

COMMENT

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NARINDER KAPUR ON PROTECTING WHISTLEBLOWERS

The NHS needs a staff support commission

A new body could deal with issues such as whistleblowing, staff wellbeing and redeployment of out of favour workers

The Francis report, the Berwick review and Ann Clwyd's review of the NHS complaints system all require that we have a long, hard look at how the service is run, and the government is to be given credit for its response.

There are two sides to a well run health service: the wellbeing of patients and the treatment of staff. There are many indications that if staff who raise concerns are not listened to, it leads to poor patient care.

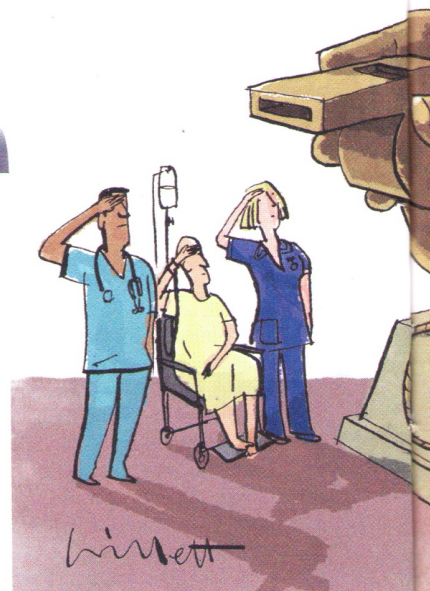
Issues around the treatment of staff are so diverse and complex they warrant a distinct body with this remit. I propose there should be a staff support

commission. It would not regulate, but provide specialised support in four main areas: whistleblowing, staff wellbeing, mediation and redeployment.

There are many ways to "skin a whistleblower". Some trusts suspend or dismiss them for a "breakdown in relationships", which will inevitably arise if staff keep raising concerns; or for "bringing their employer into disrepute", which is inevitable if they go public with them. Whistleblowers must be praised and rewarded for their courage in risking their livelihood for the sake of patient safety.

The commission would

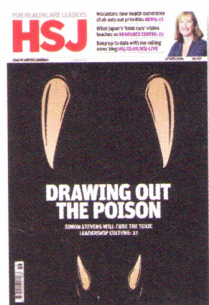
scrutinize how people who raise concerns are treated, listen to their stories, see whether they have been subjected to unfair disciplinary procedures and whether they got their job back if their concerns are vindicated after suspension or dismissal. It could also oversee an award scheme for whistleblowers. The commission would also gather evidence on the fairness of disciplinary hearings at an organisation, and whether they were more than show trials. It would affirm whether independence, expertise and plurality were followed in the hearings, with at least an



independent chair and two independent panel members – one of whom is an expert in the field of the member of staff. An observer would go to hearings that involved someone who had raised concerns, or where there was an attempt to dismiss someone on the often contrived grounds of "breakdown in relationships".

It would also speak to those who were unfairly suspended or dismissed, and consider issues such as vexatious referrals to regulatory bodies. It would talk to past employees – especially those who raised concerns – since they are more likely to be

KIERAN WALSH STEVENS WILL DRAW THE POISON FROM NHS LEADERSHIP



For a long time the dominant management culture of the NHS, epitomised by the previous NHS England chief executive Sir David Nicholson, has been deeply toxic. It may not make me popular to say this, but there has been a generation of largely white, male, middle-aged and older, time served NHS managers in charge, who have spent their entire careers in the service. Their time in the machine bureaucracy and their long experience of top-down, hard nosed, sometimes bullying management – both on the receiving end and giving it out – has left some of them cynical, self-interested and demotivated.

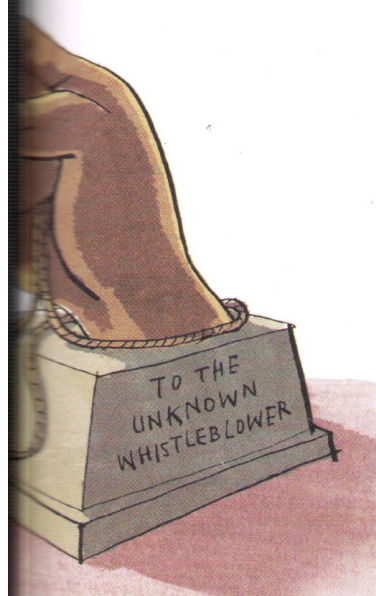
Each NHS reorganisation has been an opportunity for career and salary enhancing job hopping or, for some more recently, a big payoff and pension enhancement. Some of

these very senior managers have been appalling role models and their behaviour has helped shape the political and public narrative that casts NHS managers as pen pushers, bureaucrats, grey suits and amoral axe men.

