Patient Safety Commissioner – Principles of Patient Safety consultation

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Deadline: 6 September

1. Create a culture of safety

"Leaders have a responsibility to lead by example to inspire a just and learning culture of patient safety and quality improvement. They set out to keep people safe, supporting continuity of care, and foster a culture of compassion, listening and restorative practice."

To what extent do you agree or disagree with the first principle?

Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree / Don't know

You can provide a brief explanation if desired (optional):

- The RCR strongly agrees with this principle. Strong and effective leadership is crucial for driving positive patient outcomes, maintaining high standards and ensuring patient safety.
- Clinical leadership is essential. Medical professionals in senior management and leadership roles possess the unique skills and the expert, first-hand knowledge needed to drive performance improvements. They are well-placed to understand the complex influences on patients' needs across the entire healthcare system. Research has indicated that medical organisations led by clinicians can perform better than those that are not, including on measures of patient outcomes.
- However, there are barriers to promoting clinical leadership. Disincentives exist, such as a lack of time in job plans, a lack of administrative support, and limited recognition and reward for taking on additional responsibilities. These disincentives limit the attractiveness of such roles and prevent clinicians from taking them up.
- The NHS and government should: publish updates on their progress on the Kark and Messenger Reviews; recognise that clinicians in leadership roles need adequate time in their job plans to carry out their responsibilities; ensure medical leaders have adequate training and competencies; ensure medical leaders have appropriate administrative and financial services support; and create an environment where medical leadership is valued and seen as prestigious.

2. Put patients at the heart of everything

"Leaders put the patient at the heart of all the work that they do, with patient partnerships the default position at all levels of the organisation. They consider the needs of patients, working collaboratively with them to identify risks, and deliver person centred care. Leaders ensure that the patient voice is central to fully informed consent and shared decision making."

To what extent do you agree or disagree with the second principle?

Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree / Don't know

You can provide a brief explanation if desired (optional):

- The RCR strongly agrees with this principle.
- There are instances across the NHS where patient-centred care and informed consent are not achieved to the optimal degree.
- For instance, interventional radiology services routinely struggle with having access to day case and inpatient beds. In the latest RCR workforce census, one in four (26%) of IR teams reported having no such access. This is a problem, because without being able to admit patients, IR consultants struggle to obtain their informed consent in good time prior to the procedure commencing.
- Ideally, consent should be obtained in a two-stage process. Someone should explain the procedure to the patient, who then takes time to reflect before agreeing to proceed. Instead, due to the lack of bed access, consent is often obtained right before the IR procedure itself and the period of reflection is lost.
- Of course, this lack of access to beds means that many patients do not receive interventional radiology treatment, but rather more invasive alternatives that take a greater toll, or else face unacceptable waits for IR treatment.
- It is vital that IR services are properly resourced with access to day case and inpatient beds. It is also important that medical specialties work together collaboratively for the benefit of patients, where healthcare resources like beds are limited.
- This is of course just one example to illustrate the importance of this principle.

3. Treat people as equals

“Patients are treated with fairness, respect, equality, and dignity. Leaders incorporate the views of all, and proactively seek and capture meaningful feedback from patients, families, and staff. Feedback is acted on, to embed equality of voice.”

To what extent do you agree or disagree with the third principle?

Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree / Don’t know

You can provide a brief explanation if desired (optional):

- The RCR strongly agrees with this principle.
- Treating all people with equality and without prejudice is a core tenet of healthcare.
- It should apply both to patients and to fellow staff, regardless of profession, seniority, experience, background and identity.

4. Identify and act on inequalities

“Health inequalities, and the drivers of health inequalities, are identified and acted upon at every stage of healthcare design and delivery.”

To what extent do you agree or disagree with the fourth principle?

Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree / Don’t know

You can provide a brief explanation if desired (optional):

- One inequality in the UK is the postcode lottery of access to certain services. In particular, there are clear urban/rural divides when it comes to access to diagnostics and cancer care.
- The latest RCR census reports show that rural regions like the North of Scotland have fewer consultant radiologists (8.2) per 100,000 of the population than do urban centres like South East Scotland (13.3). Rural areas routinely have higher staff vacancy rates, fewer trainees, more locum staff, lower workforce growth and higher workforce shortfalls than do urban areas.
- Many trusts/health boards do not have adequate interventional radiology services, which are vital for treating stroke. Unfortunately, rates of social deprivation and rates of stroke incidence are highest in rural and coastal areas – almost exactly an inverse of where IR services are concentrated. Much work is needed to ensure this challenge is overcome, such that healthcare inequalities are not allowed to persist.

