Jeremy Hunt’s rhetoric on patient safety must be reflected in reality

The latest industrial action by junior doctors somewhat overshadowed Jeremy Hunt’s announcement on improving safety standards in health care. Yet, this new focus on addressing the factors that can result in patient harm has the potential to revolutionise approaches to health care in the NHS in England.

Taking lessons from the airline industry, he argued in a speech to the Global Patient Safety Summit in London on March 3 that the NHS ‘blame culture’ needs to be replaced by a learning one. The first step involves ‘intelligent transparency’ – assessing trusts on the quality of their reporting culture.

Step two focuses on changing the culture of the NHS to make it a learning organisation. It was indeed refreshing to hear the health secretary say ‘to blame failures in care on doctors and nurses trying to do their best is to miss the point that bad mistakes can be made by good people’.

He recognises the oversight to date in studying the environment and systems in which mistakes happen, to understand what went wrong and encourage the adoption of lessons learned.

Politicians have often felt the need to bow to tabloid demands for heads to roll. All credit to Mr Hunt for declaring that pinning the blame on individuals sometimes avoids the bigger challenge of identifying the problems often lurking in complex systems, when these frequently are the true cause of avoidable harm.

John Adams, by email

HOW ARE YOU? QUIZ IS A TICK-BOX EXERCISE AND MISSES KEY POINTS

Public Health England’s One You initiative encourages adults, particularly those in middle age, to drink less, exercise more, eat well and give up smoking.

In theory, the programme is a good idea. It encourages people to score their lifestyle out of ten by answering some simple questions as part of a quiz entitled How Are You? It then offers advice to promote healthier behaviours.

While I was initially drawn to the vibrant colours and the compassion portrayed by the campaign, I was quickly disappointed. The questions are a tick-box exercise with no mention of my emotional wellbeing, or even basic aspects of life, such as my vegetarianism.

This campaign has got a long way to go before asking ‘how are you?’

Emma Vincent, interstitial lung disease nurse, Glenfield Hospital, Leicester

SPARE BEDS FOR PATIENTS BUT NO STAFF TO RUN MOTHBALED WARDS

I would like to add to the comments on ‘mothballed wards’ (letters, March 2).

My 96-year-old father was admitted to an emergency department (ED) in January and spent 12 hours on a trolley. He had hospital-acquired pneumonia from a stay there, having been discharged just five days before. We repeatedly asked when he would be moving to a ward and the answer was always ‘there are no beds’.

This is just not true. As Karen Chilver pointed out in her letter, there are ‘mothballed wards’. I know of at least four empty wards with all the equipment in them at other hospitals and trusts. These wards are standing idle. There are plenty of ‘beds’, but they lack staff.

After about ten hours in the ED, we asked when a bed would be available for my father, and the bed manager said ‘we’ve got older people who’ve been waiting longer’. How old and how long I couldn’t bear to ask.

Bed crisis? No, it’s a staff crisis.

Malcolm Harrison, by email

WE SHOULD TAKE LESSONS FROM FRANCE IN HOW WE RUN THE NHS

I do not agree with Daniel Athey’s point of view (reflections, February 17). He mentioned how ‘in an ideal world, we would have a well-equipped NHS