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Whistling in the wind [1]

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Andrew Lansley has provided a new, from 1st January, independent helpline for NHS staff with concerns about malpractice. The line (08000 724725) is operated under the auspices of Mencap and is already very busy. The questions though are whether the whistleblowing needed to improve the NHS will take place and the NHS be any more transparent as a result.

Any large organisation hates to have its faults brought to public attention. Counter to policy as it may be, whistleblowers can be victimised, or fear they may be victimised. Yet we need the sunlight, the best disinfectant of engrained malpractice.

The NHS management organisation has posted, in line with the new helpline the admirable policy ?NHS Employers supports NHS organisations to promote a climate of openness, in which staff feel free to raise concerns in a reasonable and responsible way, without fear of victimisation.? Note that NHS organisations are free to set their own rules; ?NHS Employers? is advisory. As part of that they promote a booklet written for them by the independent charity Public Concern at Work which was set up to help whistleblowing in 1993. The booklet ?Speak up for a healthy NHS? is entirely admirable.

The questions, though, are the extent to which NHS organisations follow those guidelines at the policy level and whether they do so in practice. Some use the term ?whistleblowing? purely to mean internal reporting of concerns. External publicity is not even considered. Taking three hospital trusts at random, the Norfolk and Norwich Hospital lays out an admirable set of policies on its website whereas searching the Basingstoke and North Hampshire Foundation Trust for ?whistleblowing? or ?speaking out? produced nothing at all. St George?s Hospital also appears to have nothing about whistleblowing on its website beyond a concern that the whistleblowing policy should be observed so far as fraud is concerned.

These are just three hospitals. A full study would require a formal survey and maybe that of itself would help best practice. Using websites is valid because that it where an employee thinking of blowing the whistle would be likely first to go.

The original trigger for this blog is concern that problems will still be covered up rather than exposed to sunlight. Yes, it is better that they are dealt with internally, if they are, but serious unchecked malpractice should be exposed.

Chatting with a Mencap helpline responder, it became clear that their advice would never include talking with the media. They see their more as counselling, including raising the matter with regulators or other helplines if the NHS employee is not satisfied. But this could simply enmesh the potential whistleblower in a bureaucratic spider?s web.

Lansley?s initiative is the third in recent years: 1993 saw the creation of ?Public Concern at Work? and then the Public Interest Disclosure Act 10 years later. The recent string of cover-ups and the need for the new helpline indicate that the earlier responses did not work. It is not obvious that the new one will work any better.

The government now needs to get tougher, for example, by requiring Mencap to publish statistics on the calls they receive and the outcomes as well as concerns that need public attention. Mencap should obviously provide anonymity for whistleblowers that are concerned about possible victimisation whatever their employers? policy documents may say. Whistleblowers need to be heard.

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[4] http://disqus.com