

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.

[Read all of James Titcombe's blog posts...](#)

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.

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...

 **David Drew** @NHSwhistleblowr · Feb 6
Spent today at CQC #Whistleblowing mtg. My take home message? Whistleblowers must be protected. This will not come from the top. It's US.
Expand ↩ Reply ↻ Retweet ★ Favorite ⋮ More

 **kim holt** @drkimholt · Feb 6
[@NHSwhistleblowr](#) together a force for good.
Expand ↩ Reply ↻ Retweet ★ Favorite ⋮ More

 **David Drew** @NHSwhistleblowr · Feb 6
[@drkimholt](#) We are.
Expand ↩ Reply ↻ Retweet ★ Favorite ⋮ More

 Retweeted by James Titcombe

 **Jennie Fecitt** @JFecitt · Feb 6
[@NHSwhistleblowr](#) [@drkimholt](#) this is such a +ve breakthrough ... Whistleblowers coming together makes a stronger voice to be heard :-)
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