

Speaking up for whistleblowers

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“The NHS has a moral obligation to support and encourage staff to speak out”, says Sir Robert Francis in his [Freedom to Speak Up Review](#) published last week.

While there may be a “moral obligation”, his evidence cited many cases where staff were not able to speak up, or if they did, they were not listened to.

As David Behan says in the [CQC's response to the report](#), it takes courage for staff to speak up and they need protection. Staff do not raise concerns lightly; it's often a moral dilemma between protecting the patients and protecting their own career.

There are concerning stories of known whistleblowers suffering negative consequences because of their actions. Fear is often a barrier to raising a concern as is a feeling of futility that the situation isn't going to change. Through our inspections, we believe that a well-led organisation will encourage its staff to raise concerns, actively listen to them and take appropriate steps to address the concern. In my conversations with leaders of healthcare providers, I always urge them to keep their whistleblowing processes under continuous review to ensure they are understood and accessible to all.

Sir Robert Francis's recommendation to have a named “Freedom to Speak Up Guardian” in every hospital, to support staff and relay concerns to the board and for us to appoint an Independent National Guardian to review the most serious cases, are welcome.

Creating the right culture

The report talks about creating the “right culture” for staff to be able to raise concerns without reprisal. You cannot underestimate the influence that a Board and leadership team has on the culture of any organisation.

Through our inspection programme we are driving the move toward greater levels of transparency. Our findings are challenging the status quo and we have seen trusts use them effectively to promote improvements in their services. This has obvious benefits to patients. Those of you reading this blog and have concerns around standards of care I would urge you to raise those concerns. Last year we were contacted over 9,400 times with concerns. The feedback we get from whistleblowers forms an important part of our inspection programme as well as our ongoing monitoring of all providers.

Response to Hard Truths

It is the first anniversary since [Hard Truths](#) – the Government's response to the [defining report by Sir Robert Francis](#) into the events at Mid Staffs – was published.

There has been a positive change in culture at CQC with great progress made with many of the recommendations; including a new inspection approach and providing guidance for the new regulations of [Duty of Candour and the Fit and Proper Persons Requirement](#) for Directors. You can read [our response and the actions we have taken](#).

Fundamental standards

I want to draw your attention to the new [Fundamental Standards regulations](#) and our new Enforcement Policy that apply across all health and social care services from 1 April. A key part of our new enforcement policy is the ability for us to prosecute providers for poor care without having to issue a warning notice first.

Update on community and ambulance inspections

We have now undertaken three inspections of ambulance services. The inspections presented a significant challenge given their geographical spread. The inspectors spent time looking at patient transport services, emergency and urgent care, operations centres and emergency planning. Given the scale of the challenge the teams did a great job in gaining a very comprehensive insight into the quality of services provided to patients.

We will need to further refine our methodology for this sector going forward. We are at a point in the roll out of the new approach to inspection where we have been able to provide the trust and the public with credible reports.

There have been some recent changes to inspections of community health services. Given that there is a lack of national performance data in comparison to what is available for acute NHS trusts, I wanted to make sure that we improved the way we judge the Effectiveness domain. We are taking a more patient pathway focussed approach going forward to look at the whole patient journey to include clinical outcomes, service user involvement and impact on carers.

We will be publishing a report in the summer looking at our key findings in relation to community services in both standalone and combined trusts.

And finally...

If you are interested in working for us, there is a variety of inspection and analyst roles we are currently recruiting for. [Full details are available.](#)

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