

# BMJ investigation raises concerns over NHS whistleblowing policies

May 19 2010

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Despite laws to protect NHS workers who wish to raise concerns about patient care, a *BMJ* investigation reveals that some NHS trusts still make it hard for staff to speak out.

The *BMJ* obtained whistleblowing policy documents valid up to November 2009 from 118 of the 122 NHS foundation trusts.

The documents were then compared against six standards set out in guidance produced by Public Concern at Work, an independent authority on [public interest](#) whistleblowing that also runs a helpline for NHS staff. These include taking [malpractice](#) seriously, giving staff the option to raise concerns outside of the trust, and respecting the confidentiality of staff raising concerns.

The results, published in the [British Medical Journal](#) today, show that some trusts do not have measures in place to protect whistleblowers.

Twenty two of the 118 trust policies do not give examples of types of concerns to be raised, while four do not mention the option for a person to raise concerns outside of the trust.

More than a third of trust policies say staff can go outside the trust with a concern, but insist that a person goes through management first. Some mention that staff must go to an outside organisation "in good faith" but warn that there may be disciplinary action if they go to them unjustifiably.

A fifth of trust policies do not specifically say they will respect the confidentiality of the whistleblower, or it is not clear that they will do, and 106 trusts mention sanctions against any malicious or false claims made.

Twenty two trusts mention "disciplinary" in their policies, a term unlikely to make potential whistleblowers comfortable in coming forward with a concern, while 30 trusts mention staff have a duty, implied duty, or loyalty to the trust as well as to patient confidentiality.

Commenting on the results, Peter Gooderham, a law lecturer at the University of Manchester, says trusts should give assurances of protecting the whistleblower's confidentiality. "It should be made clear that the finger won't be pointed at them if they take steps to raise a genuine concern," he says.

He argues that policies need to be user friendly and encourage people to raise concerns. "We need some positive recognition for people who have raised concerns ... they shouldn't be treated as troublemakers, ostracising them, suspending them from work, and so on," he writes.

To address these issues, Public Concern at Work will launch a policy pack, developed in conjunction with a Social Partnership Forum working group, on whistleblowing for distribution throughout the NHS in June. It also recommends that trusts audit, review, and check how their whistleblowing policies are performing in practice and promote their use to staff regularly.

The BMA is also aware of the problems that some whistleblowers can face. Dr Mark Porter, Chairman of the BMA Consultants' Committee, says: "We get very concerned about doctors who fall foul of these whistleblowing policies while following their professional duty. Members continue to raise examples with us, and there are high profile

cases, some of which take place in organisations that have good policies. The BMA will support members before, during and after they raise concerns."

According to a BMA survey, around 1 in 7 hospital doctors in England and Wales who reported concerns said that their trusts had indicated that by speaking up, their employment could be negatively affected.

Provided by British Medical Journal

Citation: BMJ investigation raises concerns over NHS whistleblowing policies (2010, May 19)  
retrieved 25 April 2024 from  
<https://medicalxpress.com/news/2010-05-bmj-nhs-whistleblowing-policies.html>

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