It strikes me that many of this ilk reacted to the findings from the Francis and Berwick reports about NHS culture with sanctimonious hand wringing and unconvincing statements about how things must change. They did not accept responsibility for how things were, or recognise how out of kilter the NHS values they espoused were with the way they actually behaved. But a fish rots from the head. They were in charge – many of them needed to go and some have.

Now, things are changing. There is a new generation of

NHS managers: younger, female and male, a bit more ethnically diverse, more emotionally intelligent and socially aware, and far more entrepreneurial and creative in their thinking. They are more likely to have had a proper management education and to have continued their own professional development in their career. They often have experience outside the NHS; in other parts of the public sector, the private or third sector, or outside the UK. They understand modern service improvement methods, and know how to use data properly, to analyse performance, pinpoint the causes of variation, and change clinical services. They have grown up working closely with doctors and nurses. They understand the clinical evidence base and clinical service issues much better, and as a result they



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for dirt” about staff who have raised concerns.

The commission would gather data on staff wellbeing within a hospital, the occurrence of discrimination, how much impaired wellbeing is due to working conditions, and what support services are in place for staff who suffer stress or ill health. It would liaise closely with bodies such as the General Medical Council and the National Clinical Assessment Service. It would see whether support services for doctors are effective, and use the latest psychological research in the field. It would also ensure such services and support are extended to all staff.

A dedicated mediation unit within the commission could advise and help managers and staff resolve disputes before they incur the major costs and time associated with commercial mediation or legal action. It would liaise with organisations such as the British Medical Association and ethnic medical organisations.

Commercial mediation services exist, but are often guided by legal concerns and

their expertise and experience with NHS staff can be limited. Nipping disputes in the bud at an early stage would save the huge amounts of money spent on legal confrontations, and help to find amicable solutions early.

Where a staff member has been suspended or dismissed, it is not at all viable or practical for them to go back to their employer, and where there are no major issues relating to conduct or performance, serious attempts should be made to redeploy them. A redeployment unit would help employees readjust after their ordeal and find alternative posts. This is a major issue, since staff who find themselves out of favour with a healthcare body can be blacklisted. Such a scheme has been pioneered in Wales.

People can find it difficult or impossible to get work if they have “suspended”, “dismissed” or “referred to regulatory body” after their name. ●

Narinder Kapur is a consultant neuropsychologist at Imperial College Healthcare Trust and visiting professor of neuropsychology at University College London.

have more credibility with the health professions.

I’ve spent much of the last decade helping to run the education programme for the NHS graduate management training scheme, a great programme that recruits bright, talented, able future leaders but after two years of intensive development leaves them to sink or swim in the NHS. At times in the past, I’ve heard deeply depressing accounts from ex-management trainees of their experiences after the scheme, working for the “old guard”.

But now many of them are in positions of increasing power and influence in the NHS, and this generation has the chance to challenge and change the leadership culture, rather than accept it as the status quo.

The new NHS Leadership Academy programmes, which

are bringing management and leadership development at scale to managers and leaders from all professional groups in the NHS for the first time, are a tacit admission that in the past, leadership capacity and competence were neglected.

Simon Stevens’ return to the NHS, to succeed Sir David, is a recent, high profile sign of the changing times. While the reaction in the NHS to his return has been a bit hysterical, that may reflect a wider sense that it marks a changing of the guard.

He gave an intelligent, historically aware, politically savvy and nuanced speech at the NHS Confederation conference, which used research evidence and argument in a way his predecessor never would have done. I heard some delegates say they thought it was too academic, which says more about them

than it does about Mr Stevens.

He has already embarked on clearing the decks at NHS England, and focusing that monstrous quango on what it is really there to do. The challenges he faces are enormous, not least because the departing generation of senior NHS leaders have left an almighty mess to clear up. But I feel more optimistic about the future for NHS management than I have done for some time, because I think we’ve never had such a strong cadre of senior and middle level leaders, such investment in leadership growth and such an opportunity to change management culture for the better. ●

Kieran Walshe is professor of health policy and management at Manchester Business School. Emerging leaders pen the future, Resource Centre, page 32

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