considered objectively and fairly, the four comments that we received were all more negative than positive, although a range of views were expressed within the comments.

    33.3. Comments also indicated that there was very little confidence that action would be taken if needed, with seven negative comments consistent in their reflection that nothing would be done if concerns were raised.

Summary findings

34. There are indications from these results that staff do not feel there is safety in speaking up and that a significant minority lack confidence that action would be taken. The lack of confidence in speaking up about concerns appears particularly pronounced in the nursing and midwifery staff group.

Speak up culture



Statement	Strongly Agree	Agree	Slightly Agree	Disagree	Strongly Disagree
I have seen the Speak Up Campaign in Core Brief	12.2%	37.8%	15.9%	23.2%	11.0%
	50.0%			34.2%	
I believe that the speak up culture in my organisation has improved in the last 18 months.	3.7%	17.1%	25.6%	36.6%	17.1%
	20.8%			53.7%	
I believe that my organisation values staff speaking-up as a route to learning and improvement.	8.5%	23.2%	18.3%	34.2%	15.9%
	31.7%			50.1%	
I believe that staff who speak up are treated fairly by my organisation.	9.8%	15.9%	30.5%	31.7%	12.2%
	25.7%			43.9%	

35. The Board asked for a question on the Core Brief to be included in the survey in order to gain a better understanding of how impactful the campaign has been. 50% of participants were confident that they had seen the campaign in the core brief while 34% indicated that they had not. Responses on this question were comparable across the staff groups.

36. Responses to the other speak up culture questions were less positive. 50% of respondents did not agree that the organisation values speaking up as a route to learning and improvement. While 53% did not think that speak up culture had improved in the last 18 months.

Speak up culture in clinical staff

37. Once again, there was significant variance in the responses from nursing/midwifery staff compared to medical /dental staff suggesting that nursing and midwifery staff have more concerns about speaking up.

Statement	Nursing/Midwifery			Medical/Dental		
	Positive	Neutral	Negative	Positive	Neutral	Negative
I have seen the Speak Up campaign in the Core Brief	55.6%	11.1%	33.3%	44.0%	20.0%	36.0%
I believe the speak up culture in my organisation has improved in the last 18 months	11.1%	25.9%	63.0%	20.0%	20.0%	60.0%
I believe that my organisation values staff speaking up as a route to learning and improvement	11.1%	18.5%	70.4%	44.0%	20.0%	36.0%
I believe that staff who speak up are treated fairly by my organisation	14.8%	37.0%	48.2%	28.0%	36.0%	36.0%

Nursing and Midwifery

38. Responses indicate that nurses and midwives feel more negatively about speak up culture than of the areas we asked about. Only 11% agreed that the organisation values speaking up as a route to learning and improvement; the overwhelming majority disagreeing with it (70%). Similarly, only 11% agreed that speak up culture had improved in the last 18 months.

39. Likewise, only 15% nurses and midwives who responded agreed that staff who speak up are treated fairly, while 48% disagreed. Over a third of participants gave a neutral response to this question.

40. Taken in combination with the other results, this suggests that the introduction of the new whistleblowing process and confidential contacts has not sufficiently bedded-in to build trust in speaking up.

Medical and Dental

41. Unlike the nursing and midwifery group, medical and dental participants were fairly balanced between positive and negative responses for most of the culture questions, with positive responses tending to be slightly higher. The one exception to this was improvement in speak up culture, with 60% of respondents indicating that they disagreed or strongly disagreed that this had improved recently.

Analysis of free text comments from all participants

42. We reviewed 11 comments relating specifically to the treatment of staff when concerns are raised

    42.1. nine comments related to the treatment of those raising concerns. The overwhelming majority of these comments where negative (8), many of which cited their experience of witnessing how others have been treated. It is noteable that comments came from a range of staff groups.

    42.2. Three comments included negative feedback on the support available for staff impacted by or linked to concerns raised by others.

Summary findings

43. The speak up campaign seems to have fairly good reach through the core brief emails but not all staff have engaged with it. Many staff do not see that the Board values speaking up as a route to learning and improvement and once again, this view is highly concentrated within the nursing and midwifery staff group.