



JA/RB - NNHSRMC

11th September 2007

Sian Watkins
 Committee Clerk
 Legislation Office
 National Assembly for Wales
 Cardiff Bay
 CF99 1NA

Dear Ms Watkins

Consultation - Proposed NHS Redress (Wales) Measure Committee

Thank you for the opportunity to contribute to the consultation on the proposed NHS Redress (Wales) Measure Committee's work in scrutinising the proposed Measure. This response is made on behalf of Blaenau Gwent Local Board following consideration by LHB Board Members and Officers of the organisation.

The Local Health Board since its establishment has taken very seriously any complaints or concerns about local services and local health care organisations. The LHB has positively responded to the current national standards set for the management of complaints and the Local Health Board has used concerns and complaints about services and local professionals to further develop the quality of our local health services. The LHB also has a Board Champion to ensure that the LHB meets its responsibilities to local people in relation to complaints.

Complaints to the Local Health Board and our local primary care practitioners are important ways through which we understand how our services are delivered, received, understood and whether they meet the needs of local people. The Local Health Board aims to learn from complaints and concerns to enable us to continue to improve services, build on best practice and provide services that are of the highest standard and quality. The LHB continues to work with the Gwent Community Health Council to facilitate complaints and ensure local people have access to an independent advocacy service. The LHB also works closely with the Welsh Risk Pool (WRP) on risk sharing and mutual assurance and works to meet the WRP's standards, which include standards on Complaints, Incident and Hazard Reporting and Facilitating Safe Primary Care. The LHB has also developed positive working relationships with the National Patient Safety Agency and has a well developed Clinical Governance Framework and Development Plans, which are now linked clearly to the Healthcare Standards for Wales.



Llys yr Einion,
 Heol yr Eglwys,
 Abertillery,
 Blaenau Gwent, NP13 1DB
 Ffôn: 01495 325400
 Ffacs: 01495 325425
 e-bost: enquiries@blaenaugwentlhb.wales.nhs.uk

Anvil Court,
 Church Street,
 Abertillery,
 Blaenau Gwent, NP13 1DB
 Telephone: 01495 325400
 Fax: 01495 325425
 e-mail: enquiries@blaenaugwentlhb.wales.nhs.uk

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Having considered all these aspects of our current activity to ensure that we respond positively, but also learn from the experiences of patients to improve services, the LHB welcomes the proposed NHS Redress (Wales) Measure as it is considered that it is important that NHS patients have fair and equal access to compensation when things go wrong and this system would allow for the easier settlement of negligence claims, where this is appropriate. Therefore, the LHB supports Option Three as outlined in the consultation documentation.

However, the LHB in considering the proposals has a number of questions and points of clarification, which it is considered should be made clear or further examined prior to finalisation of the Measure before it becomes a regulatory requirement in Wales.

Firstly, on page 15 - Item 7.18, it is proposed to develop skills of staff to be able to undertake appropriate investigations etc. It is suggested that sufficient lead in time is required for developing these skills and training staff prior to the introduction of new regulations. Otherwise, patient and public expectation might not be met immediately if the service is ill prepared to respond as proposed. Key to this will be developing a clear set of competencies which staff must meet, identifying the right people, building their skills and knowledge and ensuring that organisations have adequate additional funding to support this approach both in terms of expected claims, but also in relation to the training of staff, potential employment of new staff and the new systems and processes, which will need to be put in place.

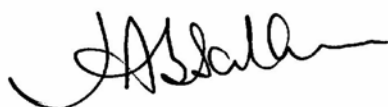
Building on the previous point, Page 18 - Item 8.10, explains that financial costs are currently uncertain and that they form part of the detail to be identified. Item 8.13 on Page 19, also recognises specifically that there will be significant costs associated with the training and development of staff and that they have yet to be quantified. It is particularly important that in developing this approach nationally that the potential financial implications are clearly understood. A related point in Item 8.15 on Page 19 states that additional costs under these new arrangements must be met from within future budget settlements, however, it does not make clear whether when these costs have been quantified if the settlements for NHS organisations will be increased to take into consideration the new costs that will be incurred especially for potential additional staff and specific training. This will be important to understand in relation to the potential impact on services if funding has to be found from existing settlements to support the initiative.

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It has also been suggested whether each NHS organisation needs to have dedicated staff to undertake this work. It is anticipated that the complaints function will need to continue at each organisation to directly support patients and provide information. However, in terms of assessing whether financial redress applies and whether payments should be made could be undertaken by a dedicated team attached to one organisation in each NHS region. This would maintain a critical mass of individuals with expertise in this field, allow for consistency of decision making and provide mutual support.

I hope the above information is helpful to you. Should you wish to discuss any aspect of this response or require additional information, please do not hesitate to contact Richard Bevan, Director of Corporate Development and Partnerships at the Local Health Board on telephone 01495 324424 or e-mail richard.bevan@blaenaugwentlhb.wales.nhs.uk

Yours sincerely



Joanne Absalom
Chief Executive