

## Raising concerns in the NHS

Clinical scientists are obliged by the HCPC to take appropriate action and report any concerns about patient safety<sup>1</sup>. Other registered healthcare professionals are under similar obligations. They may however be unaware of the risk of reprisals against them by hospital managers more concerned with reputation than the concerns raised. This alarming state of affairs has been well documented in publications such as the report of the *Freedom to Speak Up Review*<sup>2</sup> and *Learning not blaming*<sup>3</sup>.

A growing number of scandals have come to light where the standard of care in hospitals fell far below acceptable levels, resulting in the avoidable deaths of many patients<sup>4,5,6,7</sup>. In some cases healthcare staff who have raised concerns have, to their astonishment, found themselves perceived as troublemakers and been subject to disciplinary procedures including dismissal, loss of career and worse<sup>8,9</sup>. Such retaliation has been described by the Parliamentary Health Select Committee as “a stain on the reputation of the NHS”<sup>10</sup>.

Many NHS whistleblowers are ambivalent about the term – they are after all simply doing their job, and are unprepared for the hostility with which their concerns are all too often received by misguided employers. This is now a hot topic, with growing unease at high level within the Department of Health, Care Quality Commission and NHS England. There is recognition of the need for substantial culture change to remedy the current highly unsatisfactory situation. A number of initiatives are underway, including creation of *Freedom to Speak Up Guardians*.

This poster summarises responses of the government and arms-length bodies responsible for the NHS in England. It outlines the legal position, notes the questionable use of public sector resources and describes such support as exists for whistleblowers who unexpectedly find themselves targeted after raising concerns in the NHS.

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<sup>1</sup> Health and Care Professions Council (2016). Standards of conduct, performance and ethics

<sup>2</sup> Francis R (2015). *Freedom to Speak Up – a review of whistleblowing in the NHS*

<sup>3</sup> Department of Health (2015). *Learning not blaming – government response to the Freedom to Speak Up consultation, Public Administration Select Committee report ‘Investigating clinical incidents in the NHS’ and the Morecambe Bay investigation*

<sup>4</sup> Kennedy I (2001). BRI Inquiry Final Report. *Learning from Bristol – the report of the public inquiry into children’s heart surgery 1984-95.*

<sup>5</sup> Dr Foster / Dept of Health (2001). *Hospital death rates after heart bypass surgery or treatment for stroke or broken hips*

<sup>6</sup> Francis R (2013). *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*

<sup>7</sup> Mazars (2015). *Independent review of deaths of people with a Learning Disability or Mental Health problem in contact with Southern Health NHS Foundation Trust 2011-15*

<sup>8</sup> Holt K (2015). *Whistleblowing in the NHS – time for a public inquiry to tackle ongoing problems with bullying, intimidation and reprisals.* Br Med J 1 May 2015

<sup>9</sup> Jarman B, Bailey J, Bolsin S et al. *Whistleblower law.* The Times, 10 Feb 2016

<sup>10</sup> Parliamentary Health Select Committee (2015). *Complaints and raising concerns: treatment of staff raising concerns*