

APPG on Patient Safety Meeting
Wednesday 21st October 2009

The APPG meeting sought to examine the role of leadership in delivering patient safety. Speaking on the panel at the meeting were:

Antony Sumara, Chief Executive, Mid Staffordshire NHS Foundation Trust
Kieran Mullen, Director of Policy & Public Affairs, Patients Association
Suzette Woodward, Director of Implementation, Patient Safety First
Oliver Warren, General Surgical Registrar, North West London Hospitals NHS Trust and Member of National Leadership Council

Opening the meeting, Chair of the All-Party Group Howard Stoate MP introduced the members of the panel and welcomed the other attendees. He explained that the panel members had been asked to address the following questions:

1. Why isn't patient safety top priority for all NHS Leaders?
2. Do those in leadership roles have the right skills and capabilities to inspire others to make patient safety top priority?

First to address the meeting, Antony Sumara asserted that patient safety was a top priority; emphasising that no chief executive of an NHS Trust would want to be associated with failure. He argued that targets and a focus on finance were also key priorities because they were good for patients. Saving money helped deliver a better service as long as the patient was at the centre, Mr Sumara told the meeting.

Moving on to the issue of leadership, Antony Sumara focussed on five key characteristics of leaders, including the ability to present a compelling picture of the future, the art of making things happen, aligning priorities, engaging everyone and resilience. Drawing on a football analogy, Mr Sumara stressed the importance of acting quickly to address a problem.

Kieran Mullen spoke next and he began by defining a leader in healthcare as a champion and challenger for patients. He argued that the best way of assessing how to act was for a leader to approach a problem as if the person who had been harmed was his or her own relative.

He contended that dealing with poor practice required courage and strength. It was essential for leaders to have these attributes; otherwise they might be inclined to go down the "path of least resistance", he asserted.

Following on from Kieran Mullen, Suzette Woodward opened by talking about the Patient Safety First Campaign theme of not "accepting the unacceptable". She warned that PSF research suggested that 26 per cent of Trusts did not do leadership walkabout checks in hospitals and that only 18 per cent of NHS Trust boards had patient safety as the first item on their agenda.

She explained that the reason most often given for patient safety not being, demonstrably, the first priority was that Trusts were faced with a huge range of competing priorities. Ms Woodward called for the removal of the disconnection between the business agenda and patient safety and warned that there was a lack of clarity on the principles behind patient safety and a lack of best practice.

Ms Woodward detailed the need for a collective vision of patient safety. Identifying some of the barriers to this she said that language could be a turn off and that peer to peer influence was often the best way to engage clinicians.

Concluding, Suzette Woodward told the meeting that there was an urgency needed in tackling patient safety, but that this should be balanced with hope because there were a number of ways to make improvements.

Last to address the meeting was Oliver Warren. He stressed the importance of not compromising on safety to meet other priorities and expressed his concern that of the seven Care Quality Commission domains patient safety was only a sub-category of quality, whereas financial management was given its own category. He said that if his own assessment was process and financial management based then he would focus on them too; arguing that the system was not properly set up.

Moving on, Dr Warren told the meeting that in six years of medical school he had never had a lecture on leadership or patient safety.

On leadership in the NHS he said that while it did not get enough attention, the National Leadership Council was a good step forward. He worried that he had never had any compulsory training on leadership and warned that staff development was always cut during difficult economic periods and that it was a battle for NHS staff to get away for training.

Finally, Dr Warren emphasised the importance of protecting people who speak out on patient safety.

Dr Howard Stoate MP remarked that patient safety had never been given the visibility it required and then introduced Dr Richard Taylor MP, a member of the Health Select Committee.

Dr Taylor opened by detailing his amazement that only 26 per cent of staff at Mid Staffordshire wanted their family treated at the hospital and agreed with Kieran Mullen on the importance of the "grandmother" test.

He said that the Health Select Committee report findings had focussed on the importance of training and keeping relatives in the picture.

Secretary of the Patient Safety APPG, Baroness Masham of Ilton asked the members of the panel how they would deal with unsafe staff.

Antony Sumara said that he would suspend them and then investigate. He also identified an inconsistency wherein doctors who made mistakes would be retrained whereas porters would most likely be sacked.

Dr Warren added his concern that within a hospital there were always one or two people who did not perform and that all members of staff knew who they were.

While, Dr Richard Taylor MP said that there should be a duty in an NHS Constitution on staff to report unsafe care.

The meeting was then opened up to questions from the audience.

Contributions from members of the audience included Trevor Dale of Attrainability asking about patient involvement in training and Liz Thomas of Action against Medical Accidents warning that the process for listening to patient complaints had been dismantled.

Martin Fletcher, National Patient Safety Association, expressed concern about a culture of blame, while John Mason, Department of Health, said that accidents happen when patients stop managing their own medication. In addition, Chris Steward, Royal College of Surgeons, said that doctors needed to be reengaged; Paul Chiles, Institute of Healthcare Management, wondered about initiatives to develop high performing teams; Alan Dobson, Royal College of Nurses, called for professionals to learn together; Alastair Henderson said that good management and leadership needed a focus on both finance and patient safety, while Peter Greengross stressed the importance of responsibility.

Making his closing remarks and responding to the questions from the audience, Kieran Mullen said that it was important not to rely too much on patients to say what was wrong. Healthcare professionals know and need to address issues first, he contended.

Oliver Warren said that patient involvement was important but it had to be at the appropriate time. He asserted that not all doctors were disengaged and that all members of an organisation learning about safety together was a good idea.

Antony Sumara concluded by saying that patient safety was one of a number of competing priorities. He said that it was essential to use public money efficiently.

Last of all, Suzette Woodward agreed that financial stability made it possible to get patient safety right. She said it was important to have briefings and debriefings around deaths and also liked the idea of working together and learning together.

For further information on the APPG for Patient Safety or forthcoming meetings please go to the Group's website: <http://www.patient-safety.org.uk/home.htm> or contact Natalie Bateman on 0207 618 9100.