By email and by post

To
Prof. Sir Mike Richards,
Chief inspector of hospitals,
CQC 10/05/2015

Dear Professor Sir Mike Richards,

I am a consultant Orthopaedic surgeon at Morecambe Bay NHS Trust and a specialist advisor to the CQC. I am writing this letter about the recently concluded CQC inspection at South Tyneside hospital, which took place from 5-8th May 2015. I was a member of the CQC Inspection Team, and my role was that of specialist advisor.
I have some serious concerns about the way the CQC has conducted this inspection process, and in particular the role of Amanda Stanford, (Head of hospital inspections). My main concerns are summarised below.

1. CQC's failure to act appropriately to address whistleblowers' concerns
2. Curtailing my professional independence and undermining or obstructing me from carrying out my duties in accordance with the GMC's guidance, *Good Medical Practice*.
3. Bullying that I experienced at the hands of CQC officials

I would be happy to meet up with you to discuss in person the negative culture which I have witnessed in this CQC process, which if not checked will almost certainly lead to CQC inspections becoming a meaningless exercise and ultimately compromising patient care.

The following is a timeline of events, to give you relevant background information: –

a) I was asked to attend an interview with 5 whistleblowers who came to the hotel where the CQC was staying on the evening of Day 0 of the inspection (5th May 2015). The chair and the chief of inspection were also present in their capacity as CQC officials. All of the whistleblowers were doctors in Orthopaedics, who came with clinical concerns and brought along evidence to back up their concerns. Their concerns fell into two

categories: clinical concerns and concerns abut bullying and harassment. I understood that the non-clinical concerns were being addressed through internal processes. As an orthopaedic surgeon myself, I was able to readily understand the case examples described to me.

b) The doctors' concerns were listened to and they were given feedback that their concerns would be looked into as a part of the inspection process. We also understood that none of the 5 doctors were working at the moment. It was apparent to me that the issues raised by them were serious and, if true, could pose a risk to patient safety, and I therefore relayed that to Amanda Stanford.

c) As a specialist advisor and in accordance with my GMC code of practice, I had a duty to find more about the concerns that had been raised with me, and in the course of interviews I could not get much information on Day 1 as the relevant people were away. I requested a short meeting with Amanda Stanford that evening outside of the general debriefing process. This was requested through my Team leader (Colin Wilson), who was very professional throughout but whom Amanda appeared to regard as strictly under her authority. To my surprise, this meeting request was not granted and I felt that Amanda Stanford was subsequently avoiding any interaction with me. This was in sharp contrast to my experience with other CQC officials from a previous CQC inspection at Southport hospital.

d) I had requested interviews with the clinical lead in Orthopaedics and two other Orthopaedic surgeons to be arranged for Day 2. I requested a scribe from the CQC who could also serve as a witness. I was told by Amanda Stanford, in a manner that I considered to be very rude, that I should not meet with any of them and, in her words, '*I want you to stay away from the issues in Orthopaedics as they are HR issues. I also want you to cancel your scheduled interviews*'. This was said aloud in a demeaning manner without even looking at me. It was like a dictator passing an order. There were other people around and I am sure that a few individuals would have certainly overheard the remarks. I cannot be sure that at this stage whether anyone will admit to hearing it due to the bullying and dictatorial culture, which I observed to be present within the CQC inspection team. I could however notice that there was a perceptible change in behavior to me from the CQC officers who were around Amanda since the time of this episode as I felt that they were trying to avoid me at any cost.

e) I tried in vain to explain that I am not interested in HR issues but the CQC has a duty to look at clinical concerns raised to them. I felt that the attitude towards me was hostile and I also felt that my presence was not needed for the inspection anymore. I was asked to cancel these interviews, which I did to great embarrassment. After the interviews were cancelled, I began to be contacted by orthopaedic consultants wishing to speak to me. One of the doctors was the clinical lead in orthopaedics. I passed this request onto the Team leader, but nothing happened. While I was inspecting a

surgical ward one of the orthopaedic consultants (Mr Houghton-Clemmey, one of whom to be interviewed as per the original plan) came to me and told me that he wanted to speak to me as he had some concerns. I was put in an embarrassing position and I told him that he had to go through my team leader and I gave him the team leader's contact number. The consultant spoke to the team leader and since he insisted, the team leader came down for a short interview, which I found very difficult. He raised some more clinical concerns, which I tried to answer in the best way I could.

f) The following day the other consultant who was also to be interviewed as per the original plan (clinical lead in Orthopaedics - Mr Pizon) followed me downstairs after I finished observing the trauma meeting, asking to speak to me. Again, I was put in a difficult situation and had to politely excuse myself. My colleague specialist advisor in the surgical team (Joan Ruff) was a witness to both these incidents.

