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Whistleblower guardian will 'not be an investigation body'

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National guardian for the freedom to speak up says her office will “not be an investigation body”.

Henrietta Hughes started as national guardian last week.

Dr Hughes says she has raised concerns twice in her career, and says it should be part of NHS “business as usual”.

The national guardian for the freedom to speak up has said her office will not be an “investigation body”, instead issuing “recommendations rather than judgments” to trusts on how they can improve whistleblowing processes.

Henrietta Hughes, a practising GP and the former medical director for NHS England’s North Central and East London area team, started in the national guardian role last week.

Henrietta Hughes

Henrietta Hughes said it would be a ‘pretty risky thing’ for trust boards to ignore recommendations.

The national guardian office was created as a result of Sir Robert Francis QC’s review into NHS whistleblowing last year.

In an interview with HSJ, Dr Hughes stressed that the office would not investigate individual whistleblower cases, but would “set the standards of best practice” for trusts and identify “gaps” against those standards.

“I’m not an investigation body; I’m not an ombudsman organisation; I can’t determine; I can’t impose fines,” she said.

Dr Hughes said attempting to “unpick historic situations that may be in organisations which no longer exist, with members of staff who’ve moved on” would not be the “best use of the small and limited resources that I have”.

She said the cases the office would look at would be decided by a “stakeholder advisory group”, which would include people with experience of whistleblowing.

The case review process would then examine whether the trust met best practice for dealing with people who raised concerns, with the national guardian issuing “recommendations rather than judgments” if they fell short.

When asked how she would ensure the recommendations would be taken seriously, Dr Hughes said “transparency” was key and it would be a “pretty risky thing” for trust boards to ignore them.

“It’s not a punitive thing, it’s about organisational improvement,” she said. “I have to say, working with trusts, when a mirror is held up to show that there are areas that could be improved, in my experience trusts welcome that.”

Dr Hughes said her decision to combine the national guardian role with one day a week of clinical practice would be beneficial “because you don’t set yourself aside from the front line... it keeps everything very real”.

She said raising concerns should be “part of normal business as usual” in the NHS, and revealed she had done it twice in her NHS career.

The first occasion related to a member of staff who had health problems and was receiving treatment that had resulted in them losing “insight into their own clinical abilities”.

“It was a very sad situation, but that member of staff was then supported with occupational health and time off, and it was the right thing to do,” Dr Hughes said.

The second incident involved an administrator who was using a health emergency badge for parking her car and later attempted to pass herself off as a nurse when she received a parking ticket.

“It’s not just about clinical concerns, it’s also about probity,” Dr Hughes said.

One of her first priorities is to develop the network of “freedom to speak up guardians” in every trust.

She said “well over half of trusts” had a guardian appointed but they took different forms, with some organisations recruiting a full-time officer, some appointing multiple people part-time and others contracting an independent guardian service.

Dr Hughes said she would get feedback from the guardians to see if there was a model that was particularly effective, while looking at the “barriers” to appointment for those trusts which still lacked a guardian.

When asked whether the role of national guardian had been undermined by the decision of her predecessor, Dame Eileen Sills, to resign after two months in the post, Dr Hughes said: “That’s not the feedback that I’ve had.”

“Although it’s been really challenging for the interim team because [there’s] been a lot of hiatus and uncertainty, and undoubtedly for the freedom to speak up guardians as well... I’m really interested in looking to the future,” she said.

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As a former whistleblower, (one of hundreds) whose voices has not been properly heard, or listened to, no one can have any confidence whatsoever that anything has actually changed or improved in the last 3 years.

Having raised concerns related to patient safety and corruption for a period of time, to then be subjected to suspension, dismissal, reinstatement only to be subjected to removal by "special leave" followed by a sham redundancy exercise, fighting an ET only to end up with an out of court settlement so the Trusts unlawful actions weren't exposed and the truth never came out, was just a waste of £150,000 of public money that should have gone to patient care. The Francis Report has made little if any difference to the system that the NHS operates under.

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