

# A whistleblower's story

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Consultant paediatrician Dr Kim Holt spent time at CQC on secondment as a National Professional Advisor in 2014. Here she describes her experiences of raising concerns in the NHS and her work at CQC.

My story as a whistleblower starts in Haringey between 2004 and 2006. I was working as a consultant paediatrician for Great Ormond Street, who had taken over children's community health services in Haringey. The team I was working with had been raising concerns about systemic issues, including 61 clinical incident reports – which is a significant number. These were for things such as notes unavailable for clinic, children not booked in in a timely way, waiting times and lack of follow-ups. It was becoming a situation that was extremely concerning.

# Unsafe workloads

At the same time, two paediatrician colleagues resigned, halving the consultant team, which meant that our workloads became increasingly unsafe. It was at this time that I was targeted by management, for raising these concerns. Having experienced isolation, criticism and largely having my concerns ignored, I ended up going off sick in February 2007.

Unfortunately that left the one consultant covering, who also went on sick leave for a short time, and a locum – Dr Sabah Al-Zayyat – covering the workload. Peter Connelly was seen in August 2007 by Dr Al-Zayyat, who missed the true situation of child abuse – although she had to see him with no notes. He was then tragically killed by his carers two days later.

When a Royal College assessment took place in 2008 (around the events of his death), it concluded that the service in Haringey was clinically unsafe. In the meantime I was being told that the service was safe and that it was only me who had concerns. I ended up leaving my post later that year after having refused a settlement and refusing to sign a compromise agreement with confidentiality clause.

In 2011, after the release of the Sibert report, my concerns were fully vindicated and I was able to return to my post. I also received an apology from Great Ormond Street Hospital. I have campaigned hard on the misuse of confidentiality clauses and was pleased that these are now recognised as contrary to good whistleblowing practice.

## First experience of CQC

My first contact with the (new at that time) CQC was when I was encouraged to do so by my MP, following the second serious case review, where it was announced that there would be a review of the health bodies involved into the care of Peter Connelly. I made a protected disclosure in 2009 about the information that I had about the paediatric service in St Ann's Haringey at the time of Peter Connelly's death. I had also made a telephone disclosure in November 2008 to the lead investigator at the time, which was the Healthcare Commission.

Initially, the person I spoke to at the end of 2008 seemed to be concerned about what I had to say – but there was no follow up. I was encouraged to call them again and this time I was told that my information related to employment issues and was not CQC's concern. I pursued this for some time and was eventually told that whistleblowing was not within CQC's remit. What I had wanted to tell the inspectors about was my experience of the bullying and blame culture, the understaffing and the system issues – especially with regard to the admin systems that underpinned our service. However, that was not welcomed.

It was – and still is in many cases – a common experience that people attempting to make disclosures are not listened to, and they are dismissed as people with an 'employment' issue.

## Gradual change

There is now much more awareness of the issues of organisational culture and how that is influenced by leadership. I have seen a gradual change in approach to people coming forward to blow the whistle to CQC.

There is now more of a realisation that whistleblowing is primarily about patient safety. This is a massive leap forward in the attitude of the system towards whistleblowing and whistleblowers. It doesn't mean that they are yet protected but it means that this is now an issue being taken seriously.

With the increasing recognition of the problems that whistleblowers can have, I was asked to meet a number of people involved in reviving the health system and I was invited to tell my story to David Behan, the new Chief Executive of CQC.

Subsequent to that meeting I was asked to join the Commission on secondment last year as a National Professional Advisor. My role was to help develop CQC's new approach to inspection, how it will look at information from whistleblowers and how that information will help guide its inspections in the future.

## A conversation with whistleblowers

Having come from a small clinical team based in the community, at first I found it very strange to be working for such a large organisation and, at times, some of the processes felt rather bureaucratic. The secondment got off to a great start with the [Conversation with whistleblowers](#) event, jointly facilitated with James Titcombe. Ten whistleblowers from across sectors and

the country came to tell their stories. Their very human experiences really opened up the eyes of senior CQC staff and had a real and visible impact on their understanding of what it takes to stand up and very publicly say something is wrong.

This set the tone for the secondment in that it reminded everyone that healthy working relationships are based on mutual respect and compassion.

The focus of my work while I was at CQC was to support the methodologies developing around the 'well-led' domain for the new hospital inspections programme. We gathered proposals on how to identify, deal with and use whistleblowers' disclosures to inform inspections, which will feed into the eventual rating a hospital gets from CQC.

I was based in the Strategy directorate within CQC, which was great, and I have been very impressed with how the teams have approached this difficult subject. I understand how attempting to regulate for human behaviours is much more complex than maybe at first was anticipated, but I see a real willingness to try to make this work. The experience on the whole has been a very positive one. This is not the tick-box regulator; it is in an organisation that is embracing change and is more open to different ways of working.

## A real and positive role

When I arrived I was very sceptical about whether regulation could really do anything to help whistleblowers or change the NHS bullying culture. My belief is that employers can make the changes needed to support their staff today, if they are willing to learn and

tolerate changes in management approach. But I can now see that regulation has a real and positive role to play in the system in helping make that cultural shift. The next part of that work – although I am not there for it – is to integrate this new way of looking at whistleblowing into the inspection teams and the way individual inspectors work. I can see that it will be a real challenge for CQC to understand what a workplace is like, and how open and supportive it is (or isn't). My input will eventually be judged on how the inspectors have been able to use the methodologies and make them count.

Not only can staff concerns tell an organisation where its weaknesses are but, most importantly, addressing concerns can prevent unnecessary harm and suffering. I hope that during my time at CQC I helped its staff better understand the role of whistleblowers – as well as how support and protection is an indication of whether an organisation is well-led.

## Public attention

For over three years campaigners have been bringing to public attention the difficulties that whistleblowers face in the health and social care sectors. The real problem is that employers have become adept at turning the raising of concerns into an employment issue. This has been acknowledged by the Health Select Committee and also now by Sir Robert Francis, who recognises that the law is limited in its effectiveness. While I am personally very pleased that the link between bullying and raising concerns has been acknowledged, and that the Secretary of State is "calling time on bullying,

intimidation and victimisation" of whistleblowers, I am worried that the same behaviours will persist. My reason for being so concerned is that, as we speak, individuals are facing loss of employment, are at risk of losing their homes, and their health is suffering. There has been a great injustice to so many people, and I am not sure that we have really understood the level of harm that has been experienced by both staff and patients. Unless historic cases are given an opportunity to have their stories heard and some form of redress is found for them, we will still feel uncertain about the future when speaking up.

Although my secondment ended last year, I was involved in the evaluation of the work once the trials had been completed. I have been keeping a close eye on things as they develop at CQC; I have every faith in them – and that perhaps things can change for the better.

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