g) After this incident, I requested the inspection team chair (Trisha Rowson) to afford me a private meeting but I was told that she was busy going for a meeting and did not have time. I expected that someone would come back to me later but it did not happen.

h) I also felt that the inspection chief did not want specialist advisors to be present while the debriefing was going on. On both days, from 5-6pm, all the teams gathered in the hotel and made their summaries with their respective team leaders. The official debriefing commenced around 6pm for an hour. Before the start of this session Amanda Stanford announced that the specialist advisors could leave if they wanted. This surprised me as I felt this was inappropriate and I was reassured when none left the room. I got the feeling that Amanda Stanford actually wanted us out. The same format was repeated the next day and some advisors left the room but I stayed.

i) I went for two meetings with Amanda Stanford (one with the whistleblowers and another for the consultants' focus group). On both these occasions, I had to forcefully intervene to ask some questions as Amanda Stanford completely ignored my presence and I felt that I was wanted there only as a 'tick box' exercise. Due to this treatment, I politely excused myself from a similar meeting, which was scheduled with the medical director of the Trust. Banning me from interviewing the Orthopaedic clinical lead was also a reason for me not going for this interview with the medical director as I did not have sufficient information required from Orthopaedic dept. On Day 0 itself, I was convinced that the Orthopaedic department was a major area of concern in the hospital. 100% of the SAS doctors (all BME) came to us with concerns and due to whatever reason they were not working in the department. The consultants in Orthopaedics also had concerns. Amanda Stanford told me that processes were being followed for the concerns by the Trust. With the information I was given by the whistleblowers and one of the consultants it

was clear to me that the concerns regarding bullying and harassment were being addressed by the Trust but I saw no evidence that the clinical concerns were being looked into. The 5 whistleblowers clearly told us that the clinical concerns were escalated to the medical director, but nothing was done. I tried to explain this to Amanda but she would have none of it. I also told her that it was inappropriate for the CQC to turn its back on the whistleblowers.

j) There were very few consultants as specialist advisors in the team. I spoke to another consultant who was in the Anaesthesia and Critical Care team who also shared my feelings that we (consultants) were used for 'tick box' purposes during the inspection. I was also not sure how much accountability we carried in the role while at the same time being constrained by the CQC. Although I felt like walking out of the inspection, I held back my personal feelings till the end and have tried to do as much as possible towards a successful completion of the site visit.

k) Specialist advisors are asked to declare their conflicts before any inspection and, as you are aware, if one had worked in a hospital in the previous 20 years, it is considered a conflict. To my surprise, at least one CQC officer told us that the hospital being inspected was his local hospital and yet this was not considered a conflict. It appears that there are different rules for CQC officials and for specialist advisors.

In the light of the above, I am really concerned that patient care is significantly compromised by the behavior of some CQC staff. While all of us are trying to root out bullying in the NHS, it is very worrying that some senior CQC officials are themselves bullies. I am also concerned that the interests of whistleblowers and other doctors who wanted to raise concerns were not looked into during this CQC inspection. I felt bullied by the head of inspection. I also felt that my professional independence was curtailed and undermined in front of other orthopedic colleagues as a result of the behavior of Amanda Stanford. By its own standards, this CQC inspection would not have certainly passed the test of 'well-led' domain if it were applied. I am also not sure how CQC's conduct is regulated, as from my recent experience both the general public and patients are not aware of what really happens within the CQC. I am determined to take this complaint forward to its logical conclusion. I have also decided that till I am reassured by the CQC's integrity to act on these issues, I would be holding myself back from participating in any future inspections.

Sadly, after speaking to a number of my NHS colleagues who have raised concerns with the CQC, including those from the BME community, there appears to be a culture of not listening to whistleblowers or not wishing to take

their concerns seriously. There appears to remain a culture within the CQC, which results in some medical directors and chief executives being let off lightly when whistleblowers have raised concerns. There appears to be a reluctance to explore the fairness of HR procedures for dealing with whistleblowers, even when this amounts to ‘kangaroo courts’, as eloquently described by Sir Robert Francis in his recent Report. Within the CQC, there appears to remain a bullying culture, which aims to suppress dissent.

I hope you will look into these matters as a matter of urgency. I am copying my concerns to the Health Select Committee, so that – if need be – they can be raised at the next CQC accountability hearing.

Thanking you,

Yours sincerely,

Mr Shyam Kumar
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cc D Prior, D Behan, Dr S Wollaston, Chair Health Select Committee