Whistleblowing saves lives

A FORMER staff nurse, Colin Norris, was convicted in March of murdering four elderly patients who were in his care at The Leeds Teaching Hospitals NHS Trust. He had injected them with lethal doses of insulin and was prevented from killing again only after a professional colleague noticed something amiss. Detective chief superintendent Chris Gregg said: ‘If it was not for the actions of Dr Emma Ward … more patients could have died.’

In October last year, the Healthcare Commission issued a damning report of its investigation into significant failings in infection control which caused, or probably caused, at least 90 deaths at Maidstone and Tunbridge Wells NHS Trust, Kent.

The investigation found that ‘clinical staff repeatedly raised concerns about moving patients because of the likely spread of infection, but no effective action was taken to stop this happening’. In short, the nurses’ concerns went unheeded.

The fact is that every organisation faces the risk that something can go seriously wrong, and whether this is caused by the rare case of deliberate malpractice or, as is more likely, because of substandard practice or a serious mistake, the people who are most likely to suspect it are those working in or for the relevant organisation.

Nurses and all those working on the front line must be encouraged to speak up when they spot a serious problem they are unable to address themselves. In practice, this means identifying and promoting safe ways for them to raise concerns outside line management or, if necessary, outside their organisations.

This issue of Nursing Management reports on a whistleblowing survey that we at Public Concern at Work ran with Nursing Standard. The survey found, perhaps unsurprisingly, that the number one reason nurses cite for not raising a patient safety concern is that nothing will be done. Notwithstanding this, the good news for patients is that nurses are blowing the whistle.

Of the two thirds of nurses who said they had had a serious patient safety concern in the past three years, 87 per cent said that they had raised it. It is disheartening however, that more than one third said they had suffered professionally for speaking up and a worry that one quarter said the risk they identified had gone on to cause patient harm.

The most startling findings were the differences between the responses of nurses who said their organisations did little to promote whistleblowing well and those of nurses who said their organisations did little to promote the issue.

Whistleblowing has been recognised as a key clinical governance tool for many years and all NHS trusts have been expected to have relevant policy in place since 1999. That four out of five nurses who responded to our survey stated that their organisation does little to promote whistleblowing is simply indefensible.

The facts are simple: nurses working in organisations that take whistleblowing seriously had 20 per cent fewer serious concerns. The vast majority of these said their concern had been handled ‘well’, thus protecting more patients. Less than one quarter said they suffered any come-back for speaking up, and nurses were three times more likely than those in organisations who do little to promote whistleblowing to describe their organisations as ‘open’ or ‘very open’ with the public.

Making whistleblowing work costs little but requires strong leadership and good governance. There is little point in having a policy or setting up arrangements if staff do not know about them or trust them. Where good whistleblowing arrangements are well promoted, patients benefit. They make the difference between good nurses doing as well as they can and excellent organisations delivering high quality health care. It’s time to spread the news.