



Lintern's Risk Register: Thinking like a patient, acting like a taxpayer?

14 October, 2016 By [Shaun Lintern](#)

Everything you need to stay up to date on patient safety and workforce, plus my take on the most important under-the-radar stories. From patient safety correspondent Shaun Lintern

Welcome to this week's Risk Register. Let me know about safety and workforce issues. You can [contact me in confidence here](#).

Shaun Lintern, patient safety correspondent

Trust chief takes the lead on culture change

A common ingredient of the scandals that occasionally engulf the NHS is the failure of senior leaders to expose wrongdoing. It's often not the initial error itself that turns a problem into a crisis – but the inaction and covering up that goes with it.

It has been eight years since baby Joshua Titcombe died as a result of failures at the University Hospitals of Morecambe Bay – there have been inquests, [reviews](#), [investigations](#) and [the Kirkup inquiry](#) into the avoidable deaths of 11 babies and one mother.

Now it has emerged that one of the senior midwives at the centre of the scandal, Jeannette Parkinson, who was heavily criticised in the Kirkup inquiry, received an unusual exit payment from the trust in 2012, [which also included a clause that the trust would not investigate her alleged poor behaviour](#).

She received a “significant overpayment” of 14 months redundancy when she was only entitled to one month, as well as a payment for 470 hours of additional work that she claimed for from the trust, and which the trust accepted without challenge.

This deal was uncovered after an internal investigation ordered by the trust's current chief executive, Jackie Daniel, who has worked hard to ensure the trust learns from its troubled past. She was preparing to publish the report but was then [threatened with an injunction](#) by the Royal College of Midwives.

To her credit, when asked by *HSJ* to comment on the existence of the report, Ms Daniel did so openly and transparently. It is worth noting that as leader of the trust after these events, which have been subject to so much scrutiny already, it would have been very easy to put this report in a drawer and forget it ever existed.

Instead the trust shared it with the Nursing and Midwifery Council and the Care Quality Commission, as well as Warrington and Halton Hospitals Trust where Roger Wilson, the HR director who signed Ms Parkinson's deal, now works. He has yet to comment but his trust is meeting with the CQC next month to discuss the situation and whether Mr Wilson will be referred to a fit and proper person review.

It is hard to recall another chief executive faced with such uncomfortable truths taking the same action as Ms Daniel has, and she deserves to be recognised for her handling of the situation.

This is exactly the type of leadership the NHS needs and is certainly reflective of Sir Robert Francis' call for patients to be at the centre of decisions in the NHS.

It contrasts sharply with some of the leadership decisions we have seen [at Southern Health](#) – and the avoidable media storm that was created as a result. It would be worthwhile for managers across the NHS to reflect on the actions of Jackie Daniel and the very poor actions of the RCM.

A court case too far

"Think like a patient, act like a taxpayer," Simon Stevens said in his [first speech](#) as NHS England chief executive.

NHS England appears to have forgotten that key message and is spending hundreds of thousands of pounds on what appears to be a [pointless attempt](#) to appeal a High Court decision that will be null and void in the next few months.

The case relates to the decision by NHS England to refuse to fund a drug called sodium oxybate for a 17-year-old with severe and worsening narcolepsy and cataplexy – a condition that leaves her feeling chronically tired and suffering from uncontrolled collapsing.

In May, a judge [lambasted the decision and heavily criticised NHS England](#). I was in the court to hear the judge make clear his decision was based on the girl's exceptional circumstances and his ruling was not setting a precedent.

Inexplicably, NHS England has lodged a bid to take the case to the Court of Appeal – despite the following facts:

- the girl turns 18 in a few months so her condition will be outside NHS England's commissioning scope;
- the appeal is unlikely to be heard before she turns 18;
- her local CCG has already said it will fund the drug once she is 18;
- NHS England has confirmed it does not want to remove the funding for the girl even if its appeal is successful; and
- NHS England has said she would qualify for the drug under a new commissioning policy it has approved.

The case has already cost hundreds of thousands of pounds and the cost will rise before there is a resolution. The girl's father described the action by NHS England as "an abuse of public money" and I find it hard to disagree.