Accountability and Transparency in the NHS

Dr Sarah Wollaston (Totnes) (Con):

I want to start by thanking the vast majority of staff in the NHS, who go to work every day motivated to serve their patients and deliver world-class care.

We should not think that we can just return to the halcyon, storm-free days of the 1970s, when NHS care was perfect. Before I started medical school, I worked as a nursing auxiliary, which would now be called a health care assistant, in what was then known as a geriatric hospital. I have no wish to return to the days of vast, mixed wards and a rather authoritarian approach to care. I would far rather the NHS of today than that of the 1970s.

However, the mantra that the NHS is the envy of the world sometimes gets in the way of providing decent feedback and criticism when things go wrong—and after listening to the words of the right hon. Member for Cynon Valley (Ann Clwyd), who could say that things do not go wrong? The failures at Mid Staffs, and the fact that more than 1,000 people died in a single hospital, are truly shocking. Robert Francis told the Health Committee that he had spent three years of his life “listening in horror”—how shocking! It is hard to imagine any other institution or organisation where death on that scale would not have led to prosecutions, yet too often in the NHS it is not prosecutions that follow but promotions, just as it was in this case.

It has, unfortunately, become something of a heresy to criticise the NHS, and my comments are not to be interpreted as criticising the vast majority of staff, but rather as a means of considering how we can help those staff and their patients. It is vital that NHS staff are free and feel safe to raise concerns. This week, at a meeting in the House that I was chairing, Robert Francis spoke about “complaints being a gift”, but that is not the experience of staff or patients within the NHS.

The Health Committee conducted an inquiry into complaints and litigation in the NHS that reported in June 2011, and I wish to read from the chilling evidence that we heard from Nicola Monte. She spoke of her experience of being barrier-nursed in Stafford, and said that a nurse came into her room and berated her saying, “I have been off sick because of you complaining about me. Do you realise the suffering you have caused me?” Too often, staff end up feeling that they are victims because “as they know they are often scapegoated for what are system failures, often by management. That runs throughout the NHS; the response to complaints is defensive and dismissive and that must change if we are to implement what Robert Francis rightly recommends as a new culture change of openness, transparency and candour within the NHS.

I hope, however, that no one will think that introducing a statutory duty of candour can be a single approach. That will not work without a culture change that supports and welcomes complaints as a “gift” to identify problems and improve care. I hope the Government will implement in full the recommendations made by Robert Francis so that complainants are regarded not as the problem but as part of the solution.

I particularly welcome the Secretary of State’s announcement that gagging clauses are to
be outlawed with immediate effect throughout the NHS butâ€”I hope he will not mind me saying thisâ€”that must extend to the top of the system. Would the Secretary of State feel it appropriate for David Nicholson's secretary to have the following clause in his or her contract:

"That they should avoid associating themselves with recommendations critical or embarrassing to the NHS commissioning board."

I think we would find that wholly unacceptable, yet, if I may refer Members to the ministerial code of conduct, the Secretary of State's Parliamentary Private Secretary, who is not a member of the Government, has exactly that clause within his contract. That is something we have to change because the culture of the NHS must extend from the Department of Health to the nursing auxiliary or health care assistant at the bedside, and to patients so that they and those around them feel safe and able to raise complaints.

Mr Cash:

Is my hon. Friend aware that Public Concern at Work, to which I referred in my witness statement on Stafford hospital, has played a big role in highlighting whistleblowing and has set up a commission to look at that issue? The outlawing of gagging clauses should apply not only on severance, but also emphatically when people are in post so that they can be properly protected when acting in the public interest.

Dr Wollaston:

I absolutely agree. This is about starting to identify the culture and values of the people we employ in the NHS, and making it clear that not only does everyone in the NHS have a duty to bring forward concerns, but that those concerns will be welcomed and acted on. I would like everyone in the NHS to have an individual to whom they can go and feel safe in raising their concerns. I thank my hon. Friend for raising that point.

My hon. Friend the Member for Reading East (Mr Wilson) has told me that he does not feel that he has been gagged, which is great, but there is still an important point of principle: as a PPS, he is not able to speak in this debate. We want everyone, from the very top of the NHS and the Department of Health, right through to the bottom of the system, to feel that they are fully free to raise any concerns they have, wherever they may be.

After the Bristol heart scandal, whistleblower Stephen Bolsin was asked how we could prevent this from ever happening again. He said: "Never lose sight of the patient."

His whistleblowing cost him his career. He first raised the alarm in 1989. His work over six years to raise his concerns remains one of the single most important improvements in clinical outcomes in the NHS--that is how important whistleblowers are to our system. Yet the scandals keep happening. Would it not be a tragedy if, five years from now, we were still saying, "We need to put patients at the heart of everything we do in the NHS"? It is time to make that happen.

Hansard