A Review of Concerns (Complaints) Handling within NHS Wales

Dear Mr Evans,

Further to your meeting with Dr Richard Lewis, Welsh Secretary of BMA Cymru Wales on Thursday, 20\textsuperscript{th} March 2014 where Dr Lewis gave an overview of the BMA Cymru Wales’ position on the review and also conveyed the Association’s position on a range of related matters with regard to concerns raised by BMA members in Wales, I am pleased to provide you with our formal comments in response to your review.

BMA Cymru Wales has been a strong supporter of the general principles of the Putting Things Right policy agenda ever since the original Welsh Government Consultation in April 2010.

We are aware that this latest review is looking into the way in which the NHS in Wales responds to concerns and complaints from a patients and users perspective, rather than from a staffing perspective. However, as the two are intrinsically linked we do have a number of points we wish to make.

Firstly, a number of the key concerns we raised in 2010 remain unaddressed by the new architecture. In that response we stated that:

\textit{“To improve patient safety levels and encourage robust reporting of concerns, a vigorous overhaul of the blame culture which is endemic in NHS Wales is urgently required. This overhaul will not be achieved by structural change alone.”}

From our members we know that this blame culture still very much exists, that the new arrangements have done very little to address this, and that the current culture in NHS Wales poses a considerable barrier to improving the reporting and handling of concerns (from both patients and staff). Furthermore, staff still feel vulnerable and unsupported when complaints and claims are being investigated or when raising concerns themselves.

Ysgrifennydd Cymreig/Welsh Secretary: Dr Richard JP Lewis, CSJ MB ChB MRCGP MFFLM Dip IMC RCS(Ed) PGDip FLM
We also said previously:

“It is fundamental for any complaints procedure to adopt a whole system approach and should not target the individual. It is inevitable that patient safety would dramatically improve (and therefore complaints be reduced) if the NHS functioned more efficiently. Investigations need to look at systems failures including clinical governance arrangements, and not just clinical errors – overstretched services and overworked employees are often the reason for patient dissatisfaction.”

Doctors have a professional duty, under Good Medical Practice, to raise concerns. Concerns in the workplace can vary in nature but they will all have one common factor: ensuring patient safety.

However, we know that doctors and other healthcare professionals can sometimes be fearful about reporting concerns and worried about the implications of doing so for their practice and their ongoing relationships with management and other colleagues. Doctors also report feelings of disempowerment, and feel unable to pursue their concerns or to press effectively for change. Junior doctors particularly have concerns in this area.

As a Professional Association we are committed to supporting our members who face difficulties for having raised a concern in the workplace. Although the current arrangements do little to reassure doctors that they can voice a concern without reproach - we wonder how many NHS employees / contractors think twice about speaking out.

We believe that not only should the current review be looking at how patients concerns are handled (i.e. in relation to the processes followed after a concern is raised) it should also be looking at the issues that have generated the concern / complaint from patients in the first place. A significant part of that agenda would require listening to, and engaging supportively and effectively with, NHS staff.

If there was an open and supportive culture for staff to voice concerns many issues could be dealt with before they became concerns or complaints from patients further down the line.

We agree that the overall principles set out in Putting Things Right align very closely with the recommendations made by Robert Francis following the Mid Staffordshire Inquiry. Many of these carry huge resonance with front-line clinical staff in Wales.

As such, BMA Cymru Wales has been discussing the implications of the Francis report and the deficiencies in ‘Whistle-blowing’ in NHS Wales for some time and are currently formulating a position paper on this specific issue. Since the content of the Welsh NHS Organisation Whistleblowing / Right to Raise Concerns in the Public Interest Policy is, in our view, not fit for purpose.

The British Medical Association believes that if NHS Wales is to have a truly open and transparent culture, a fundamental change in attitude towards reporting concerns and being honest about errors or poor care is essential. There are a number of ways in which staff can be encouraged and assisted in doing this, but improvements in process and support can only go so far. Ultimately what is required is demonstrable leadership, an example which staff can follow. Doctors have a unique role to play and, backed by their professional code, can be at the forefront of leading this crucial change in attitude.

We would welcome the opportunity to explore these issues further - both as part of the Putting Things Right agenda and as a separate piece of work looking into supporting doctors, and other healthcare colleagues, to raise concerns.

Yours Sincerely,

Lucy Merredy
Head of Policy and Committee Secretariat, BMA Cymru Wales.