- Innovative healthcare technologies such as AI tools hold much potential to transform how services are provided. However, AI also carries a risk of exacerbating health inequalities. This is because the AI algorithm is only as good as the data on which it is trained – and often this data does not reflect the demographics of the communities on which it would be used in clinical practice.
- Research has shown that this risk is real; algorithms trained on patient data from white, affluent communities can, for example, throw up a significantly higher number of false negatives when used to assist the reporting of scans of people from ethnic minorities with suspected cancer.
- The NHS needs a strategy to address this risk and ensure health inequalities are not exacerbated. It should include creating representative testing datasets and thorough post-market surveillance of AI tools' performance across demographic groups.

5. Identify and mitigate risks

"Targeted and coordinated action is directed to mitigate patient safety risks. Leaders escalate new and existing risks to healthcare commissioners and regulators. Staff are supported and empowered to proactively identify risks, hazards, and improvements."

To what extent do you agree or disagree with the fifth principle?

Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree / Don't know

You can provide a brief explanation if desired (optional):

- The RCR strongly agrees with this principle.
- The NHS has seen significant cuts to its managerial capacity in recent years. This has left the service under-managed, and as a result, risks may be less likely to be identified and mitigated. Short-term solutions such as cutting non-clinical administrative and managerial staff are not conducive to long-term NHS success – and may indeed be actively detrimental.

6. Be transparent and accountable

"Leaders create a culture where there is honest, respectful, and open dialogue and where candour is the default position. This work enables a continuous improvement cycle and ensures that patients and staff do not face avoidable harm due to a cover up culture."

To what extent do you agree or disagree with the sixth principle?

Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree / Don't know

You can provide a brief explanation if desired (optional):

- The RCR strongly agrees with this principle.
- Strong, positive working cultures are set by their leaders. In healthcare, where large multidisciplinary teams are essential for many patient pathways, leaders have a particular responsibility to ensure staff groups cooperate effectively and with the patients' interests foremost in mind. Particular issues such as access to limited facilities like day case beds and balancing the training needs of doctors and other allied health professionals require strong leaders to create cooperative, open, and respectful cultures.
- The RCR has issued professional duty of candour guidance for radiologists. It provides radiologists with guidance and real-world examples of implementing best practice.

7. Use information and data to drive improved care and outcomes for patients and help others to do the same

"Leaders use and provide information and data of all types to drive their work, from all sources available to them. They should ensure that good quality data captures and meets the needs of all patients, including those from underrepresented groups. All staff are supported to pass on information relevant to the improvement of patient care. Best practice should be shared widely."

To what extent do you agree or disagree with the seventh principle?

Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree / Don't know

You can provide a brief explanation if desired (optional):

- The RCR strongly agrees with this principle.
- The NHS has huge potential for research and innovation because it has access to a huge volume of patient data. However, structural issues mean that this potential is not harnessed.
- Existing datasets do not always capture all the relevant data. The DID and HES datasets are coded poorly in terms of interventional radiology, meaning we do not

know how many IR procedures are being performed and what the patient outcomes are. Likewise, the existing public datasets on NHS equipment do not contain all the important metrics, such as equipment age profiles, which complicates long-term service planning.

- It is vital that researchers have access to data to facilitate development of clinical tools and reviews of service performance in terms of patient outcomes. The NHS in England has over a dozen Secure Data Environments (SDEs), some of which are regional and some of which are national. Whilst SDEs are vital, it would be advisable if greater integration were to be put in place. Ideally, there should be just one point of access to NHS data for research.
- Data collection also places a large burden on trust/health board/regional leaders. As per the Hewitt Review, streamlining data collections and automating them so far as possible is strongly advised.
- The NHS has a shortage of Digital, Data and Technology (DDaT) staff, who are ultimately responsible for implementing and innovating IT systems. The NHS needs to invest further in this part of the workforce through recruitment and measures to improve retention.

12. Which of these principles do you consider to be of the highest importance? (optional)

n/a

13. Do you wish to highlight any other areas not covered by the draft principles that you think should be included in our final version? (optional)

n/a

Overall, how useful do you think these Principles will be as a guide for senior leaders?

14. The principles will be useful when taking strategic decisions.

Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree

15. The principles will be useful when designing services.

Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree

16. The principles will be useful when making individual decisions about patient care.

Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree

17. The principles will be useful when responding to a concern from a patient.

Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree

18. The principles will be useful after an adverse event.

Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree

19. The principles will be useful in supporting staff development.

Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree

20. If you wish to explain any of your answers above, please do so here (optional)

21. If you wish to include any final comments, please do so here (optional)