A conversation with whistleblowers

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James Titcombe

James Titcombe is our National Advisor on Patient Safety, Culture & Quality.
A former project manager in the nuclear industry, James’s fight for answers over the death of his baby son Joshua at University Hospitals of Morecambe Bay NHS Foundation Trust led to an independent inquiry being set up.

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In my last blog, I mentioned the importance of listening to and accepting challenges from others, even if such conversations were difficult or uncomfortable - with this in mind, I want to focus this blog on one issue only.

CQC invited a group of whistleblowers from across health and social care, to a listening event in central London on 6th February.

We called the event ‘A conversation with whistleblowers’ and this is exactly what it was - an opportunity for CQC staff to really listen to the experiences of whistleblowers and an opportunity for whistleblowers to tell us their stories.

Bringing people together

Trying to organise an event such as this isn’t easy. For a start, there is no directory of ‘whistleblowers’ that you can browse through and look people up. Then there is the notorious question of what a ‘true’ whistleblower is - people have different views. There is a concern often expressed by NHS managers that the term is too readily applied, that sometimes the phrase is wrongly used as a shield to hide concerns raised about the individual themselves.

So, even before the event was organised, there was a feeling that this wasn’t going to be easy.

Recently, CQC announced that Dr Kim Holt would be joining us on a part time secondment.

As a Paediatrician in Haringey, Dr Holt (along with two colleagues) tried to alert managers to clinical risks regarding child protection in the years before Peter Connelley was seen in their service. Dr Holts' personal experience of blowing the whistle is a powerful example of the issues staff face when they raise concerns and the devastating consequences this can have on patient safety.

Following her own experience, Dr Holt campaigned to end gagging clauses in the NHS and set up an organisation called Patient’s First which provides a network of mutual support for NHS whistleblowers.

Having someone with so much experience and understanding of these issues to provide advice is going to be a huge help in ensuring CQC gets its approach right.
With Kim’s help and advice from others in CQC, we identified a list of health and social care professionals who had experience of whistleblowing and invited them to London. We wanted to ensure that people could speak freely and openly about their experiences and so we agreed that specific details of the conversations held would be treated in confidence.

Listening

The event started with some introductions and a strong message from CQC’s Chair, David Prior, about his own reflections on whistleblowing issues and where CQC could help make a difference. We then paired each whistleblower up with a facilitator and the conversations started.

It was clear that for many, the conversations were very emotional. For some attendees, this was the first opportunity they had ever had to tell their story to an external organisation. The facilitators were deeply moved, I’m not ashamed to say that some tears were shed.

Following the conversations, each facilitator was asked to introduce the whistleblower, give a summary of their story and say just one word to describe their immediate response to what they had heard. Whilst it would not be appropriate to repeat the stories here, I did make a note of the words people gave and wanted to share some of them here.

These words were not the reactions of people reading sensationalised headlines in the tabloids, but the reaction of professional people listening carefully to genuine first hand accounts.

In hearing these stories, some common themes emerged - these were not stories from people who ever set out to become ‘whistleblowers’, they were from people with genuine concerns, only motivated by a desire to try and ensure something was done to change the situation.
In almost every case, the whistleblower described how the organisational response to their concerns was to take the focus away from the actual issues raised and instead focus attention on the whistleblower themselves. We heard how staff with previously exemplary records were suddenly faced with counter allegations. Often the whistleblower found themselves subject to bullying and harassment and in many of the cases, forced to take time from work, subject to disciplinary action, suspension or referral to a professional body. We heard examples of how the stress from this treatment resulted in sickness and the inability to carry on as normal.

**Unacceptable**

On reflection, for me, the single word that summarised the day better than any other is 'unacceptable'. It is unacceptable that some organisations respond to staff who raise concerns in this way and it is unacceptable that a culture of fear exists in some organisations that prevents staff from openly talking about concerns.

It caused me to think on how different the culture of the NHS can be compared with other safety critical industries like aviation and power generation. In some organisations, there is still a very long way to go.

**Positive next steps**

During the day, we heard many ideas for how CQC could make a positive difference. My promise is that we are going to continue to listen, engage and most importantly, ensure that we take the steps that we can as a regulator to get this right. We are commissioning an external review to look at our current systems for responding to staff who come to us with concerns to look for ways of improving the effectiveness of our response.

Next week, Dr Holt is joining our team to help us develop our approach. We will ensure we set clear expectations for how provider organisations should encourage and respond to staff who raise concerns and we will develop a methodology for checking this as part of all future inspections.

I will shortly be writing to all those who attended last week’s event to provide an update and set out plans to ensure we keep the conversation going. Last week was just the start and we will do our best to involve more people as we move forward.

In finishing this blog, I wanted to thank Dr Holt for her help in organising and chairing last week’s event and Will Powell for his invaluable input. I also wanted to thank each and every person who attended for sharing their story and giving up their own time to talk to us. Several CQC staff have told me that they were profoundly moved by what they heard.

The only suitable response to the stories we heard last week is to act. None of us can change what has happened in the past but we must be determined to do our best to change things in the future.

Thank you to everyone who came along and for sharing your comments on Twitter...
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