

Help us, doctor. We're frightened of being ill in Cover-up General



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When the Labour MP Ann Clwyd spoke movingly about her husband's shocking treatment in a Welsh hospital two years ago, I thought it heralded a new era of glasnost.

Thousands of patients, relatives and staff started writing to Clwyd with similar stories and to journalists such as me. As the Francis inquiry painstakingly unravelled the tragedies at the Mid Staffordshire Foundation NHS Trust, there was a feeling within the health service that the system would regain its pride and stature if problems were dealt with openly, not behind closed doors.

How naive I was. On Thursday, 18 months after Clwyd's husband died in the University Hospital of Wales, Cardiff, UHW published a report dismissing most of her complaints. The trust found there was "insufficient evidence to uphold" her claims that Owen Roberts had been treated "like a battery hen" by "cold" nurses. It did, however, admit that he died of "hospital-induced pneumonia". That speaks for itself, really. As does the tone of the report. Clwyd has said that when she rang in for updates, she was told she could not speak to her husband because there was no bedside phone. The hospital's response? "There is a lack of evidence to uphold the concern that a bedside facility telephone wasn't available."

What kind of organisation uses such language to rebuff a grieving widow? What land of double-speak are we in here? The published report is only a summary of an internal one. But the bald rejection of Clwyd's claims, line by line, can be read only one way. It is an attempt to imply that this brave woman, who was the first MP to highlight the plight of the Kurds, who campaigned successfully to ban female circumcision, who served on the NHS royal commission, decided for some unfathomable reason to lie about the treatment of the man she loved.

The report reads like a parody of legalistic paranoia. It is probably impossible to prove conclusively whether, for example, nurses "ignored" Clwyd and her husband. What managers should care about is that this is how she felt — and they should ask themselves why. All organisations make mistakes. The best, including NHS hospital trusts, acknowledge problems and take action. The worst try to smear their critics and cover up.

Clwyd used her profile to attack UHW very publicly. It is not entirely surprising that the hospital wanted to hit back. But it should never have come to this. The hospital has now agreed to appoint a properly independent investigator. It should have sat down with the MP two years ago, taken her seriously and got to the truth.

It would be easy to feel sorry for Clwyd, but also to assume that perhaps her husband was a tragic victim of an unusually busy A&E department on a bad day. Sadly, that seems unlikely.

Last week I spoke to a doctor from a different

hospital whose mother recently died at UHW. He says he was appalled by errors that resulted in her succumbing to a common, treatable condition. This man loves the NHS. But a month after raising his concerns he has heard nothing.

The impression of an organisation on the defensive is reinforced by UHW's treatment of Peter O'Keefe, a heart surgeon who raised concerns about a patient who suffered a serious brain injury after a ventilator was disconnected.



IF MPs AND DOCTORS CAN BE TREATED WITH SO LITTLE RESPECT BY A PRE-EMINENT HOSPITAL, WHAT HOPE IS THERE FOR ORDINARY PATIENTS?

Since 2012 O'Keefe has been suspended on full pay, ostensibly for bullying staff. But most of the bullying seems to be coming from the trust.

If MPs and doctors can be treated with so little respect by one of Wales's pre-eminent hospitals, what hope is there for ordinary patients?

The British government is about to create a duty of candour, which will force all hospitals to be open and honest with patients and relatives about incidents of significant harm. The duty is known as "Robbie's law" in honour of the Powell family in Powys, who have campaigned heroically to end cover-ups in the NHS since losing their son 20 years ago.

The duty of candour is probably the greatest

single advance in patient rights since the NHS was founded. But it will apply only to England. Wales is a separate fiefdom. There, any attempt to raise concerns about patient safety is seen as an English plot.

Last November Sir Bruce Keogh, the medical director of NHS England, sent an email to his Welsh counterpart. Keogh was in the process of investigating 14 English hospital trusts with worryingly high mortality rates. He suggested there were six trusts in Wales that should also be investigated and he offered to help.

Keogh is an amiable cardiac surgeon who wants the best for patients. From the response he received you would have thought he was a rampant imperialist. The British Medical Association in Wales described his comments as "wicked slander". The Welsh government said there was no need for an inquiry: Welsh and English data were not comparable.

It is quite true that mortality data is calculated differently on either side of the border. But other data is comparable: on, for example, waiting times for diagnostic tests. The latest figures suggest that 42% of people in Wales wait more than six weeks for scans and other diagnostic tests, compared with 1.8% in England and 3.8% in Scotland. This is not a blip; it is a gulf that directly affects individual chances of survival.

Given this backdrop, the complacency of the Welsh government is bewildering. Last week I spoke to Gareth Williams, who is campaigning with 100 other patients for a public inquiry into hospitals in Bridgend, Swansea and Neath Port Talbot. He believes there has been "a major cover-up" and the Welsh watchdog is "dysfunctional". He claims his own mother was badly treated. "I'm not political," he says, "but we've had one party in charge for 14 years. They don't want an inquiry because too many skeletons will be exposed."

With Labour holding a slim majority in the Welsh assembly, opposing parties are bound to make political capital out of the situation. Ministers complain that opponents are exaggerating the problems, and perhaps they are. But that does not justify ignoring patients.

Personally, it sticks in my craw to be told that those of us on the wrong side of the border have nothing to say. I am part-Welsh. My in-laws are Welsh. Wales is not another country to us; it is a place where some of our nearest and dearest are in the hands of hospitals that may be failing.

No one should be afraid of the NHS. Yet too many people are scared to become ill. Too many people, staff and patients, are afraid to complain. As Clwyd said to me last week: "How many people will go down this road [challenging a hospital] if they know how emotionally exhausting and financially draining it is?" A system that has treated her and her late husband with such contempt is a system that needs a very bright light shone down every single corridor.

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